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# BR Business Relationship Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	1	2	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	2	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	2	0
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	1	2	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

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### Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	1	2	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	2	0
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	1	1	0
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	2	0
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

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### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	2	0
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0

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### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	1	2	1
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	1	2	1
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.			
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).			
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.			

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		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	1	2	1
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.			
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.			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	1	3	2
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.			
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.			
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.			
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.			
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.			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	1	2	1
1	Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.			
2	The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.			
3	The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.			
4	The SMA shares its reusable business process components with other States.			
5	The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	3	2
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.			
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.			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	3	2
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	1	2	1
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	5	1
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

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## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0

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 Standards and Conditions.*

3 *The SMA updates or completes its SS-A.*

4 *The SMA develops its MITA Roadmap*

5 *The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.*

Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0

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 Standards and Conditions.*

3 *The SMA updates or completes its SS-A*

4 *The SMA develops its MITA Roadmap*

5 *The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.*

Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0

2 *The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.*

3 *The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions*

4 *The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.*

5 *The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.*

Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0

2 *The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.*

3 *The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions*

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	1	2	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	1	1	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact

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## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	1	1	0
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	1	2	1
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox).</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	3	1
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

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## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	3	1
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	1	1	0
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	2	0
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

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## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
		As-Is	To-Be	Project Impact
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	1	1	0
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# BR Business Relationship Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	2	3	1
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	2	2	0
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# BR Business Relationship Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility	2	2	0
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.			
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.			
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.			
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.			

	As-Is	To-Be	Project Impact	
(MITA Condition) Intermediary and Interface Business Process Management	2	2	0	
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.			
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).			
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.			
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.			
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.			

	As-Is	To-Be	Project Impact	
(Leverage Condition) Intermediary and Interface Data Connectivity	1	2	1	
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).			
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.			

# BR Business Relationship Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	1	2	1
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	2	2	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	1	0
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

# BR Business Relationship Management

## Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	1	1	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

# CM Care Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	1	2	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	3	2
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	3	1
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	1	2	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

# CM Care Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	1	2	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	1	2	1
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	2	2	0
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	1	3	2
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	1	3	2
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	2	2	0
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	2	0
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.			
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).			
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.			

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	2	0
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	2	0
1	<p>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.</p>			
2	<p>The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.</p>			
3	<p>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.</p>			
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	2	3	1
1	<p>Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.</p>			
2	<p>The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.</p>			
3	<p>The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.</p>			
4	<p>The SMA shares its reusable business process components with other States.</p>			
5	<p>The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally</p>			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	2	3	1
1	<p>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.</p>			
2	<p>The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.</p>			

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	2	3	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	3	1
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	5	1
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

# CM Care Management

## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	3	1
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	1	2	1
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	1	2	1
4	<p>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</p>			
5	<p>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</p>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	1	3	2
1	<p>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</p>			
2	<p>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</p>			
3	<p>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</p>			
4	<p>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</p>			
5	<p>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</p>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	1	2	1
1	<p>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</p>			
2	<p>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</p>			
3	<p>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</p>			
4	<p>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</p>			
5	<p>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</p>			
	<p>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</p>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<p>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</p>			

# CM Care Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			

# CM Care Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	1	3	2
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	2	3	1
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox).</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	1	3	2
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# CM Care Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	1	3	2
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	1	2	1
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	2	0
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	1	2	1
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

# CM Care Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	1	2	1
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	2	2	0
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	1	2	1
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# CM Care Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	1	2	1
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	3	2
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	1	2	1
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# CM Care Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	1	2	1
2	<p>The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.</p>			
3	<p>The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.</p>			
4	<p>The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.</p>			
5	<p>The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.</p>			
<b>(MITA Condition)</b>	<i>Intermediary and Interface Business Process Management</i>	2	2	0
1	<p>Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.</p>			
2	<p>The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).</p>			
3	<p>The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.</p>			
4	<p>The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.</p>			
5	<p>The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.</p>			
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	2	2	0
1	<p>Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).</p>			
2	<p>The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.</p>			

# CM Care Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	2	2	0
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	2	3	1
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	2	1
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

# CM Care Management

## Technical Architecture Scorecard

### (Business Results

#### Condition and

#### Interoperability

#### Condition)

*Intermediary and Interface System Extensibility*

2

2

0

- 1      *The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.*
- 2      *The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.*
- 3      *The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health & Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).*
- 4      *The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.*
- 5      *The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.*

# CO Contractor Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	1	2	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	2	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	2	0
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	1	2	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

# CO Contractor Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	1	2	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	2	0
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	1	1	0
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	1	1	0
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	1	1	0
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	1	1	0
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	1	1	0
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.			
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).			
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.			

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	1	1	0
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	1	1	0
1	<p>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.</p>			
2	<p>The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.</p>			
3	<p>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.</p>			
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	1	2	1
1	<p>Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.</p>			
2	<p>The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.</p>			
3	<p>The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.</p>			
4	<p>The SMA shares its reusable business process components with other States.</p>			
5	<p>The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally</p>			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
1	<p>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.</p>			
2	<p>The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.</p>			

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	3	1
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	5	1
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

# CO Contractor Management

## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0

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 Standards and Conditions.*

3 *The SMA updates or completes its SS-A.*

4 *The SMA develops its MITA Roadmap*

5 *The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.*

Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0

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 Standards and Conditions.*

3 *The SMA updates or completes its SS-A*

4 *The SMA develops its MITA Roadmap*

5 *The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.*

Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	1	2	1

2 *The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.*

3 *The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions*

4 *The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.*

5 *The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.*

Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0

2 *The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.*

3 *The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions*

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	1	1	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	1	2	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

# CO Contractor Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	1	1	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact

# CO Contractor Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	1	1	0
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	2	2	0
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point.</i>			
3	<i>The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
4	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox.</i>			
5	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	3	1
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# CO Contractor Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	3	1
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	1	1	0
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	2	0
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

# CO Contractor Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	1	1	0
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# CO Contractor Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	2	3	1
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	3	3	0
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# CO Contractor Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility	3	3	0
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.			
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.			
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.			
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.			

	As-Is	To-Be	Project Impact
(MITA Condition) Intermediary and Interface Business Process Management	2	2	0
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.		
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).		
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.		
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.		
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.		

	As-Is	To-Be	Project Impact
(Leverage Condition) Intermediary and Interface Data Connectivity	1	2	1
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).		
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.		

# CO Contractor Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	1	2	1
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	2	2	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	1	0
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

# CO Contractor Management

## Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	1	1	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

## EE Eligibility and Enrollment Management

### Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	3	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	3	2
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	3	1
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

## EE Eligibility and Enrollment Management

### Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	3	1
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 for business operations.			
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.			
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			
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.			
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.			
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for data standards			
1	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
2	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
3	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
4	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
5	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
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.			
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			
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.			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	2	3	1
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
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.			
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).			
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.			

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
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.			
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.			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	3	1
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.			
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.			
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.			
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.			
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.			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	2	2	0
1	Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.			
2	The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.			
3	The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.			
4	The SMA shares its reusable business process components with other States.			
5	The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
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.			
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.			

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	2	0
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	5	1
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

## EE Eligibility and Enrollment Management

### Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	5	1
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	5	1
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

## EE Eligibility and Enrollment Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	2	4	2
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	1	4	3
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox.</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	4	2
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	4	2
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	2	4	2
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	1	3	2
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	3	1
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	3	1
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	1	3	2
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	3	1
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	3	1
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	3	2
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	2	3	1
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility			
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.	2	3	1
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.			
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.			
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.			

	As-Is	To-Be	Project Impact	
(MITA Condition) Intermediary and Interface Business Process Management				
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.	2	3	1
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).			
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.			
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.			
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.			

	As-Is	To-Be	Project Impact	
(Leverage Condition) Intermediary and Interface Data Connectivity				
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).	1	3	2
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.			

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	1	3	2
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	1	2	1
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	3	2
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

## EE Eligibility and Enrollment Management

### Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	2	2	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

# FM Financial Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	2	0
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	2	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	2	0
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	2	0
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

# FM Financial Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	2	0
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# FM Financial Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	2	0
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	1	2	1
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# FM Financial Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	1	1	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0

# FM Financial Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	1	2	1
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
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.			
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).			
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.			

# FM Financial Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	2	0
1	<p>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.</p>			
2	<p>The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.</p>			
3	<p>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.</p>			
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	1	2	1
1	<p>Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.</p>			
2	<p>The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.</p>			
3	<p>The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.</p>			
4	<p>The SMA shares its reusable business process components with other States.</p>			
5	<p>The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally</p>			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
1	<p>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.</p>			
2	<p>The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.</p>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	3	1
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	4	0
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

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## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	1	1	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	2	2	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public. The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
4	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
5	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	2	2	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public. The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
4	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
5	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			

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## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	2	3	1
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	1	3	2
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox).</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# FM Financial Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	2	2	0
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	2	0
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	3	1
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

# FM Financial Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	3	1
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	1	3	2
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	3	1
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# FM Financial Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	3	1
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	3	2
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	2	3	1
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# FM Financial Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility	2	3	1
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.			
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.			
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.			
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.			
(MITA Condition) Intermediary and Interface Business Process Management	2	2	0	
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.			
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).			
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.			
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.			
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.			
(Leverage Condition) Intermediary and Interface Data Connectivity	2	2	0	
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).			
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.			

# FM Financial Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	2	2	0
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	1	1	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	1	0
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

## FM Financial Management

### Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	2	2	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

# MM Member Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	3	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	2	3	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	3	1
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

# MM Member Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# OM Operations Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	3	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	2	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	3	1
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

# OM Operations Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	2	0
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	1	2	1
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	1	1	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	2	2	0
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	2	0
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.			
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).			
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.			

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	2	0
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	2	0
1	<p>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.</p>			
2	<p>The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.</p>			
3	<p>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.</p>			
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	1	2	1
1	<p>Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.</p>			
2	<p>The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.</p>			
3	<p>The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.</p>			
4	<p>The SMA shares its reusable business process components with other States.</p>			
5	<p>The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally</p>			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
1	<p>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.</p>			
2	<p>The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.</p>			

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	3	1
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	4	0
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

# OM Operations Management

## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0

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 Standards and Conditions.*

3 *The SMA updates or completes its SS-A.*

4 *The SMA develops its MITA Roadmap*

5 *The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.*

Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0

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 Standards and Conditions.*

3 *The SMA updates or completes its SS-A*

4 *The SMA develops its MITA Roadmap*

5 *The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.*

Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	1	1	0

2 *The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.*

3 *The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions*

4 *The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.*

5 *The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.*

Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0

2 *The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.*

3 *The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions*

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

# OM Operations Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	2	2	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			

# OM Operations Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	3	4	1
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	1	3	2
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox.</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# OM Operations Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	2	2	0
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	2	0
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

# OM Operations Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
		As-Is	To-Be	Project Impact
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	2	2	0
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# OM Operations Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	2	1
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	1	1	0
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# OM Operations Management

## Technical Architecture Scorecard

			As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility		1	1	0
2	<p>The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.</p>				
3	<p>The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.</p>				
4	<p>The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.</p>				
5	<p>The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.</p>				

			As-Is	To-Be	Project Impact
(MITA Condition)	Intermediary and Interface Business Process Management		2	2	0
1	<p>Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.</p>				
2	<p>The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).</p>				
3	<p>The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.</p>				
4	<p>The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.</p>				
5	<p>The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.</p>				

			As-Is	To-Be	Project Impact
(Leverage Condition)	Intermediary and Interface Data Connectivity		2	2	0
1	<p>Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).</p>				
2	<p>The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.</p>				

# OM Operations Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	2	2	0
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	1	1	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	1	0
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

# OM Operations Management

## Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	1	1	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

# PE Performance Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	3	1
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	2	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	3	1
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

## PE Performance Management

### Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	3	1
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# PE Performance Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	2	0
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	1	2	1
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	3	3	0
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# PE Performance Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	3	3	0
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	1	1	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0

## PE Performance Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	2	3	1
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	2	0
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.			
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).			
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.			

## PE Performance Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	2	0
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	3	1
1	<p>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.</p>			
2	<p>The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.</p>			
3	<p>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.</p>			
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	1	2	1
1	<p>Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.</p>			
2	<p>The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.</p>			
3	<p>The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.</p>			
4	<p>The SMA shares its reusable business process components with other States.</p>			
5	<p>The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally</p>			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
1	<p>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.</p>			
2	<p>The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.</p>			

# PE Performance Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	3	3	0
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	4	0
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

# PE Performance Management

## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	1	1	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			

# PE Performance Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	2	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

## PE Performance Management

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	2	0
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			

# PE Performance Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	3	4	1
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	1	3	2
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox.</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# PE Performance Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	2	2	0
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	2	0
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

# PE Performance Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	2	0
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	2	2	0
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# PE Performance Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	2	0
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	2	1
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	1	2	1
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# PE Performance Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility	1	2	1
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.			
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.			
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.			
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.			

	As-Is	To-Be	Project Impact	
(MITA Condition) Intermediary and Interface Business Process Management	2	2	0	
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.			
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).			
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.			
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.			
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.			

	As-Is	To-Be	Project Impact	
(Leverage Condition) Intermediary and Interface Data Connectivity	1	2	1	
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).			
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.			

# PE Performance Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	1	2	1
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	1	1	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	1	0
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

## PE Performance Management

### Technical Architecture Scorecard

#### (Business Results

#### Condition and Interoperability Condition)

*Intermediary and Interface System Extensibility*

2

2

0

- 1      *The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.*
- 2      *The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.*
- 3      *The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health & Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).*
- 4      *The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.*
- 5      *The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.*

# PL Plan Administration

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	2	0
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	2	1
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	2	0
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	2	0
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

## PL Plan Administration

### Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	2	0
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# PL Plan Administration

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	2	0
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# PL Plan Administration

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
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.			
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			
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.			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	2	2	0
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1

# PL Plan Administration

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	2	3	1
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
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.			
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).			
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.			

## PL Plan Administration

### Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
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.			
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.			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	3	1
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.			
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.			
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.			
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.			
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.			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	2	3	1
1	Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.			
2	The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.			
3	The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.			
4	The SMA shares its reusable business process components with other States.			
5	The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	2	3	1
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.			
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.			

# PL Plan Administration

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	2	3	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	3	1
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	4	0
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

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## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	4	0
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	3	1
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	3	1
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	2	2	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	1	2	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

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## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	1	2	1
2	The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.			
3	The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.			
4	The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.			
5	The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies			
	The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.			
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	1	2	1
1	The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.			
2	The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.			
3	The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.			
4	The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.			
5	The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies			
	The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.			

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## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	1	3	2
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	2	3	1
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point.</i>			
3	<i>The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
4	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox.</i>			
5	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# PL Plan Administration

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	3	3	0
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	1	2	1
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	2	3	1
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	1	2	1
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

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## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	1	2	1
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	1	2	1
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	1	2	1
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# PL Plan Administration

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	1	2	1
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	1	0
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	1	1	0
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

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## Technical Architecture Scorecard

			As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility		1	1	0
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.				
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.				
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.				
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.				

			As-Is	To-Be	Project Impact
(MITA Condition)	Intermediary and Interface Business Process Management	2	2	2	0
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.				
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).				
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.				
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.				
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.				

			As-Is	To-Be	Project Impact
(Leverage Condition)	Intermediary and Interface Data Connectivity	2	2	2	0
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).				
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.				

# PL Plan Administration

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	2	2	0
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	2	2	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	2	1
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

## PL Plan Administration

### Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	2	2	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

# PM Provider Management

## Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Conceptual Data Model</b>	<i>Conceptual Data Model</i>	2	2	0
1	No CDM developed.			
2	Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.			
3	Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.			
4	Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.			
5	Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.			
<b>Data Management</b>	<i>Data Management</i>	1	3	2
1	No data governance implemented.			
2	Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.			
3	Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.			
4	Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.			
5	Participation in governance, stewardship, and management process with Centers for Medicare & Medicaid Services (CMS) and other national agencies and groups to promote sharing of Medicaid resources.			
<b>Data Standards</b>	<i>Data Standards</i>	2	2	0
1	The agency uses non-standard structure and vocabulary data standards.			
2	SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.			
3	SMA standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.			
5	SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	2	0
1	No LDM developed.			
2	Identification of data classes and attributes relationships, data standards, and code sets within the agency.			

## PM Provider Management

### Information Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>Logical Data Model</b>	<i>Logical Data Model</i>	2	2	0
3	<i>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i>			
4	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i>			
5	<i>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i>			

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Business Results Business Architecture</i>	2	3	1
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 for business operations.			
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.			
3	Highly automated business processes support accurate and timely processing of health care and eligibility claims.			
4	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			
5	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.			
6	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.			

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Business Results Information Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for data standards			
2	There is no accurate or timely processing or adjudication of health care or eligibility claims, or effective communications with providers, beneficiaries or the public.			
3	The SMA supports accurate and timely processing or adjudication of healthcare and eligibility claims through HIPAA transactions. The SMA communicates effectively with providers, beneficiaries, and the public.			
4	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims. The SMA submits and manages web interactions to self-manage and monitor. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies intrastate Service Level Agreements (SLA) and Key Performance Indicators (KPI).			
5	The SMA increases use of state-, regional- and CMS-defined SLA and KPI. The SMA incorporates state- and regional-specific measures to the list required by CMS. The SMA utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.			
6	The SMA providers, members and communities of interest participate in improving claim and eligibility adjudication, accessibility, ease of use, and appropriateness of decisions. The SMA evaluates operational business processes against nationally established SLA and KPI. The SMA creates and executes Plans of Action with Milestones (POAM) for SLA and KPI resolution.			

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
1	The SMA does not have SLA or KPI for system performance.			
2	The SMA establishes SLA and some KPI for collection and monitoring of system performance			

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Business Results Technical Architecture</i>	2	3	1
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.			
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			
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.			
<b>Information Architecture</b>	<i>Industry Standard Information Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.			
2	thresholds for state and federal regulations using state-specific data standards. The SMA applies a mixture of HIPAA and state-specific data standards.			
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).			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.			
<b>Business Architecture</b>	<i>Industry Standards Condition Business Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards			
2	The SMA applies a mixture of federal and state specific standards for business analysis. The SMA incorporates industry standards in requirements and testing phases of projects.			
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)			
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.			
5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.			
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Industry Standards Technical Architecture</i>	2	3	1
1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.			
2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.			
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).			
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.			
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.			
<b>Business Architecture</b>	<i>Interoperability Business Architecture</i>	2	3	1
1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.			
2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.			
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.			
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.			
5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.			
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
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.			
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).			
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.			

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Interoperability Information Architecture</i>	2	3	1
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
	<i>Interoperability Technical Architecture</i>	2	3	1
1	<p>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.</p>			
2	<p>The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.</p>			
3	<p>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.</p>			
4	<p>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.</p>			
5	<p>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.</p>			
		As-Is	To-Be	Project Impact
<b>Business Architecture</b>	<i>Leverage Business Architecture</i>	2	2	0
1	<p>Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.</p>			
2	<p>The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.</p>			
3	<p>The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.</p>			
4	<p>The SMA shares its reusable business process components with other States.</p>			
5	<p>The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally</p>			
		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
1	<p>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.</p>			
2	<p>The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.</p>			

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Leverage Information Architecture</i>	1	2	1
3	<i>The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.</i>			
4	<i>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.</i>			
5	<i>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.</i>			
<b>Technical Architecture</b>	<i>Leverage Technical Architecture</i>	2	2	0
1	<i>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.</i>			
2	<i>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.</i>			
3	<i>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</i>			
4	<i>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.</i>			
5	<i>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</i>			
<b>Business Architecture</b>	<i>MITA Condition Business Architecture</i>	4	5	1
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>			
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM</i>			

# PM Provider Management

## Standards and Conditions

Information Architecture	MITA Condition Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	5	1
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A.</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Technical Architecture	MITA Condition Technical Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.</i>	4	5	1
2	<i>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 Standards and Conditions.</i>			
3	<i>The SMA updates or completes its SS-A</i>			
4	<i>The SMA develops its MITA Roadmap</i>			
5	<i>The SMA updates the MITA Roadmap annually. The SMA develops a COO and BPM to advance alignment with the MMM.</i>			
Business Architecture	Modularity Business Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	3	1
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interagency agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
Information Architecture	Modularity Information Architecture	As-Is	To-Be	Project Impact
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>	2	2	0
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Modularity Information Architecture</i>	2	2	0
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Technical Architecture</b>	<i>Modularity Technical Architecture</i>	2	2	0
1	<i>The SMA does not use a SDLC methodology, reusable system architecture, open interfaces, or standardized business rules</i>			
2	<i>The SMA is using a SDLC methodology, a few documented open interfaces, and has standardized agency business rules.</i>			
3	<i>The SMA uses fully documented open interfaces with intrastate agencies and stakeholders. Intrastate use of rules engine with established interstate standardized business rules definitions</i>			
4	<i>The SMA shares a full inventoried list of open interfaces with interstate and interstate agencies and stakeholders for sharing technological resources. The SMA uses regionally standardized business rules definitions and submits them to a multi-state repository.</i>			
5	<i>The SMA uses fully documented and inventoried open interfaces and API for sharing technological resources across the nation. The SMA uses nationally standardized business rules definitions and submits them to the HHS-designated repository.</i>			
<b>Business Architecture</b>	<i>Reporting Business Architecture</i>	2	2	0
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies.</i>			
	<i>The SMA collaborates with other state and federal agencies to improve program evaluation and make continuous improvement in business operations, transparency and accountability.</i>			
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			

# PM Provider Management

## Standards and Conditions

		As-Is	To-Be	Project Impact
<b>Information Architecture</b>	<i>Reporting Information Architecture</i>	2	3	1
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			
		As-Is	To-Be	Project Impact
<b>Technical Architecture</b>	<i>Reporting Technical Architecture</i>	2	3	1
1	<i>The SMA produces no transaction data, reports or performance information to assist in program evaluation, improvement, or accountability.</i>			
2	<i>The SMA produces HIPAA-compliant transaction data, some reports, and some performance monitoring. The SMA has a process for identifying adjudication errors and correcting them.</i>			
3	<i>The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests. The SMA provides system decision logic and coding used by eligibility to the public.</i>			
4	<i>The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.</i>			
5	<i>The SMA provides program evaluation, improvement ideas and accountability to federal agencies on a specified timed interval. The SMA shares its processes for identifying errors with other state and regional agencies</i>			

# PM Provider Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Business Intelligence</i>	2	4	2
1	<i>Business intelligence information available by custom-coded programming.</i>			
2	<i>Business intelligence information is inconsistent and unreliable with very little automation.</i>			
3	<i>Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i>			
4	<i>The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i>			
5	<i>The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners</i>			
<b>(Business Results Condition)</b>	<i>Access and Delivery Client Support</i>	1	4	3
1	<i>Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices.</i>			
2	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA provides single browsers (i.e., Microsoft Internet Explorer) support for portal. Viewer is unable to customize or make adjustments (e.g., font size, language support) to portal presentation.</i>			
3	<i>Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point. The SMA supports three (3) most popular browser versions (i.e., Microsoft Internet Explorer), Google Chrome, and Mozilla Firefox.</i>			
4	<i>Beneficiary, provider, and other staff access beneficiary electronic health information online including clinical information. The SMA exchanges health information with Health Information Exchange (HIE). Beneficiary has access to Health Insurance Exchange (HIX). The SMA supports most major browsers for devices that include the most popular operating system brands (i.e., Android, Macintosh, and Windows).</i>			
5	<i>The SMA adopts nationally exchange of beneficiary, provider, and other appropriate information. The SMA adopts information exchange with national agencies and Health Information Exchange (HIE). The SMA provides cross-regional Beneficiary access to Health Insurance Exchange (HIX). SMA provides linguistically, culturally, and competency appropriate information for all services. The SMA fully complies with Section 508 Accessibility on various end-user devices (i.e., computers, mobile devices, etc.).</i>			
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	4	2
1	<i>The SMA conducts direct data entry from paper forms.</i>			
2	<i>The SMA and stakeholders conducts data entry using electronic forms. The SMA produces reports with manual data entry and processing</i>			
3	<i>Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i>			

# PM Provider Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Access and Delivery Forms and Reporting</i>	2	4	2
4	<i>The SMA adopts real-time submission of claims, clinical, and other reporting information.</i>			
5	<i>The SMA adopts real-time national database accessible with regional, state, and local reporting information</i>			
		As-Is	To-Be	Project Impact
<b>(Reporting Condition)</b>	<i>Access and Delivery Performance Measurement</i>	2	4	2
1	<i>The SMA calculates performance measures and metrics in spreadsheets.</i>			
2	<i>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods</i>			
3	<i>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards</i>			
4	<i>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</i>			
5	<i>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries</i>			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition)</b>	<i>Access and Delivery Security and Privacy</i>	1	3	2
1	<i>Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or Electronic Data Interchange (EDI). The SMA uses policy and procedures controls to ensure privacy of information.</i>			
2	<i>The SMA provides member and provider access to services via browser, kiosk, voice response system, or mobile phone</i>			
3	<i>The SMA provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i>			
4	<i>The SMA provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i>			
5	<i>The SMA provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i>			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	3	1
1	<i>The SMA uses technology-dependent interfaces to applications. Introduction of new technology significantly affects interfaces to applications. The SMA does not use Configuration Management methodology.</i>			

# PM Provider Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Leverage Condition)</b>	<i>Integration and Utility Configuration Management</i>	2	3	1
2	<p>The SMA uses technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., information abstraction in data management services to provide product-neutral access to information based on metadata definitions). The SMA uses a mixture of manual and automated Configuration Management methodology.</p>			
3	<p>The SMA uses Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The SMA identifies intrastate configuration items and baselines.</p>			
4	<p>The SMA adopts Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between interstate agencies and external entities.</p>			
5	<p>The SMA fully utilizes Build Management, Process Management, and Environment Management through the SDLC. The SMA adopts system development process between intrastate and interstate agencies, federal entities, and external health care stakeholders.</p>			
<b>(Interoperability Condition)</b>	<i>Integration and Utility Data Access and Management</i>	1	3	2
1	<p>The SMA uses ad hoc formats for information exchange. The SMA uses ad hoc, point-to-point approaches to systems integration. The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</p>			
2	<p>The SMA has information residing in one schema with tight coupling approach. The SMA applies single source of information methodologies. The SMA develops data models and maps information exchanged with external organizations to the model. The SMA has information residing in multiple locations.</p>			
3	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The SMA uses service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. The SMA performs data management storage optimization and consolidation techniques. The SMA has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema.</p>			
4	<p>The SMA conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based) for clinical information and electronic health records. The SMA adopts information archiving solutions to meet data-retention policies and compliance guidelines.</p>			
5	<p>The SMA develops data model using MITA Framework, industry standards, and other nationally recognized standards and has access to technical services in a national repository.</p>			
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	3	1
1	<p>The SMA uses manual application of business rules that which results in unreliable and inconsistent decision-making. The SMA does not document business rules. The SMA does not apply business rules consistently.</p>			
2	<p>The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code.</p>			

# PM Provider Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Integration and Utility Decision Management</i>	2	3	1
3	The SMA uses standardized business rules definitions that reside in a separate application or Rules Engine. Business rules execute in a runtime environment. The SMA uses production or inference rules to represent behaviors (e.g., IF Then conditional logic). A rules editor maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.			
4	The SMA uses rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard. The SMA uses Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and process event patterns. The rules editor provides traceability, impact analysis, and capabilities so The SMA can evaluate changes across multiple areas. The SMA establishes an integrated environment for development, authoring, and testing. The SMA uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates.			
5	The SMA uses deterministic rules engine that utilizes domain-specific language involving multiple environments (e.g., Cloud Computing services). The rules engine tool generates automated testing scenarios and enables analysts and developers to trace through execution paths for implementation verification. The SMA uses an open system for ease of integration with any computing environment. Rules engine accepts inputs from multiple databases, XML documents, Java objects, .NET/COM objects, and COBOL copybooks and integrates with various environments (e.g., HIX).			
		As-Is	To-Be	Project Impact
<b>(Business Results Condition and Reporting Condition)</b>	<i>Integration and Utility Logging</i>	1	3	2
1	Stakeholders use log-on identification and password for access to system capabilities. The SMA manually conducts logging and analysis.			
2	The SMA has access to the user's activity history and other management functions, including log-on approvals/disapprovals and log search and playback.			
3	The SMA conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The SMA uses role-based authorization to system resources using log-on credentials.			
4	The SMA uses contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records.			
5	The SMA uses open source components, such as, OpenXDAS.			
		As-Is	To-Be	Project Impact
<b>(Industry Standards Condition and Leverage Condition)</b>	<i>Integration and Utility Utility</i>	2	4	2
1	Business processes consists primarily of manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. The SMA uses minimal web service utility type services in isolated areas.			

# PM Provider Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
(Industry Standards Condition and Leverage Condition)	Integration and Utility Utility			
2	The SMA uses simple architected software services involving database integration and reliable messaging. The SMA introduces versioning, mediation, and distributed systems. The SMA integrates multiple applications. The SMA incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.	2	4	2
3	The SMA uses a set of computer programs to perform unique business and technical tasks. The SMA adopts business processes orchestration in an event-driven environment. The SMA does have transactions that take long time to execute. The SMA uses composite applications including initial external service enablement. The SMA uses SDLC governance activities. The SMA adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.			
4	The SMA uses measured business services involving business activity monitoring along with event-driven dashboard information. The SMA has multiple enterprises involving shared Business-to-Business services.			
5	The SMA provides services to the stakeholder community to perform business functions without human intervention. The SMA implements self-correcting business processes. The SMA conducts real-time event stream processing to optimize service offering.			

	As-Is	To-Be	Project Impact	
(MITA Condition)	Intermediary and Interface Business Process Management	2	3	1
1	Business processes consists primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.			
2	The SMA uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements (i.e., MITA Framework).			
3	The SMA adopts specification and management of business processes in conformance with nationally recognized BPM standards (e.g., Business Process Execution Language (BPEL)). The SMA has full integration of the MITA initiative with business, architecture and data within the intrastate.			
4	The SMA aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.			
5	The SMA reaches targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.			

	As-Is	To-Be	Project Impact	
(Leverage Condition)	Intermediary and Interface Data Connectivity	1	3	2
1	Manual information exchange between multiple organizations, sending information requests via telephone or e-mail to data processing organizations and receiving requested information in nonstandard formats and in various media (e.g., paper, facsimile, EDI).			
2	The SMA conducts electronic information exchange within the agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs.			

# PM Provider Management

## Technical Architecture Scorecard

		As-Is	To-Be	Project Impact
<b>(Leverage Condition)</b>	<i>Intermediary and Interface Data Connectivity</i>	1	3	2
3	The SMA conducts electronic information exchange with multiple intrastate agencies via an information hub. The SMA performs advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.			
4	The SMA uses canonical data models to communicate between different data formats. The SMA adopts enterprise integration strategy. The SMA is migrating from a point-to-point to message based exchange. The SMA obtains information easily and exchanges with intrastate agencies and entities.			
5	The SMA uses canonical data model to communicate between interstate agencies, federal entities, and health care stakeholders.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Industry Standards Condition)</b>	<i>Intermediary and Interface Relationship Management</i>	2	2	0
1	The business relationship processes consists primarily of manual activity to accomplish tasks. The SMA uses non-standardized definition and invocation of services.			
2	The SMA applies a mix of HIPAA and state-specific standards for service support.			
3	The SMA adopts intrastate Basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services requested and received. The SMA provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.			
4	The SMA adopts business analytics for its BRM. The SMA provides offers personalization capabilities to beneficiaries, providers, and business partners. The SMA provides services support using a cross-enterprise services registry.			
5	The SMA adopts business analytics for its interstate BRM. The SMA provides offers personalization capabilities to beneficiaries, providers. The SMA provides services support using a cross-enterprise services registry.			
		As-Is	To-Be	Project Impact
<b>(Modularity Standard and Interoperability Condition)</b>	<i>Intermediary and Interface Service Oriented Architecture (SOA)</i>	1	3	2
1	The SMA uses non-standardized approaches to orchestration and composition of functions.			
2	The SMA conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages			
3	The SMA adopts MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities.			
4	The SMA adopts MITA recommended ESB. The SMA uses SOA and System Development Life Cycle (SDLC) methodologies and ensures seamless coordination and integration with intrastate agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX).			
5	Systems ensure seamless coordination and integration with federal agencies and entities, Health Information Exchange (HIE), and Health Insurance Exchange (HIX)			

# PM Provider Management

## Technical Architecture Scorecard

(Business Results Condition and Interoperability Condition)	Intermediary and Interface System Extensibility	2	2	0
1	<i>The SMA does not use web services. The SMA conducts extensive code changes for additional system functionality.</i>			
2	<i>The SMA uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i>			
3	<i>The SMA uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health &amp; Human Services (HHS) applications and intrastate agencies including the Health Insurance Exchange (HIX).</i>			
4	<i>The SMA coordinates RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the Health Information Exchanges (HIE). The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i>			
5	<i>The SMA coordinates RESTful and SOAP-based web services with all available federal agencies (i.e., Internal Revenue Service). The SMA increases federation and intrinsic interoperability with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i>			

# BR Business Relationship Management

## BR01 BCM BR01 Establish Business Relationship

		As-Is	To-Be	Project Impact
<b>Business Capability Descriptions</b>	<i>Does State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards. SMA has a methodology to assist them in developing business relationships and their associated manual and electronic documentation.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information SMA defines in the Service Level Agreement (SLA)			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of information SMA defines in the SLA with trading partner.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information SMA defines in the SLA with trading partner.			
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Exchange of agreement information dependent on postal or other hard copy delivery services.			
2	The process uses on-line access to agreements. Business partners request modifications via email. SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. SMA uses a standardized SLA. SMA uses electronic document communication standards to make modifications. Accessibility takes less than 60 seconds.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1

# BR Business Relationship Management

## BR01 BCM BR01 Establish Business Relationship

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Contractual agreements meet state policy and legal requirements but SMA does not adopt standards for accuracy. Accuracy is low.			
2	Automation and standardized business rules definitions results in uniform terms and conditions reducing errors and improving accuracy above Level 2.			
3	Adoption of standardized business rules definitions and MITA Framework, industry standards and information exchange with intrastate agencies and entities improve accuracy to 99% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 99% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 99% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	1	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. Information Accuracy and consistency in the agreements have a low rating.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Business agreements result in higher accuracy in the terms and conditions. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accessibility is 99% or higher.			
4	Automation of information collection increases the reliability of SMA internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accessibility is 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accessibility is 99% or higher.			
<b>Business Capability Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. SMA has informal agreements with business partners.			
2	SMA uses business agreements with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA uses a formal SLA with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA uses a SLA with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA uses a SLA with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations			

# BR Business Relationship Management

## BR01 BCM BR01 Establish Business Relationship

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	Adoption of standardized agreements and MITA Framework, industry standards and information exchange with intrastate agencies and entities improve efficiency to 95% or higher.			
4	Adoption of standardized agreements and MITA Framework, industry standards and information exchange with interstate agencies and entities improve efficiency to 98% or higher.			
5	Adoption of standardized agreements and MITA Framework, industry standards and information exchange with national agencies and entities improve efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process can require many weeks due to the need to customize each agreement			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Process completes in a shorter timeframe than at Level 1.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. The process can complete in ten (10) business days or less.			
4	Information is available in near real time. SMA has interstate interoperability. The process can complete in five (5) business days or less.			
5	Information is available in real time. Processes improve further through connectivity with other States and federal agencies. Results are almost immediate.			
<b>Business Capability Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual activity to accomplish tasks.			
2	Uses a mix of manual and automatic processes to gather, record, communicate, and distribute information to SMA leadership, other state agencies, and participating providers regarding the business relationship. Uses some electronic information interchange agreements and includes HIPAA requirements for information exchange			
3	SMA automates process to the full extent possible within the intrastate. All trading partners sign electronic information interchange agreements.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost Effectiveness</b>	<i>What is the cost of the process compared to the benefits of the results?</i>	1	2	1
1	High relative cost due to low number of automatic, standardized tasks. The process meets state budget. Cost effectiveness may not be measured.			

# BR Business Relationship Management

## BR01 BCM BR01 Establish Business Relationship

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost of the process compared to the benefits of the results?</i>	1	2	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2. The process demonstrates the improvement value projected by SMA.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# BR Business Relationship Management

## BR02 BCM BR02 Manage Business Relationship Communication

		As-Is	To-Be	Project Impact
<b>Business Capability Descriptions</b>	<i>Does State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Business Capability Descriptions</b>	<i>Does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions for business partner communications.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services for business partner communications			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes for business partner communications.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Timeliness of Process</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			

# BR Business Relationship Management

## BR02 BCM BR02 Manage Business Relationship Communication

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How accessible is the information in the process?</i>	2	2	0
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Timeliness of Process</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using intrastate standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# BR Business Relationship Management

## BR02 BCM BR02 Manage Business Relationship Communication

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process is dependent on normal timeframes found in using United States Postal Service, facsimile, or telephone.			
2	Process timeliness improves through use of automation. Timeliness reduces the timeframes of Level 1.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Process completes in less than one (1) business day.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Results are almost immediate.			
<b>Business Capability Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>	1	2	1
1	Functionally, linguistically, culturally, and competency appropriate communications are lacking because they are difficult and costly to produce.			
2	Communication is functionally, linguistically, culturally, and competency appropriate, but at great expense, or SMA has state defined parameters (e.g., only two (2) languages used).			
3	SMA automates process to the full extent possible across the intrastate. Use of electronic communications makes provision of functionally, linguistically, culturally, and competency appropriate communications more cost-effective.			
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			
<b>Business Capability Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
1	The process consists primarily of manual activity to accomplish tasks. SMA exchanges communications with other parties via mail, facsimile, or telephone.			

# BR Business Relationship Management

## BR02 BCM BR02 Manage Business Relationship Communication

		As-Is	To-Be	Project Impact
<b>Business Capability Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
2	SMA uses mix of manual and automatic processes to gather, record, communicate, and distribute information to SMA leadership, other state agencies, and participating providers.			
3	SMA automates process to the full extent possible within the intrastate. SMA supports automatic communications with its trading partners (other agencies, entities, and providers) via a SMA web portal. Portal includes usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1. SMA reduces the cost per unit of communication.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# BR Business Relationship Management

## BR03 BCM BR03 Manage Business Relationship Information

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards to modify and amend business relationships and their relevant manual and electronic documentation.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. SMA has informal agreements with other business partners.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions. SMA has business partner agreements with other entities including terms for amending and modifying business partner agreements.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services for amending and modifying business partner agreements.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes for amending and modifying business partner agreements.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations for amending and modifying business partner agreements.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Process is dependent on postal or other hard copy delivery services.			

# BR Business Relationship Management

## BR03 BCM BR03 Manage Business Relationship Information

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities. Accessibility is no more than 60 seconds.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is no more than 30 seconds.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is no more than 15 seconds.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	2	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA internal and external sources of information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# BR Business Relationship Management

## BR03 BCM BR03 Manage Business Relationship Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process can require many weeks due to the need to customize each agreement.			
2	Process timeliness improves through use of automation. Timeliness reduces the timeframes of Level 1.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Process completes in five (5) business days or less.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3. Process completes in three (3) business days or less.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses mix of manual and automatic processes to gather, record, communicate, and distribute information to SMA leadership, other state agencies, and participating providers regarding updating the business relationship.			
3	SMA automates process to the full extent possible within the intrastate. SMA and its trading partners (other agencies, entities, and providers) agree to automatic updates to the Service Level Agreement (SLA) governing the exchange of health care information.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			

## BR Business Relationship Management

### BR03 BCM BR03 Manage Business Relationship Information

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# BR Business Relationship Management

## BR04 BCM BR04 Terminate Business Relationship

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process. Delays and disputes over termination issues are common.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# BR Business Relationship Management

## BR04 BCM BR04 Terminate Business Relationship

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	State standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA internal and external sources of information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# BR Business Relationship Management

## BR04 BCM BR04 Terminate Business Relationship

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is this end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Process completes within 30 business days.	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Process completes, on the average, in no more than ten (10) business days.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Process completes, on the average, in one (1) business day or less.			
4	Information is available in near real time. SMA has interstate interoperability. Process completes, on the average, in twelve (12) hours or less.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual activity to accomplish tasks.	2	2	0
2	SMA uses mix of manual and automatic processes to gather, record, communicate, and distribute information to SMA leadership, other state agencies, and participating providers regarding updating the business relationship.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	1	2	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CM Care Management

## CM01 BCM CM01 Establish Case

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate regional Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with the NwHIN improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for state Health Information Exchange (HIE).			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of information to a regional Health Information Exchange (HIE).			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information via the NwHIN.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1 information			
3	SMA obtains information easily and exchanges with intrastate agencies and entities from a Health Information Exchange (HIE) based on MITA Framework. Accessibility information takes no more than three (3) seconds.			
4	SMA obtains information easily and exchanges with regional agencies from an interstate regional Health Information Exchange (HIE) and entities. Accessibility takes no more than three (3) seconds.			
5	SMA obtains information easily and exchanges with national agencies. Accessibility takes no more than three (3) seconds.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# CM Care Management

## CM01 BCM CM01 Establish Case

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate Health Information Exchange (HIE) and entities improving accuracy to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate regional Health Information Exchange (HIE) and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with the NwHIN improving accuracy to 98% or higher			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of a state Health Information Exchange (HIE)'s internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 99% or higher.			
4	Automation of information collection increases the reliability of the regional SMA internal and external sources of information. SMA adopts MITA Framework for information exchange by regional Health Information Exchanges (HIE). Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. The process consists primarily of manual processes (e.g. telephone contacts, facsimile, letters) to gather and share information between social service agencies, physician offices and other provider types to establish cases.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions. Permits authorized users to access other information bases and retrieve pertinent information about the member (i.e. eligibility, claims history) improving over Level 1.			
3	SMA collaborates with other intrastate agencies, and entities and the Regional Health Information Organization (RHIO) to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies, and entities, and the RHIO to adopt national standards, and to develop and share reusable processes including clinical information shared via a regional Health Information Exchange (HIE).			
5	SMA collaborates with national agencies, and entities, and the RHIO for national (and international) interoperability improvements that maximize automation of routine operations shared across the NwHIN.			
<b>Efficiency</b>	<i>How efficient is the process?</i>	2	2	0

# CM Care Management

## CM01 BCM CM01 Establish Case

		As-Is	To-Be	Project Impact
<b>Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate Health Information Exchange (HIE) and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate regional Health Information Exchange (HIE) and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with the NwHIN improving efficiency to 98% or higher			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2. Process completes, on the average, within seven (7) business days			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional Health Information Exchange (HIE) interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies via NwHIN. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic</i>	2	2	0
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate and targets members for assessments, treatment plans and outcome tracking, and disease management. SMA exchanges clinical information within a state Health Information Exchange (HIE).			
4	SMA automates process to the full extent possible within the region and targets members for assessments, treatment plans and outcome tracking, and disease management. SMA exchanges clinical information via a regional Health Information Exchange (HIE).			
5	SMA automates process to the full extent possible nationally and targets members for assessments, treatment plans and outcome tracking, and disease management. SMA exchanges clinical information nationally via the Nationwide Health Information Network (NwHIN).			
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			

# CM Care Management

## CM01 BCM CM01 Establish Case

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	2	0
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for state Health Information Exchange (HIE) further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate and regional Health Information Exchange (HIE) exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information via the NwHIN improving cost effectiveness ratio over level 4.			

# CM Care Management

## CM02 BCM CM02 Manage Case Information

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards to monitor compliance thresholds established by state and federal regulations, professional standards, or administrative business rules.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for a state Health Information Exchange (HIE).			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of information via a regional Health Information Exchange (HIE).			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information via the NwHIN.			
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process. SMA has few dedicated resources for improve and few measurements in place (e.g. reliance on complaints, legal mandates for action regarding improving stakeholder satisfaction.)			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate regional Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving stakeholder satisfaction to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities from a state Health Information Exchange (HIE) based on MITA Framework and industry standards. Accessibility completes in less than three (3) seconds.			
4	SMA obtains information easily and exchanges with regional agencies and entities from a regional Health Information Exchange (HIE). Accessibility completes in less than three (3) seconds.			
5	SMA obtains information easily and exchanges with national agencies via the NwHIN. Accessibility completes in less than three (3) seconds.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0

# CM Care Management

## CM02 BCM CM02 Manage Case Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. The process meets state and federal expectations for member education, coordination of care between providers, and maintaining the plan of care. SMA decision-making is manual for the process is using established parameters and guidelines and may result in some subjective and inconsistent decisions. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate Health Information Exchange (HIE) and entities improving accuracy to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate regional Health Information Exchange (HIE) and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of a state's Health Information Exchange (HIE) internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 99% or higher.			
4	Automation of information collection increases the reliability of regional Health Information Exchange (HIE)'s internal and external sources of information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange via the NwHIN. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. The process consists primarily of manual processes (e.g., telephone contacts, facsimile, letters) to gather and share information between social services agencies, physician offices, and other provider types to coordinate care.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions. An automatic process documents care plan and tracks cases. SMA permits authorized users to access other information bases and retrieve pertinent information about the patient (i.e., eligibility, claims history).			
3	SMA collaborates with other intrastate agencies, and entities and the Regional Health Information Organization (RHIO) to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies, and entities, and the RHIO to adopt national standards, and to develop and share reusable processes including clinical information shared via a regional Health Information Exchange (HIE).			

# CM Care Management

## CM02 BCM CM02 Manage Case Information

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
5	SMA collaborates with national agencies, and entities, and the RHIO for national (and international) interoperability improvements that maximize automation of routine operations shared across the NwHIN.			
		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate Health Information Exchange (HIE) and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional Health Information Exchange (HIE) and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. The process uses automatic reports for tracking compliance with state and federal guidelines for case management and for the delivery of care, improving timeliness over Level 1.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. All information to manage the case is immediately available from a state Health Information Exchange (HIE). Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional Health Information Exchange (HIE) interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies via the NwHIN. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual, paper-based activity to accomplish tasks. SMA subjectively determines decisions based on interventions.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate Health Information Exchange (HIE). SMA produces audit trail of case determination 100% of the time.			
4	SMA automates process to the full extent possible across the interstate by a regional Health Information Exchange (HIE).			

# CM Care Management

## CM02 BCM CM02 Manage Case Information

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
5	SMA automates process to the full extent possible nationally via the Nationwide Health Information Network (NwHIN).			
Cost Effectiveness	<i>What is the cost to perform the process compared to the benefits of the results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks. The process meets state budget guidelines or established dollar thresholds for case savings.	2	2	0
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards within a state Health Information Exchange (HIE). The process demonstrates the Return on Investment projected by SMA further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards with a regional Health Information Exchange (HIE) improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange via the NwHIN improving cost effectiveness ratio over level 4.			

# CM Care Management

## CM03 BCM CM03 Manage Population Health Outreach

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of outreach information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and regional exchange of outreach information.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of outreach information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is, on average, no more than three (3) seconds.</i>			
4	<i>SMA easily obtains and uses information from regional agencies and entities. Accessibility is, on average, no more than three (3) seconds.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is, on average, no more than three (3) seconds.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 99% or higher.</i>			

# CM Care Management

## CM03 BCM CM03 Manage Population Health Outreach

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 99% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 90% or higher.			
4	Automation of information collection increases the reliability of the regional SMA's internal and external sources of information. SMA adopts MITA Framework for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 90% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy is 90% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions. SMA accesses a variety of information systems for research and reporting to identify members receiving medical care from multiple agencies simultaneously.			
3	SMA collaborates with other intrastate agencies, and entities and the Regional Health Information Organization (RHIO) to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies, and entities, and the RHIO to adopt national standards, and to develop and share reusable processes including clinical information shared via a regional Health Information Exchange (HIE).			
5	SMA collaborates with national agencies, and entities, and the RHIO for national (and international) interoperability improvements that maximize automation of routine operations shared across the Nationwide Health Information Network (NwHIN).			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# CM Care Management

## CM03 BCM CM03 Manage Population Health Outreach

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish process tasks. SMA complies information with a mix of manually and automatic reports.			
3	SMA automates process to the full extent possible within the intrastate. SMA automates the identification of the target population to enhance case management services. SMA automates the matching of individuals with programs and materials to meet their needs.			
4	SMA fully automates the process regionally to the extent possible across the interstate.			
5	SMA fully automates the process nationally to the extent possible across the nation.			
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks. The process operates within state budget constraints. The benefits vary depending upon the types of studies undertaken, the population studied, and the outcome of the research and/or findings.			
2	Automation improves process and allows focus on exception resolution. The use of automation increases efficiency that allows additional benefits by focusing on increases reporting, more effective outreach, more directed outcomes, and automatic analysis. SMA increases the cost effectiveness ratio over Level 1.			

## CM Care Management

### CM03 BCM CM03 Manage Population Health Outreach

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards. SMA is able to measure the usefulness of the types of studies undertaken, the population studied, and the outcome of the research and/or findings versus the cost of performing the process. SMA increases the cost effectiveness over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CM Care Management

## CM04 BCM CM04 Manage Registry

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate registry agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional registry agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national registry agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of registry information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of regional registry information.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of registry information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA easily obtains and uses information from intrastate registry agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA easily obtains and uses information from regional registry agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 3.			
5	SMA easily obtains and uses information from national registry agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 4 information			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# CM Care Management

## CM04 BCM CM04 Manage Registry

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate registry agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional registry agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national registry agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information, but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of the state SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of the regional SMA's internal and external sources of information. SMA adopts MITA Framework for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate registry agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional registry agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with national agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# CM Care Management

## CM04 BCM CM04 Manage Registry

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
2	Automation and state standards increase productivity. SMA focuses more on analyzing information and issuing alerts for detected issues. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate registry agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional registry agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national registry agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	3	3	0
1	The process consists primarily of manual, paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates the process regionally to the extent possible across the interstate.			
5	SMA fully automates the process nationally to the extent possible across the nation.			
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional registry exchange improving cost effectiveness ratio over Level 3.			

# CM Care Management

## CM04 BCM CM04 Manage Registry

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost to perform the process compared to the benefits of the results?</i>	2	3	1
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) registry exchange improving cost effectiveness ratio over level 4.			

# CM Care Management

## CM05 BCM CM05 Perform Screening and Assessment

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>Business Capability Quality: Accuracy of Process Results How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate state Health Information Exchange (HIE) and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional Health Information Exchange (HIE) and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate state Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving stakeholder satisfaction to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA information standards and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for a state Health Information Exchange (HIE).			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of clinical information via the regional Health Information Exchange (HIE).			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of clinical information via the NwHIN.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			

# CM Care Management

## CM05 BCM CM05 Perform Screening and Assessment

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
3	SMA easily obtains and uses information from intrastate state Health Information Exchange (HIE) and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA easily obtains and uses information from interstate regional Health Information Exchange (HIE) and regional entities. Accessibility is greater than Level 3.			
5	SMA easily obtains and uses information via the NwHIN. Accessibility is greater than Level 4.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	2	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of state Health Information Exchange (HIE)'s internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of regional Health Information Exchange (HIE)'s internal and external sources of information. SMA adopts MITA Framework for information exchange by interstate regional Health Information Exchange (HIE). Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for information exchange via the NwHIN. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate state Health Information Exchange (HIE) and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate regional Health Information Exchange (HIE) and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with the NwHIN agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# CM Care Management

## CM05 BCM CM05 Perform Screening and Assessment

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate state Health Information Exchange (HIE) and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with the regional Health Information Exchange (HIE) and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. Regional SMA has regional Health Information Exchange (HIE) interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity via the NwHIN. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate and includes more screenings and assessments for treatment and disease management. The information is available via the state Health Information Exchange (HIE).			
4	SMA automates process to the full extent possible across the interstate region across via the regional Health Information Exchange (HIE).			
5	SMA automates process to the full extent possible via the Nationwide Health Information Network (NwHIN).			
		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards by state Health Information Exchange (HIE) further improving cost effectiveness ratio over Level 2.			

# CM Care Management

## CM05 BCM CM05 Perform Screening and Assessment

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards by the region for regional Health Information Exchange (HIE) exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange via the NwHIN improving cost effectiveness ratio over level 4.			

# CM Care Management

## CM06 BCM CM06 Manage Treatment Plan and Outcomes

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate state Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with regional Health Information Exchange (HIE) and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving stakeholder satisfaction to 98% or higher.</i>			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>A mix of HIPAA information standards and state-specific standards are applied.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate state Health Information Exchange (HIE) exchange of clinical information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and regional Health Information Exchange (HIE) exchange of clinical information.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of clinical information via the NwHIN.</i>			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA easily obtains and uses information from intrastate state Health Information Exchange (HIE) and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA easily obtains and uses information from interstate regional Health Information Exchange (HIE) and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA easily obtains and uses information via the NwHIN. Accessibility is greater than Level 4.</i>			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate state Health Information Exchange (HIE) and entities improving accuracy to 90% or higher</i>			

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# CM Care Management

## CM06 BCM CM06 Manage Treatment Plan and Outcomes

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with regional Health Information Exchange (HIE) and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of state Health Information Exchange (HIE)'s internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of regional Health Information Exchange (HIE)'s internal and external sources of information. SMA adopts MITA Framework for information exchange by regional Health Information Exchange (HIE). Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange via the NwHIN. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate state Health Information Exchange (HIE) and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate regional Health Information Exchange (HIE) and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with the NwHIN agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# CM Care Management

## CM06 BCM CM06 Manage Treatment Plan and Outcomes

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate state Health Information Exchange (HIE) and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional Health Information Exchange (HIE) and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange via the NwHIN improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional Health Information Exchange (HIE) interoperability, which further improves timeliness			
5	Information is available in real time. Processes improve further through connectivity via the NwHIN. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the state Health Information Exchange (HIE).			
4	SMA automates process to the full extent possible across the interstate region via the regional Health Information Exchange (HIE).			
5	SMA fully automates the process nationally to the extent possible via the Nationwide Health Information Network (NwHIN).			
		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards by state Health Information Exchange (HIE) further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional Health Information Exchange (HIE) exchange improving cost effectiveness ratio over Level 3.			

## CM Care Management

### CM06 BCM CM06 Manage Treatment Plan and Outcomes

		As-Is	To-Be	Project Impact
<b>Cost Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	2	0
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange via the NwHIN improving cost effectiveness ratio over level 4.			

# CM Care Management

## CM07 BCM CM07 Authorize Referral

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	0	0	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	0	0	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards. SMA adopts the Accredited Standards Committee (ASC) X12 278 Health Care Services Review Information transaction.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and regional information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national information exchange.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	0	0	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility to less than one (1) hour.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is 30 seconds or less.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is 30 seconds or less.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is 30 seconds or less.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	0	0	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 95% or higher.			

# CM Care Management

## CM07 BCM CM07 Authorize Referral

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	0	0	0
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	0	0	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. Information			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of regional sources of information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	0	0	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How easy is it to change the business rules of Authorize Referral?</i>	0	0	0
1	Manual rule changes require many business days for approval and implementation.			
2	Although there may be some automation of standardized business rules definitions, changes and maintenance are labor intensive.			
3	Adoption of the separation of standardized intrastate business rules definitions from core programming, available in both human and machine-readable formats.			

# CM Care Management

## CM07 BCM CM07 Authorize Referral

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How easy is it to change the business rules of Authorize Referral?</i>	0	0	0
4	Adoption of the separation of regionally standardized business rules definitions from core programming, available in both human and machine-readable formats.			
5	Adoption of the separation of nationally standardized business rules definitions from core programming, available in both human and machine-readable formats.			
Effort to Perform; Efficiency	<i>How efficient is the process?</i>	As-Is	To-Be	Project Impact
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.	0	0	0
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is this end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The Authorize Referral may take many business days to complete.	0	0	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. The process requires five (5) minutes or less for routine requests. More complex requests may require 30 minutes to review documentation.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability. The process requires five (5) minutes or less for routine requests. More complex requests may require 30 minutes to review documentation.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual activity to accomplish tasks. Primary care provider approves of services by other providers in keeping with state business rules.	0	0	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Primary care provider uses an on-line form to authorize the referral.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible within the region.			

# CM Care Management

## CM07 BCM CM07 Authorize Referral

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	0	0	0
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CM Care Management

## CM08 BCM CM08 Authorize Service

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	1	4	3
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards. SMA develops its own unique paper forms to support this process; there may be different forms per provider type.			
2	SMA applies a mix of HIPAA and state-specific standards. SMA adopts the Accredited Standards Committee (ASC) X12 277 Health Care Information Status Notification and 278 Health Care Services Review Information transactions. Web portals may support error free submissions with information validations, member-side edits, and pre-populated fields, thereby facilitating the process.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and regional information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national information exchange.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	3	2
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily from regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			

# CM Care Management

## CM08 BCM CM08 Authorize Service

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	4	3
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. Information			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 95% or higher.			
4	Automation of information collection increases the reliability of regional sources of information. SMA adopts MITA Framework for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	3	2
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Descriptions</b>	<i>How easy is it to change the business rules of Authorize Service?</i>	2	3	1
1	Manual rule changes require many business days for approval and implementation.			
2	Although there may be some automation of standardized business rules definitions, changes and maintenance are labor intensive.			

# CM Care Management

## CM08 BCM CM08 Authorize Service

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How easy is it to change the business rules of Authorize Service?</i>	2	3	1
3	Adoption of the separation of standardized intrastate business rules definitions from core programming, available in both human and machine-readable formats.			
4	Adoption of the separation of regionally standardized business rules definitions from core programming, available in both human and machine-readable formats.			
5	Adoption of the separation of nationally standardized business rules definitions from core programming, available in both human and machine-readable formats.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Process completes in less than 60 seconds.			
4	Information is available in near real time. Processes that use clinical authorize determination information result in immediate action, response, and results. SMA has regional interoperability. Process completes in less than 30 seconds.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual activity to accomplish tasks. SMA receives authorize service request primarily via paper, telephone, or facsimile. SMA responses to authorize service request via paper, telephone, or facsimile.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Authorize Service request is a mix of paper, telephone, facsimile and electronic media. SMA responses to authorize service request via paper, telephone, facsimile, or electronic media.			

# CM Care Management

## CM08 BCM CM08 Authorize Service

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost to support the process to the benefits of the result?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CM Care Management

## CM09 BCM CM09 Authorize Treatment Plan

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	1	3	2
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards. SMA has developed its own unique paper forms to support this process; there may be different forms for each type of treatment plan.			
2	SMA applies a mix of HIPAA and state-specific standards. SMA has adopted the Accredited Standards Committee (ASC) X12 277 Health Care Information Status Notification and 278 Health Care Services Review Information transactions.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and regional information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national information exchange.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is less than one (1) business day.			
4	SMA obtains information easily from regional agencies and entities. Accessibility is less than one (1) business day.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is less than one (1) business day.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			

# CM Care Management

## CM09 BCM CM09 Authorize Treatment Plan

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 95% or higher.			
4	Automation of information collection increases the reliability of regional sources of information. SMA adopts MITA Framework for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 98% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How easy is it to change the business rules of Authorize Treatment Plan?</i>	2	3	1
1	Manual rule changes require many business days for approval and implementation.			
2	Although there may be some automation of standardized business rules definitions, changes and maintenance are labor intensive, especially in legacy applications.			

# CM Care Management

## CM09 BCM CM09 Authorize Treatment Plan

		As-Is	To-Be	Project Impact
Descriptions	How easy is it to change the business rules of Authorize Treatment Plan?	2	3	1
3	Adoption of the separation of standardized intrastate business rules definitions from core programming, available in both human and machine-readable formats			
4	Adoption of the separation of regionally standardized business rules definitions from core programming, available in both human and machine-readable formats.			
5	Adoption of the separation of nationally standardized business rules definitions from core programming, available in both human and machine-readable formats			
Effort to Perform; Efficiency	How efficient is the process?	1	3	2
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	How timely is this end-to-end process?	1	3	2
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Process completes in less than two (2) business days.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability. Process completes in less than one (1) business day.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	Is the process primarily manual or automatic?	1	3	2
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			

# CM Care Management

## CM09 BCM CM09 Authorize Treatment Plan

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost to support the process to the benefits of the result?</i>	1	3	2
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CO Contractor Management

## CO01 BCM CO01 Manage Contractor Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# CO Contractor Management

## CO01 BCM CO01 Manage Contractor Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 98% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 98% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy is 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# CO Contractor Management

## CO01 BCM CO01 Manage Contractor Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How is the information regarding the Contractor information validated?</i>	1	2	1
1	Validation is manual and subjective.			
2	Validation is consistent and based on business rules definitions.			
3	SMA adopts MITA Framework, industry standards, and national standards within the intrastate that use standardized business rules definitions for consistent validation.			
4	SMA adopts MITA Framework, industry standards, and national standards across the interstate that use regional standardized business rules definitions for consistent validation.			
5	SMA adopts MITA Framework, industry standards, and national standards across the nation that uses national standardized business rules definitions for consistent validation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is this end-to-end process?</i>	1	1	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Maintenance of contract files, contract amendment, and related documents is a manual process.			
2	Process timeliness improves through use of automation. SMA scans and stores contracts, amendments, and relevant documents. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process manual or automatic?</i>	1	1	0
1	The process consists primarily of manual activity to accomplish tasks. Staff receives instructions to update the contractor master file from many sources via paper and facsimile.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate. SMA produces audit trail of decisions 100% of the time.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

# CO Contractor Management

## CO01 BCM CO01 Manage Contractor Information

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of the results?</i>	1	1	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4			

# CO Contractor Management

## CO02 BCM CO02 Manage Contractor Communication

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards. SMA establishes a formal Communications Management Plan.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the process results?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1			

# CO Contractor Management

## CO02 BCM CO02 Manage Contractor Communication

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Utility or Value to Stakeholders</b>	<i>How satisfied are the stakeholders with the process?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			

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# CO Contractor Management

## CO02 BCM CO02 Manage Contractor Communication

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>How satisfied are the stakeholders with the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). SMA responds to requests in three (3) to seven (7) business days.			
2	Process timeliness improves through use of automation. Contractors have access to self-services via a web portal resolving their inquiries themselves. Multiple web portals may exist as contractors may work with multiple agencies. Timeliness exceeds legal requirements. SMA answers most requests in 24 hours or less.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA integrates web portals so contractors have consistent way of communicating. SMA responds to most common inquiries in real-time. Exceptions may require 24 hours or less.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>	2	2	0
1	Functionally, linguistically, culturally, and competency appropriate communications are lacking because they are difficult and costly to produce.			
2	Communication is functionally, linguistically, culturally, and competency appropriate, but at great expense. SMA limits outreach material by state defined parameters (e.g., only two (2) languages used).			
3	SMA automates process to the full extent possible across the intrastate. Use of electronic communications makes provision of functionally, linguistically, culturally, and competency appropriate communications more cost-effective.			
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual activity to accomplish tasks. SMA conducts process via paper, facsimile, and telephone.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. The process increases the use of electronic methods. SMA accepts inquiries that contractor responds to online or by telephone.			
3	SMA automates process to the full extent possible within the intrastate including communication delivery by email, paper, mobile devices, Automatic Voice Response System (AVRS), telephone, facsimile, web portal or Electronic Data Interchange (EDI) transaction. Portal includes usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology.			

# CO Contractor Management

## CO02 BCM CO02 Manage Contractor Communication

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of the results?</i>	1	2	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CO Contractor Management

## CO03 BCM CO03 Perform Contractor Outreach

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the process results?</i>	1	2	1
1	Manual processes result in greater opportunity for human error. Accuracy is low. SMA launches outreach to a general audience but is unable to align content with targeted audience negatively affecting accuracy.			
2	Automation and standardized business rules definitions reduce errors. Capability to match outreach with target audience improves the accuracy of the process. SMA improves accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. SMA uses methods to target outreach to contractors that met specific needs. Accuracy is 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			

# CO Contractor Management

## CO03 BCM CO03 Perform Contractor Outreach

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 95% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 95% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy is 95% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Descriptions</b>	<i>How formalized is the process?</i>	1	2	1
1	The process is informal and inconsistent.			
2	The process is formal across SMA with proper reviews to ensure correctness and legality. SMA keeps accurate logs of all outreach initiatives.			
3	SMA adopts automatic workflow within intrastate to ensure accuracy and proper reviews. SMA stores and transfers relevant inquiry documents electronically.			

# CO Contractor Management

## CO03 BCM CO03 Perform Contractor Outreach

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How formalized is the process?</i>	1	2	1

4 SMA adopts automatic workflow within interstate to ensure accuracy and proper reviews.

5 SMA adopts automatic workflow within nation to ensure accuracy and proper reviews.

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>How satisfied are the stakeholders with the process?</i>	1	2	1

1 Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.

2 Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.

3 SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.

4 SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.

5 SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1

1 Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Timeliness depends on the type of outreach. It is ad hoc in nature. Outreach activity duration is relatively lengthy.

2 Process timeliness improves through use of automation and web portal distribution of information. Timeliness exceeds legal requirements.

3 Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA releases alerts and information immediately. Timeliness exceeds Level 2.

4 Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.

5 Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>	1	2	1

1 Functionally, linguistically, culturally, and competency appropriate outreach and education materials are lacking because they are difficult and costly to produce.

2 Outreach material is functionally, linguistically, culturally, and competency appropriate, but at great expense. SMA limits outreach material by state defined parameters (e.g., only two (2) languages used).

3 SMA automates process to the full extent possible across the intrastate. Use of electronic communications makes provision of functionally, linguistically, culturally, and competency appropriate outreach material more cost-effective.

4 SMA automates process to the full extent possible across the interstate.

5 SMA automates process to the full extent possible across the nation.

# CO Contractor Management

## CO03 BCM CO03 Perform Contractor Outreach

Descriptions	Is the process primarily manual or automatic?	1	2	1
1	The process consists primarily of manual activity to accomplish tasks. SMA conducts the process via mail, in person, and telephone for individual communications; and flyers, radio, TV, newspapers, and publications for public media. SMA is not targeting contractor populations.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA conducts process via a web portal for existing contractors. SMA targets populations to receive communications via mail, in person and telephone for individual communications; and flyers, radio, TV, newspapers, and publications public media.			
3	SMA automates process to the full extent possible within the intrastate. The process is electronic. Audience downloads, saves or prints publications. SMA also uses publications the law requires to post solicitations. Portal includes usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	What is the cost of the process compared to the benefits of the results?	1	2	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CO Contractor Management

## CO04 BCM CO04 Inquire Contractor Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	1	2	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Access to information is available only during business hours.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1. The web portal is accessible according to a schedule. Web portal is functional beyond the normal hours of the business day.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is almost 24 hours per day, excepting during maintenance windows.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is almost 24 hours per day, excepting during maintenance windows.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is almost 24 hours per day, excepting during maintenance windows.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	2	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			

# CO Contractor Management

## CO04 BCM CO04 Inquire Contractor Information

			As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>		1	2	1
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.				
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.				
4	Automation of information collection increases the reliability of SMA's internal and external information. SMA adopts MITA Framework for information exchange by interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.				
5	SMA adopts MITA Framework for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.				

			As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>		1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.				
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.				
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.				
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.				
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.				

			As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>		1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.				
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.				
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.				
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.				
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.				

			As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How formalized is the process?</i>		1	2	1
1	The process is informal and inconsistent.				
2	The process is formal across state agencies with proper reviews to ensure correctness and legality. SMA keeps accurate logs of all inquiries.				

# CO Contractor Management

## CO04 BCM CO04 Inquire Contractor Information

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How formalized is the process?</i>	1	2	1
3	SMA adopts automatic workflow within the intrastate to ensure accuracy and proper reviews. SMA stores and transfers relevant inquiry documents electronically.			
4	SMA adopts automatic workflow across the interstate to ensure accuracy and proper reviews.			
5	SMA adopts automatic workflow across the nation to ensure accuracy and proper reviews.			

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). SMA answers inquiries within three (3) to seven (7) business days.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
1	The process consists primarily of manual activity to accomplish tasks. The inquirer contacts SMA by telephone, facsimile, or mail and receives responses via the same modes.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Agencies provide web portals for inquiries and responses. Inquirers have access under the state mandatory requirements for access to public information regarding the contractor and contract.			
3	SMA automates process to the full extent possible within the intrastate. SMA integrates web portals to improve access to Contractor information.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>What information does the inquiry and response convey?</i>	1	2	1
1	Inquiries include the following: Does this entity have a current contract? What services does the contract cover? What is the end date of the contract?			
2	Requestor may make inquiry via web on contractor name, address, start and end date, major services provided, and contact information.			
3	SMA adopts MITA Framework messages and other nationally recognized standards for the exchange of information.			
4	SMA adopts MITA Framework messages and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework messages and other nationally recognized standards for national exchange of information.			

# CO Contractor Management

## CO04 BCM CO04 Inquire Contractor Information

Accuracy of Process Results	What is accuracy of the results of the process?	1	2	1
As-Is	To-Be	Project Impact		
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
Cost-Effectiveness	What is the cost to support the process to the value of its results?	1	2	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# CO Contractor Management

## CO05 BCM CO05 Produce Solicitation

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of nationally recognized and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually. There is limited access to information by constraints of the manual process and updates to information. Accessing information to research and compile solicitation content can take more than six (6) months.</i>			
2	<i>SMA stores information in disparate systems, but automation and nationally recognized and state-specific standards increase accessibility over Level 1. Accessing information to research and compile solicitation content, on average, takes less than three (3) months.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. SMA has enhanced the process support outcome-oriented program management and support the shift to shared business services in both the production of solicitations and their content. SMA can research exceptions through real-time access to information via industry messages. Access to information to research and compile solicitation content takes less than one (1) month.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessing information to research and compile solicitation content takes less than three (3) weeks.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessing information to research/compile solicitation content takes less than three (3) weeks.</i>			

# CO Contractor Management

## CO05 BCM CO05 Produce Solicitation

Accuracy of Process Results	How accurate are the results of the process?	1	2	1
1	Manual processes result in greater opportunity for human error. Inconsistencies and ambiguities increase the number of respondent questions and can lead to post award protests. Accuracy is low.			
2	SMA centralizes automation and standardized business rules definitions reduce error. SMA centralizes and coordinates contract information between agencies. The development of Medicaid specific policies and procedures for the process reduces confusion and provides accurate information within the solicitation. Accuracy improves above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. SMA enhances the process to support improved program management, and support the shift to shared business services in both the production of solicitations and their content. Accuracy is improved to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			

As-Is      To-Be      Project Impact

Data Access and Accuracy	How accurate is the information available to the process?	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized and state-specific standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			

As-Is      To-Be      Project Impact

Descriptions	How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt nationally recognized standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			

As-Is      To-Be      Project Impact

# CO Contractor Management

## CO05 BCM CO05 Produce Solicitation

**Effort to Perform; Efficiency**

*How efficient is the process?*

1

2

1

- 1 Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.
- 2 Automation and state standards increase productivity. Efficiency is higher than Level 1.
- 3 SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.
- 4 SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.
- 5 SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.

As-Is	To-Be	Project Impact
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2

3

1

**Descriptions** *How integrated or central is the process?*

- 1 The process is re-invented each time a solicitation is necessary. SMA stores the procurement information for manual reuse, and it is not possible to share information.
- 2 Contract information is in a central location and is electronic. There is coordination between agencies. Requirements tracking and maintenance are central.
- 3 SMA centralizes and automates contract information. Coordination between agencies eliminates duplication of contracted services.
- 4 SMA adopts MITA Framework, industry standards, and other national standards by interstate agencies and entities allow for shared business services.
- 5 SMA adopts MITA Framework, industry standards, and other national standards by national agencies and entities allow for shared business services

As-Is	To-Be	Project Impact
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2

2

0

**Timeliness of Process**

*How timely is the end-to-end process?*

- 1 Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process may require six (6) or more months to issue the solicitation
- 2 Process timeliness improves through use of automation. SMA uses web portals, email distribution and tracking, for respondent communications. Timeliness exceeds legal requirements. The process completes, on average, in six (6) months or less.
- 3 Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. The process supports outcome oriented program management, ensures MITA compliance, and supports the shift to shared business services in both the production of solicitations and their content. The process on average requires less than three (3) months for completion.
- 4 Information is available in near real time. SMA has interstate interoperability. The process on average requires fewer than 60 business days to complete.
- 5 Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.

As-Is	To-Be	Project Impact
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2

3

1

**Descriptions** *Is the process primarily manual or automatic?*

# CO Contractor Management

## CO05 BCM CO05 Produce Solicitation

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual activity to accomplish tasks. Production of a solicitation consists primarily of manual, paper-based steps. This requires manual compilation of information.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA coordinates between agencies electronic contract information from central location. Manual compilation of information remains a requirement in some cases. Publication of the solicitation uses electronic media (e.g., Web portal).			
3	SMA automates process to the full extent possible within the intrastate. SMA automates contract information from central location.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution. Adoption of solicitation tools to manage requirements. Increases cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards. SMA enhances process to support improvements in program management, and support the shift to shared business services in both the production of solicitations and their content. The primarily automatic, standardized process allows staff to focus on managing the production of solicitations and effectively communicating with potential respondents. Increases cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>What is the primary mechanism for publication of the solicitation and communication with potential respondents?</i>	2	3	1
1	Publication of the solicitation and communication with potential respondents is primarily via paper, in person, mail and facsimile. Publication of the solicitation may be via electronic media. Potential respondents can use telephone, facsimile, in person, e-mail, or paper as a way to keep current on any updates during the produce solicitation process.			
2	SMA centralizes contract information, and there is coordination between agencies. SMA automates the publication of the solicitation and communication concerning updates and solicitation status with potential respondents.			
3	SMA automates the process. Some in person communication remains a part of the process.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

# CO Contractor Management

## CO06 BCM CO06 Award Contract

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process. Staff is dissatisfied with the level of manual effort to validate, verify, and assess the proposal data, duplication of efforts across SMA, and the frequency that stakeholders appeal decisions. Respondents are dissatisfied with the burden of the process and the length of time.</i>			
2	<i>Automation and standardization provides clear and useful information. Adoptions of state standards improve staff ability to validate, verify, and assess the proposal data, thus increasing staff satisfaction with the process. Respondent satisfaction improves with the ability to submit electronic proposals, increasing consistency in decisions and the reduction in turnaround time. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of nationally recognized and state-specific.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	<i>SMA stores information in disparate systems including paper storage. SMA manually obtains or validates information.</i>			
2	<i>SMA stores information in disparate systems, but adopts automation and nationally recognized standards. State procurement office increases standardization and the use of electronic storage of proposal materials and electronic communication mechanisms that simplify information access. Accessibility increases over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			

# CO Contractor Management

## CO06 BCM CO06 Award Contract

Accuracy of Process Results	How accurate are the results of the process?	2	3	1
1	Manual processes result in greater opportunity for human error and the process requires additional oversight to ensure compliance with state and federal procurement business rules. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error, level of oversight required, and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			

As-Is      To-Be      Project Impact

Data Access and Accuracy	How accurate is the information available to the process?	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. Manual processes allow gaps in the accuracy and completeness of proposal content.			
2	Nationally recognized and state-specific standards improve accuracy of information but the decision-making process may be erroneous or misleading. Use of standards set by the state procurement office, implementation of internal information standards, implementation of centrally accessible electronic storage of proposal materials, and electronic communication mechanisms all contribute to increasing accuracy of information. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher			

As-Is      To-Be      Project Impact

Descriptions	How does the State Medicaid Agency verify proposal information?	1	2	1
1	Staff contacts external and internal document verification sources via mail, telephone, or facsimile.			
2	Some automatic verifications of Contractor information are available such as Employer Identification Number (EIN), status of tax payment.			
3	MITA Framework, industry standards, and other nationally recognized standards enable more automatic information verification within the intrastate.			
4	MITA Framework, industry standards, and other nationally recognized standards enable more automatic information verification across the interstate.			
5	MITA Framework, industry standards, and other nationally recognized standards enable more automatic information verification across the nation.			

As-Is      To-Be      Project Impact

# CO Contractor Management

## CO06 BCM CO06 Award Contract

Effort to Perform; Efficiency	How efficient is the process?	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			

Timeliness of Process	How timely is the end-to-end process?	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process may require three (3) to seven (7) months.	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			

Descriptions	Is the process primarily manual or automatic?	As-Is	To-Be	Project Impact
1	The process consists primarily of manual activity to accomplish tasks. Respondent mails the paper proposal(s) to SMA. Manual validation, verification, and assessment of proposal information are required.	1	2	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Submission of proposals is via electronic media (e.g., Web portal). SMA implements a centrally accessible electronic storage of proposal materials and internal electronic communication. Assessment of proposal information is manual.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	1	2	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			

# CO Contractor Management

## CO06 BCM CO06 Award Contract

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	1	2	1
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>What is the primary mechanism for receipt of proposals and communication with respondents?</i>	1	2	1
1	Receipt of proposals and communication with respondents is via paper, telephone, in person, and facsimile. Receipt of proposals and communication with respondents utilizes electronic means of communication (e.g., submission of proposals via a Web portal, e-mail, or Compact Disc (CD)). SMA uses paper, telephone, in person, and facsimile for communications.			
2	SMA adopts MITA Framework, industry standards, and other nationally recognized standards within the intrastate.			
3	SMA automates receipt of proposals and communication with respondents. The process still requires some in person communication.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards across the interstate.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards across the nation			

# CO Contractor Management

## CO07 BCM CO07 Manage Contract

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually. Accessing information may take three to seven (7) business days.			
2	SMA stores information in disparate systems, but automation of nationally recognized and state-specific standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# CO Contractor Management

## CO07 BCM CO07 Manage Contract

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 99% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 99% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 99% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized and state-specific standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt nationally recognized standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# CO Contractor Management

## CO07 BCM CO07 Manage Contract

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated or central is the process?</i>	2	2	0
1	SMA does not centralize contract management. Each SMA may interface with a state's procurement office but oversight of the management of a contract lies with SMA who requested the contract. There is little or no coordination among SMA programs for procurement or management of contracts.			
2	SMA introduces central tracking of contracts. The coordination between agencies increases the exchange of information and increases efficiency in contract management. Coordination among SMA programs for procurement or management of contracts is improved.			
3	SMA adopts MITA Framework and industry standards and other national standards. There is full coordination among agencies in relation to the management of contracts. SMA automates central contract tracking, thus reducing duplication and increasing quality in managing contracts.			
4	SMA adopts MITA Framework, industry standards, and other national standards by interstate agencies and entities allow for shared business services.			
5	SMA adopts MITA Framework, industry standards, and other national standards by national agencies and entities allow for shared business services.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Obtaining information to monitor or review contract and interactions with contractors may require three (3) to seven (7) business days.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Contract SMA stores information electronically. SMA uses automatic contract management reports.			

# CO Contractor Management

## CO07 BCM CO07 Manage Contract

		As-Is	To-Be	Project Impact
Descriptions	What is the process primarily manual or automatic?	1	2	1
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution. Staff focuses on cost management and implementation of a higher quality improvement process within the contract management process. Cost effectiveness ratio increases over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards. SMA automates the central tracking of contracts and supports complete coordination between SMA programs, eliminating duplication of effort. Staff focuses on improving the management of contracts. Cost effectiveness ratio increases over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			
Descriptions	What is the primary mechanism for exchange of contract information?	2	3	1
1	Exchange of contract information is primarily a manual process via mail, telephone, in person, and facsimile.			
2	Exchange of contract information utilizes some electronic means (e.g., e-mail, web portals to push information) but mail, telephone, in person, and facsimile communication remains a significant part of the process.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

# CO Contractor Management

## CO08 BCM CO08 Close Out Contract

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process. Delays and disputes over close out issues are common.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. The manual nature of the process causes delays in information retrieval, e.g., information in off-site storage may take up to two (2) weeks to retrieve.			
2	SMA stores information in disparate systems, but automation and nationally recognized and state-specific standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			

# CO Contractor Management

## CO08 BCM CO08 Close Out Contract

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
2	Automation and standardized business rules definitions reduce error. The central tracking of the contracts simplify data access increasing the quality and consistency of the contract close out process. SMA improves accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized and state-specific standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt nationally recognized standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1

# CO Contractor Management

## CO08 BCM CO08 Close Out Contract

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process contract close out process is often inefficient and results in disputes and delays in resolution. Efficiency is low.			
2	Automation and state standards increase productivity. Staff is able to follow consistent steps in the close out process. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. Reusable services facilitate full coordination between SMA and other state SMA programs. The automation of the central tracking of contracts eliminates duplication of effort improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Descriptions</b>	<i>How integrated or central is the process?</i>	2	2	0
1	There is no central oversight of the contract close out within SMA. There is no coordination among SMA programs or between SMA and other state agencies in relation to closing out contracts.			
2	SMA introduces central tracking of contracts and policies to oversee the close out process, and coordinate efforts between SMA programs.			
3	SMA automates central tracking of contracts to the full extent possible. SMA coordinates the contract close out process with other SMA or other state agencies' programs.			
4	SMA adopts MITA Framework, industry standards, and other national standards by interstate agencies and entities allow for shared business services.			
5	SMA adopts MITA Framework, industry standards, and other national standards by national agencies and entities allow for shared business services.			
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The manual contract close out process can exceed three (3) months or more.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
1	The process consists primarily of manual, paper-based activity to accomplish tasks.			

# CO Contractor Management

## CO08 BCM CO08 Close Out Contract

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	1	2	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks. The close out contract process uses electronic storage of contract information and internal electronic communications.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	1	2	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution. Staff focuses on cost management and ongoing quality improvement. Cost effectiveness ratio increases over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards. Staff focuses on an outcome-oriented approach to closing out contracts. Increases cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>What is the primary mechanism for exchange of contract information?</i>	2	2	0
1	Exchange of contract information is primarily via mail, telephone, in person, and facsimile.			
2	Exchange of contract information utilizes some electronic means (e.g., e-mail, web portals to push information) but mail, telephone, in person, and facsimile communication remains a significant part of the process.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

# EE Eligibility and Enrollment Management

## EE05 BCM EE05 Determine Provider Eligibility

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does enrollment process meet state and federal regulations or policies?</i>	2	3	1
1	Meets state and federal requirements for processing applications timely and accurately.			
2	SMA exceeds state and federal requirements for processing applications timely and accurately.			
3	SMA exceeds state and federal requirements for processing provider enrollment applications timely and accurately including includes one-stop collaboration across SMA including dual-eligibility with Medicare and CHIP as well as enhancing background check and screening by level of risk with federal agencies.			
4	SMA exceeds state and federal requirements for processing provider enrollment applications timely and accurately. SMA collaborates with federal agencies for regional validation of background information and screening by level of risk in near-real time enrollment based on taxonomy.			
5	SMA exceeds state and federal requirements for processing provider enrollment applications timely and accurately. SMA uses federated registries that identify providers across the country, who qualify to serve special populations or are disqualified based on criminal activity.			

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework and enrollment application and verification standard messages with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework and enrollment application and verification standard messages with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework and enrollment application and verification standard messages with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use required screening requirements?</i>	5	5	0
1	SMA uses state-specific screening requirements.			
2	SMA uses a mix of federal screening and state-specific requirements.			
3	SMA adopts all federal screening requirements for low, medium and high risk providers within the intrastate.			
4	SMA adopts all federal screening requirements for low, medium and high risk providers within the region.			
5	SMA adopts all federal screening requirements for low, medium and high risk providers across the nation.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			

# EE Eligibility and Enrollment Management

## EE05 BCM EE05 Determine Provider Eligibility

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
3	SMA adopts MITA Framework, standard enrollment application interfaces, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, standard enrollment application interfaces, and other nationally recognized standards for regional exchange of information.			
5	SMA adopts MITA Framework, standard enrollment application interfaces, and other nationally recognized standards for national exchange of information.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains enrollment application and verification information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. System produces enrollment reports showing status of entire Medicaid population in graphical format for management use. Accessibility is greater than Level 2.			
4	SMA obtains enrollment application and verification information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains enrollment application and verification information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework and enrollment application and verification standard messages with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework and enrollment application and verification standard messages with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework and enrollment application and verification standard messages with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			

# EE Eligibility and Enrollment Management

## EE05 BCM EE05 Determine Provider Eligibility

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
3	Automation of enrollment application and verification information collection increases the reliability of SMA's internal information. External sources of enrollment application and verification information use MITA Framework and industry standards for information exchange and verification. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of enrollment application and verification information collection increases the reliability of regional sources of information. SMA adopts MITA Framework and industry standards for information exchange and verification by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for national enrollment application and verification information exchange and verification. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. Information is verified manually using telephone, facsimile and mail.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions for information verification with credentialing organization and identification sources.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services for information verification.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable enrollment application processes for information verification.			
5	SMA collaborates with national agencies and entities for national (and international) interoperability improvements that maximize automation of routine enrollment application operations.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency verify credentials (e.g., college degree, license, certification, NPI, Employer Identification Number (EIN), Social Security Number (SSN))?</i>	2	3	1
1	SMA manually validates information. Staff contact external and internal document verification sources via telephone, facsimile, mail. Decisions on information verifications take three (3) to seven (7) business days. Validation is manual and subjective.			
2	Many application information validations are automatic (SSN, address, birth certificate, etc.). Validation is consistent and based on business rules.			
3	SMA adopts MITA Framework, enrollment application standard messages, and national standards within the intrastate that use standardized business rules definitions for consistent validation.			
4	SMA adopts MITA Framework, enrollment application standard interfaces, and national standards across the interstate region that use a regional standardized business rules definitions for consistent validation.			
5	SMA adopts MITA Framework, enrollment application standard messages, and national standards across the nation that use a national standardized business rules definitions for consistent validation.			

# EE Eligibility and Enrollment Management

## EE05 BCM EE05 Determine Provider Eligibility

Effort to Perform; Efficiency	How efficient is the process?	As-Is	To-Be	Project Impact
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.	3	3	0
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework and enrollment application and verification standard messages with intrastate agencies and entities improving efficiency to 99%.			
4	SMA adopts MITA Framework and enrollment application and verification standard messages with by regional agencies and entities improving efficiency to 99%.			
5	SMA adopts MITA Framework and enrollment application and verification standard messages with national agencies and entities improving efficiency to 99%.			

Timeliness of Process	How timely is the end-to-end process?	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Average end-to-end process is completed in 30-60 business days.	1	2	1
2	Process timeliness improves through use of automation. Average end-to-end process completes in 15-30 business days.			
3	Timeliness improves via state and federal collaboration, use of enrollment application information sharing, standards, and regional information exchange hubs. Turnaround time on application decision for 85% or higher of enrollments is no more than 24 hours. Exceptions may be those requiring extensive credentialing or site visits. SMA distributes eligibility determination notice of appeal rights within 15 minutes or less 100% of the time.			
4	Enrollment application information and verification is available in near real time. SMA has regional interoperability. Turnaround time on application decision for 95% or higher of enrollments is no more than four (4) hours.			
5	Enrollment application information is available in real time. Enrollment application processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			

Descriptions	Is the process primarily manual or automatic?	As-Is	To-Be	Project Impact
1	The process consists primarily of manual activity to receive and process paper enrollments provider submits via mail.	2	3	1
2	SMA uses a mix of manual and automatic processes to accomplish process paper and web-based applications.			
3	The enrollment application process is fully automatic to the extent possible within the intrastate. SMA receives a majority of Provider applications online. SMA produces audit trail of determination results 100% of the time.			
4	The enrollment application process is fully automatic to the extent possible within the region.			
5	The enrollment application process is fully automatic to the extent possible across the nation.			

Descriptions	Is there a process for revalidation of credentials?	As-Is	To-Be	Project Impact
1	SMA re-enrolls providers as needed. SMA revalidates credentials manually.	2	4	2
2	SMA re-enrolls providers periodically and revalidates credentials via a mix of manual and automatic processes (consistent with enrollment process).			

## EE Eligibility and Enrollment Management

### EE05 BCM EE05 Determine Provider Eligibility

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is there a process for revalidation of credentials?</i>	2	4	2
3	SMA revalidates credentials automatically within the intrastate and staff receive alerts when adverse results occur (e.g., provider license is terminated; provider is added to a criminal investigation list).			
4	SMA revalidates credentials automatically across the interstate region and staff receives alerts when adverse results occur.			
5	SMA revalidates credentials automatically across the nation and staff receives alerts when adverse results occur.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	3	3	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, enrollment application and verification standard interfaces, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, enrollment application and verification standard messages, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, enrollment application and verification standard messages, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>What provider identifier is used?</i>	3	4	1
1	SMA uses local identifier the state assigns to provider.			
2	SMA cross-references National Provider Identifier (NPI) to state identification.			
3	The NPI is the identification of record for all health care providers. SMA enumerates atypical providers differently. SMA retains legacy identifiers for some business purposes, but newly enrolled providers use national identifiers.			
4	SMA widely uses the NPI for those providers that are required to do so. SMA uses atypical provider identification within the region.			
5	SMA widely uses the NPI for those providers that are required to do so. SMA uses atypical provider identification across the nation.			

# EE Eligibility and Enrollment Management

## EE07 BCM EE07 Disenroll Provider

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	3	3	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework and provider disenrollment standard messages with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework and provider disenrollment standard messages with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework and provider disenrollment standard messages with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	5	3	-2
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, standard provider disenrollment interfaces, and other nationally recognized provider disenrollment standards for intrastate exchange of provider disenrollment information.			
4	SMA adopts MITA Framework, standard provider disenrollment interfaces, and other nationally recognized provider disenrollment standards for regional exchange of provider disenrollment information.			
5	SMA adopts MITA Framework, standard provider disenrollment interfaces, and other nationally recognized provider disenrollment standards for national exchange of provider disenrollment information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains provider disenrollment information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains provider disenrollment information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains provider disenrollment information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework and provider disenrollment standard messages with intrastate agencies and entities improving accuracy to 90% or higher.			

# EE Eligibility and Enrollment Management

## EE07 BCM EE07 Disenroll Provider

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
4	SMA adopts MITA Framework and provider disenrollment standard messages with regional SMA and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework and provider disenrollment standard messages with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	SMA automates the collection of provider disenrollment increasing the reliability of SMA's internal information. External sources of provider disenrollment information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	SMA automates the collection of provider disenrollment information increasing the reliability of regional sources of information. SMA adopts MITA Framework and provider disenrollment standards for information exchange with regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for national information exchange. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national provider disenrollment standards as well as develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national provider disenrollment standards as well as develop and share reusable provider disenrollment processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine provider disenrollment operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	3	3	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# EE Eligibility and Enrollment Management

## EE07 BCM EE07 Disenroll Provider

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	3	3	0
3	SMA adopts MITA Framework and provider disenrollment standard messages with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework and provider disenrollment standard messages with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework and provider disenrollment standard messages with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Process completes within ten (10) business days or more.	3	3	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Process completes within five (5) business days or less.			
3	Timeliness improves via state and federal collaboration, use of provider disenrollment information sharing, standards, and regional information exchange hubs. Process completes in 24 hours or less.			
4	Provider disenrollment information is available in near real time. Provider disenrollment processes ensure immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Provider disenrollment information is available in real time. Provider disenrollment processes improve further through connectivity with other States and with federal agencies. Most provider disenrollment processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual activity to accomplish tasks.	2	3	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA fully automates the provider disenrollment process within the intrastate. SMA shares Provider Network information with Health Insurance Exchange (HIX). SMA produces audit trail of disenrollment decision 100% of the time.			
4	SMA fully automates the provider disenrollment within the region. SMA shares Provider Network information with Health Insurance Exchange (HIX). SMA shares Meaningful Electronic Health Record information with the Registration and Attestation (R&A) System.			
5	SMA fully automates the provider disenrollment process across the nation. SMA shares Provider Network information with Health Insurance Exchange (HIX). SMA shares Meaningful Electronic Health Record information with the R&A System.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	3	3	0
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			

## EE Eligibility and Enrollment Management

### EE07 BCM EE07 Disenroll Provider

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	3	3	0
3	SMA adopts MITA Framework, provider disenrollment standard messages, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, provider disenrollment standard messages, and other nationally recognized provider disenrollment standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, provider disenrollment standard interfaces, and other nationally recognized standards for national (and international) information exchange of provider disenrollment information improving cost effectiveness ratio over level 4.			

## EE Eligibility and Enrollment Management

### EE08 BCM EE08 Inquire Provider Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, provider inquiry standard messages, and other nationally recognized provider inquiry standards for intrastate exchange of provider enrollment information.			
4	SMA adopts MITA Framework, provider inquiry standard messages, and other nationally recognized provider inquiry standards for clinical and regional exchange of provider enrollment information.			
5	SMA adopts MITA Framework, provider inquiry standard messages, and other nationally recognized provider inquiry standards or national exchange of provider enrollment information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# EE Eligibility and Enrollment Management

## EE08 BCM EE08 Inquire Provider Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	SMA automates the collection of provider inquiry information increasing the reliability of SMA's internal information. External sources of provider inquiry information use MITA Framework and industry standards for information verification submission. Decision-making is automatic using a statewide provider inquiry standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	SMA automates the collection of provider inquiry information increasing the reliability of regional sources of information. SMA adopts MITA Framework and industry standards for information exchange verification by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and provider inquiry standards for national information verification submission. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national provider inquiry standards as well as develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt provider inquiry national standards as well as develop and share reusable provider inquiry processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine provider inquiry operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# EE Eligibility and Enrollment Management

## EE08 BCM EE08 Inquire Provider Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end inquiry process?</i>	1	3	2
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of provider inquiry information sharing, standards, and regional information exchange hubs. Timeliness is ten (10) seconds or less.			
4	Information Provider enrollment information is available in near real time. Provider inquiry processes that use clinical provider inquiry information result in immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Provider enrollment information is available in real time. Provider inquiry processes improve further through connectivity with other States and with federal agencies. Most provider inquiry processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual activity to accomplish tasks. SMA receives most requests via telephone, facsimile, or mail.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA submits response via automatic voice response system, web portal, Electronic Data Interchange (EDI) transaction, personal computer, terminal connection or within batch response parameters.			
3	The inquire provider process is fully automatic to the extent possible within the intrastate.			
4	The inquire provider process is fully automatic to the extent possible within the region.			
5	The inquire provider process is fully automatic to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			

## EE Eligibility and Enrollment Management

### EE08 BCM EE08 Inquire Provider Information

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4			

# FM Financial Management

## FM01 BCM FM01 Manage Provider Recoupment

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	A mix of HIPAA including ASC X12 837 Health Care Claim transactions and state-specific standards are applied.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 99% or higher.			

# FM Financial Management

## FM01 BCM FM01 Manage Provider Recoupment

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 99% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency requests recoupment of monies in third party liability situations requested?</i>	2	2	0
1	SMA accomplishes the recouping of monies in third party liability situations from payer-to-provider rather than payer-to-payer.			
2	SMA still conducts recouping of monies from payer-to-provider but some payer-to-payer interchanges are taking place.			
3	Payer-to-payer recoupment processing is the norm with payer-to-provider interchanges the exception.			
4	SMA conducts payer-to-payer recoupment processing.			

# FM Financial Management

## FM01 BCM FM01 Manage Provider Recoupment

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency requests recoupment of monies in third party liability situations requested?</i>	2	2	0
5	SMA conducts payer-to-payer recoupment processing.			
Effort to Perform; Efficiency	<i>How efficient is the process?</i>	As-Is	To-Be	Project Impact
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.	2	3	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Descriptions	<i>How integrated is the process?</i>	As-Is	To-Be	Project Impact
1	There is little coordination between the portions of SMA responsible for recoupments: third party liability, program integrity, and accounting.	2	2	0
2	There is regular communication and coordination between program integrity, third party liability, recoupments, accounting, and the Medicaid Fraud Control Unit (MFCU).			
3	SMA integrates overlapping activities between program integrity, recoupments, third party liability, accounting, and the MFCU, and communication is immediate.			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact

# FM Financial Management

## FM01 BCM FM01 Manage Provider Recoupment

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			
<b>Descriptions</b>	<i>What is the mode of communication?</i>	2	3	1
1	SMA sends communications to providers and other payers via telephone, facsimile, and mail.			
2	Communication to providers and other payers is via telephone, facsimile, and mail; plus, the use of e-mail is increasing and some agencies are sending Accredited Standards Committee (ASC) X12 837 Health Care Claim transactions directly to other payers rather than from payer to provider to request payment.			
3	SMA uses primarily electronic communications, using paper only as needed to reach individual providers.			
4	SMA adopts MITA Framework, industry standards, and national standards across the interstate.			
5	SMA adopts MITA Framework, industry standards, and national standards across the nation.			

# FM Financial Management

## FM02 BCM FM02 Manage TPL Recovery

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM02 BCM FM02 Manage TPL Recovery

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	2	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection and workflow increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 9% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency conduct coordination of benefits (COB)?</i>	2	2	0
1	SMA primarily conducts TPL recovery via payer-to-provider COB.			
2	Some TPL recovery is payer-to-provider and the remaining is payer-to-payer COB.			
3	SMA conducts TPL recovery via payer-to-payer COB. SMA has communications available electronically to members and providers.			
4	SMA conducts TPL recovery via payer-to-payer COB.			
5	SMA conducts TPL recovery via payer-to-payer COB.			

# FM Financial Management

## FM02 BCM FM02 Manage TPL Recovery

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency validate Third Party Liability (TPL) information?</i>	1	2	1
1	SMA manually validates Information regarding third-party resources.			
2	SMA uses electronic information from other payers for information matching and validating of member TPL information.			
3	MITA interface standards support completely automatic validation of TPL information.			
4	SMA automates process to the full extent possible across the interstate to validate TPL information.			
5	SMA automates process to the full extent possible across the nation to validate TPL information.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	2	3	1
1	There is little coordination between the portions of SMA responsible for recoupments: third party liability, program integrity, and accounting.			
2	SMA centralizes common processes to achieve economies of scale and increase coordination.			
3	SMA fully integrates the process within SMA with MITA Framework, industry standards, used for electronic interchanges between agencies and other entities that are sources of TPL information (e.g., COB information is available via the Health Information Exchange (HIE).			
4	SMA fully integrates the process interstate to the extent possible with information exchange via the regional Health Information Exchange (HIE).			
5	SMA fully integrates the process nationally to the extent possible with information exchange via the Nationwide Health Information Network (NwHIN).			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process completes in multiple months.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. The process completes in weeks.			

# FM Financial Management

## FM02 BCM FM02 Manage TPL Recovery

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. The process completes in multiple in business days.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3. The process completes within hours.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process manual or automatic?</i>	2	3	1
1	The process consists primarily of manual activity to accomplish tasks. The process is primarily manual utilizing a mix of paper, telephone, facsimile, and some proprietary Electronic Data Interchange (EDI).			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate. The process uses MITA Framework, industry standards, for payer-to-payer Coordination of Benefits (COB) process reducing the burden to providers and optimizing timeliness.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	4	2
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international)information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM03 BCM FM03 Manage Estate Recovery

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	1	2	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 99% or higher.</i>			

# FM Financial Management

## FM03 BCM FM03 Manage Estate Recovery

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 99% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. Necessary records at the county and local level are difficult to find and are often not available.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 90% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 90% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy is 90% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# FM Financial Management

## FM03 BCM FM03 Manage Estate Recovery

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	2	2	0
1	SMA has little coordination with other entities that are information sources. Data is not standardized and is often paper based.			
2	Agencies are standardizing information to increase coordination and consistency. SMA encourages other stakeholders, including families, attorneys, funeral homes, and others, to use standard information elements. This improves the ability to complete recovery and allows application-to-application updates (e.g., automatic updates of the Member data store and Payment data store).			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>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.</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			

# FM Financial Management

## FM03 BCM FM03 Manage Estate Recovery

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

	As-Is	To-Be	Project Impact	
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks. High cost of process needed to support and meet recoupment goals.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

	As-Is	To-Be	Project Impact	
<b>Descriptions</b>	<i>What is the media of communication with stakeholders involved in the recovery?</i>	2	3	1
1	SMA communicates with stakeholders and members' personal representatives via telephone, in person, facsimile, e-mail and mail.			
2	Communication to stakeholders and members personal representatives is a mix of telephone, facsimile, and mail, plus the use of e-mail and electronic interchange for exchange of larger or standardized sets of information.			
3	SMA communicates with stakeholders via primarily electronic media; paper communications are the exception.			
4	SMA adopts MITA Framework, industry standards, and national standards for communications across the interstate.			
5	SMA adopts MITA Framework, industry standards, and national standards for communication across the nation.			

# FM Financial Management

## FM04 BCM FM04 Manage Drug Rebate

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# FM Financial Management

## FM04 BCM FM04 Manage Drug Rebate

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 98% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 98% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy is 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	3	3	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Non-standardized data and format makes any type of cross program management reporting and analysis for drug rebate purposes difficult and costly. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# FM Financial Management

## FM04 BCM FM04 Manage Drug Rebate

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	3	3	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. Staff focuses on resolving disputes Improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	2	2	0
1	Programs are not exchanging information so rebate process may be uncoordinated, e.g., mental health, waiver, and shared programs with health departments pay for drugs but may not participate in the Medicaid drug rebate program.			
2	SMA centralizes program data is increase drug rebate coordination.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information for all programs that pay for drugs.			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	3	3	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Reporting, analysis, and responses to pharmaceutical companies and CMS inquiries are largely a manual process. The manual generation of invoices relies on paper-based claim files for the necessary information.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA posts invoices on Web portals for pharmaceutical company retrieval; SMA electronically transmits data files. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			

# FM Financial Management

## FM04 BCM

## FM04 Manage Drug Rebate

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	3	3	0
1	High relative cost due to low number of automatic, standardized tasks. Relatively high cost of process needed to support and meet rebate level goals.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM05 BCM FM05 Manage Cost Settlement

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# FM Financial Management

## FM05 BCM FM05 Manage Cost Settlement

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	1	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM05 BCM FM05 Manage Cost Settlement

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	2	2	0
1	SMA has no coordination among programs, between SMA and other intermediaries that produce the Medicare Cost Report.			
2	SMA is centralizing common processes to achieve economies of scale, increase coordination, and improve the consistency of rule application. This improves the ability to process cost settlements. Application-to-application updates are possible in some cases (e.g., automatic updates of the Payment Information store.)			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information for cost settlement coordination.			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process requires four (4) or more months per settlement.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. The process requires four (4) or fewer weeks per settlement.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. The process requires ten (10) or fewer business days.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact

# FM Financial Management

## FM05 BCM FM05 Manage Cost Settlement

Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM06 BCM FM06 Manage Accounts Receivable Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# FM Financial Management

## FM06 BCM FM06 Manage Accounts Receivable Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM06 BCM FM06 Manage Accounts Receivable Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	3	3	0
1	There is little coordination between financial accounting requests for payments or refunds. There is limited information exchange between Medicaid Management Information System (MMIS) and state accounting system.			
2	There is regular communication and coordination between state accounting system and SMA.			
3	SMA fully integrates the process to the extent possible across the intrastate. SMA uses standardized Generally Accepted Accounting Principles (GAAP).			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			

# FM Financial Management

## FM06 BCM FM06 Manage Accounts Receivable Information

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other national recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other national recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other national recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM07 BCM FM07 Manage Accounts Receivable Funds

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM07 BCM FM07 Manage Accounts Receivable Funds

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM07 BCM FM07 Manage Accounts Receivable Funds

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM08 BCM FM08 Prepare Member Premium Invoice

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	3	3	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM08 BCM FM08 Prepare Member Premium Invoice

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	3	3	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM08 BCM FM08 Prepare Member Premium Invoice

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	3	3	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process takes one (1) month to generate the invoices for the month.	2	2	0
2	Process timeliness improves through use of automation. SMA generates invoices on a staggered monthly schedule. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA generates invoices on any schedule desired by SMA. Timeliness exceeds Level 2.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks. Invoicing and other accounting functions are manual processes requiring data entry for invoice processing and for the changes in member liability due to eligibility status.	3	3	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	2	2	0
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			



# FM Financial Management

## FM09 BCM FM09 Manage Contractor Payment

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	1	2	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# FM Financial Management

## FM09 BCM FM09 Manage Contractor Payment

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM09 BCM FM09 Manage Contractor Payment

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	2	2	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	1	2	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM10 BCM FM10 Manage Member Financial Participation

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	1	2	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Data access may take one (1) or more business day.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1. Data access may take up to four (4) hours.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# FM Financial Management

## FM10 BCM FM10 Manage Member Financial Participation

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 98% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	2	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# FM Financial Management

## FM10 BCM FM10 Manage Member Financial Participation

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process is complete in one (1) month.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. The process is complete in ten (10) or fewer business days.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. The process is complete in 24 hours or less.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

## **FM Financial Management**

**FM10 BCM FM10 Manage Member Financial Participation**

# FM Financial Management

## FM11 BCM FM11 Manage Capitation Payment

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	3	3	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	3	3	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 95% or higher.			

# FM Financial Management

## FM11 BCM FM11 Manage Capitation Payment

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 95% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM11 BCM FM11 Manage Capitation Payment

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Calculations require one (1) or more business day to complete.	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	3	3	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks. Manual intervention is required to manage adjustments and reconciliations.	1	3	2
2	Automation improves process and allows focus on exception resolution. Focus shifts to oversight and quality control of the process. Increases cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

## FM Financial Management

### FM11 BCM FM11 Manage Capitation Payment

Descriptions	What methodology does SMA use to prepare the Capitation Premium payments?	3	3	0
1	SMA identifies members assigned to a managed care organization, a benefit manager, or a primary care physician, and matches them to appropriate rate cells in order to calculate monthly payments.			
2	SMA automates the calculation process more than at Level 1 and produces the information necessary to produce a HIPAA compliant transaction.			
3	SMA adopts MITA Framework, industry standards, that incorporate HIPAA premium payment schema for identification of managed care program enrollees, and preparation of the capitation premium payments.			
4	SMA adopts MITA Framework, industry standards, that incorporate HIPAA premium payment schema for identification of managed care program enrollees, and preparation of the capitation premium payments.			
5	SMA adopts MITA Framework, industry standards, that incorporate HIPAA premium payment schema for identification of managed care program enrollees, and preparation of the capitation premium payments.			

# FM Financial Management

## FM12 BCM FM12 Manage Incentive Payment

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM12 BCM FM12 Manage Incentive Payment

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	1	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM12 BCM FM12 Manage Incentive Payment

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM13 BCM FM13 Manage Accounts Payable Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM13 BCM FM13 Manage Accounts Payable Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM13 BCM FM13 Manage Accounts Payable Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	3	3	0
1	There is little coordination between financial accounting requests for accounts payables. There is limited information exchange between Medicaid Management Information System (MMIS) and state accounting system.			
2	There is regular communication and coordination between state accounting system and SMA.			
3	SMA fully integrates the process to the extent possible across the intrastate. SMA uses standardized Generally Accepted Accounting Principles (GAAP).			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	3	3	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	3	3	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			

# FM Financial Management

## FM13 BCM FM13 Manage Accounts Payable Information

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			
Descriptions	What is the source of the information?	As-Is	To-Be	Project Impact
1	The source of the information is a mix of manual updates, data entry, Optical Character Recognition (OCR), and proprietary Electronic Data Interchange (EDI) edit, audit and payment processing.	1	1	0
2	Data sources are increasingly HIPAA Accredited Standards Committee (ASC) X12 837 Health Care Claim. SMA uses a mix of HIPAA compliant and proprietary business rules for encounter and waiver program payment history information			
3	Claims attachments are compliant with the ASC X12 275 Patient Information. Premium payment information is compliant with the HIPAA ASC X12 834 Benefit Enrollment and Maintenance, in addition to MITA Framework, industry standards.			
4	SMA adopts MITA Framework and industry standards across the interstate.			
5	SMA adopts MITA Framework and industry standards, across the nation.			

# FM Financial Management

## FM14 BCM FM14 Manage Accounts Payable Disbursement

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 98% or higher.			

# FM Financial Management

## FM14 BCM FM14 Manage Accounts Payable Disbursement

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM14 BCM FM14 Manage Accounts Payable Disbursement

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The process may require weeks to complete a cycle.	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. The process requires no more than a week to complete a cycle.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	3	4	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Descriptions	<i>What format does SMA use for payments?</i>	As-Is	To-Be	Project Impact
1	SMA or Department of Finance uses an automatic check write process to produce a paper check. SMA mails to the provider. State does not use Electronic Funds Transfers (EFT).	2	4	2
2	SMA complies with state or industry standards for EFT and conforms to HIPAA requirements. SMA sends some paper checks to submitters. SMA encourages electronic billers to adopt EFT payment.			
3	SMA uses MITA Framework, industry standards, for EFT transactions. All submitters receive EFT payment.			
4	SMA fully automates the process with EFT payments to the extent possible across the interstate.			
5	SMA fully automates the process with EFT payments to the extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
		2	3	1

# FM Financial Management

## FM14 BCM FM14 Manage Accounts Payable Disbursement

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

FM15 BCM FM15 Manage 1099

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. The process meets SMA goals for numbers of 1099s produced on schedule, but manual processes may lead to inaccuracies. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# FM Financial Management

FM15 BCM FM15 Manage 1099

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	1	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. Programs do not share information; SMA may create multiple 1099s by different payment systems for the same provider.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions. SMA has agreements for common processes to achieve economies of scale and increase coordination.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Activity peaks at year-end when 1099 production is scheduled. Efficiency is low.			

# FM Financial Management

FM15 BCM FM15 Manage 1099

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			

# FM Financial Management

FM15 BCM FM15 Manage 1099

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM16 BCM FM16 Formulate Budget

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards for budget development.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# FM Financial Management

## FM16 BCM FM16 Formulate Budget

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 98% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized and state-specific standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use nationally recognized standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# FM Financial Management

## FM16 BCM FM16 Formulate Budget

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Preparation of quarterly updates can require up to three (3) months.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks. SMA uses proprietary applications for expenditure forecasting calculations, budget models, and forecasting projections.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses Commercial Off-the-Shelf (COTS) predictive modeling and expenditure forecasting tools that it may implement in the Decision Support System (DSS).			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			

# FM Financial Management

## FM16 BCM FM16 Formulate Budget

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM17 BCM FM17 Manage Budget Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards for budget management.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# FM Financial Management

## FM17 BCM FM17 Manage Budget Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 98% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized and state-specific standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use nationally recognized standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt nationally recognized standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# FM Financial Management

## FM17 BCM FM17 Manage Budget Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM18 BCM FM18 Manage Fund

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	3	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	4	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM18 BCM FM18 Manage Fund

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	4	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use nationally recognized standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. Some collaboration is required in the allocation of federal funds where non-Medicaid agencies are involved.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions. A Memoranda of Understanding (MOU) with other agencies provides a legal basis for allocation of funds.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# FM Financial Management

## FM18 BCM FM18 Manage Fund

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks. Data is stored in electronic format, but the analysis and application of decisions regarding allocations and reporting are manual.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Use of Commercial Off-the-Shelf (COTS) products to support SMA financial functions improves ability to access information, analyze, and make decisions regarding allocation and reporting.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks. Process meets SMA goals for completing allocation of state funds. Cost benefit ratio may not be able to be calculated.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1. Staff focuses on analysis of the data, projections, and recommendations for improvements in allocation formulas.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			

# FM Financial Management

## FM18 BCM FM18 Manage Fund

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# FM Financial Management

## FM19 BCM FM19 Generate Financial Report

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# FM Financial Management

## FM19 BCM FM19 Generate Financial Report

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# FM Financial Management

## FM19 BCM FM19 Generate Financial Report

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	1	3	2
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2. The generation of the financial report generally takes less than one (1) business day.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	2	3	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	2	3	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM04 BCM OM04 Submit Electronic Attachment

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Are validation activities manual or automatic?</i>	2	3	1
1	Validation that the attachment provides the necessary information is a primarily manual process.			
2	Some validation is automatic.			
3	The implementation of the process as a service per industry standard interface requirements allows automatic validation of attachments.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the clinical information accompany the transaction?</i>	3	3	0
1	Submitter sends paper attachments (i.e., clinical records) separately from the transaction, and then SMA matches the two (2) documents, requiring manual intervention.			
2	SMA automatically matches electronic attachments to corresponding claim. SMA may scan paper attachments, but still associate them manually with the applicable transaction.			
3	SMA requires electronic attachments for electronically submitted transactions, and they accompany the transaction.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	3	3	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

# OM Operations Management

## OM04 BCM OM04 Submit Electronic Attachment

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Accessing clinical records generally requires 48 or more hours.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1. SMA accesses clinical records in one (1) hour or less.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	3	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	3	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 99.9% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 99.9% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy is 99.9% or higher.			

	As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.		1

# OM Operations Management

## OM04 BCM OM04 Submit Electronic Attachment

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 90% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 90% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>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?</i>	3	3	0
1	SMA requests medical and dental records via telephone or mail and responder delivers copies in paper format (including X-rays) via mail certified mail and facsimile.			
2	SMA receives a mix of paper and electronic attachments and returns a mix of electronic and paper formats.			
3	SMA receives the majority of transactions and attachments electronically. SMA continues to accept paper attachments from a small number of providers who still submit paper transactions.			
4	SMA no longer requires attachments because the payer has direct access to the clinical information stored in the Health Information Exchange (HIE).			
5	Through the Nationwide Health Information Network (NwHIN), SMA can view clinical information stored in Clinical information in any location in the country. Attachments are no longer necessary.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1

# OM Operations Management

## OM04 BCM OM04 Submit Electronic Attachment

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). It requires 30 or more business days for receipt of the requested records and associating them with the transaction.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. SMA may scan paper attachments, reducing the distribution time within SMA. It requires 24 hours or less to receive clinical attachment and associate with correct transaction.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional Health Information Exchange (HIE). Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM05 BCM OM05 Apply Mass Adjustment

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	3	3	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	3	2
1	SMA stores information in disparate systems including paper storage and obtains information manually. Information access may take multiple business days.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1. Information access takes no more than one (1) hour for smaller batches (fewer than 1,000 claims) or four (4) hours for large batches (more than 1,000).			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2. Information access takes a maximum of one (1) hour for the largest batches.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			

# OM Operations Management

## OM05 BCM OM05 Apply Mass Adjustment

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency apply adjustment to the claims?</i>	2	3	1
1	SMA staff manually applies the adjustment to each claim identified.			
2	Application of the adjustment is automatic.			
3	The process uses automation and MITA Framework, industry standards, to apply adjustments.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			

# OM Operations Management

## OM05 BCM OM05 Apply Mass Adjustment

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency identify claims affected by a mass adjustment?</i>	3	3	0
1	SMA staff manually produces reports to identify the claims affected by the adjustment.			
2	SMA identifies claims affected by the mass adjustment through an automatic application.			
3	SMA utilizes MITA Framework and industry standards and has the flexibility to change the criteria for identification of claims and application of the adjustment.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	3	2
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional Health Information Exchange (HIE) and Health Insurance Exchange (HIX). Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			

# OM Operations Management

## OM05 BCM OM05 Apply Mass Adjustment

Descriptions	Is the process primarily manual or automatic?	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	3	3	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate. SMA produces audit trail of mass adjustments 100% of the time.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	2	3	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM07 BCM OM07 Process Claims

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards, by intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards, by interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards, by national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA Accredited Standards Committee (ASC) X12 837 Health Care Claim and National Council for Prescription Drug Programs (NCPDP) and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards (e.g., code sets) for claim processing.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate claim processing.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national claim processing.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# OM Operations Management

## OM07 BCM OM07 Process Claims

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards, and business rules engines by intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards, and business rules engines by interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards, and business rules engines, by national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. It is difficult for reviewers to consistently interpret and apply adjudication business rules manually. Attachment data is unstructured, which increases inconsistency of the review process.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Descriptions</b>	<i>How easy is it to change edit business rules and criteria?</i>	3	3	0
1	SMA embeds business rules and validations directly into the source code. Changes are difficult, lengthy, and costly to implement.			

# OM Operations Management

## OM07 BCM OM07 Process Claims

			As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How easy is it to change edit business rules and criteria?</i>	3	3	0	
2	SMA has mix of automatic business rules definitions and embedded business rules and validation directly into the source code. Changes to edits, audits and pricing business rules results in unintended downstream processing consequences. Average change takes fewer business days than Level 1.				
3	SMA automates process to the full extent possible across the intrastate. Related processes are decoupled, allowing changes to editing, auditing and pricing standardized business rules definitions without affecting downstream processes. Average changes take less time than Level 2.				
4	SMA automates process to the full extent possible by using regional standardized business rules definitions. Average changes take less time than Level 3.				
5	SMA automates process to the full extent possible by using national standardized business rules definitions. Average changes take less time than Level 4.				

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards, by intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards, by interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards, by national agencies and entities improving efficiency to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	3	3	0
1	There is little coordination between the portions of SMA responsible for claims processing.			
2	SMA centralizes common processes to achieve economies of scale and increase coordination.			
3	SMA fully integrates process between intrastate agencies and other entities.			
4	SMA integrates process to the full extent possible across the interstate.			
5	SMA integrates process to the full extent possible across the nation.			

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	3	3	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Manual-processing steps may require multiple business days to complete claims edits, audits, or pricing. Suspended claims require lengthy manual resolution.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Electronic claim processing and Point of Sale (POS) adjudication greatly increase timeliness. The entire claim process completes within 24 hours or less.			

# OM Operations Management

## OM07 BCM OM07 Process Claims

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	3	3	0
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	4	2
1	The process consists primarily of manual paper-based activity to accomplish tasks. SMA scans or manually enters claims into an electronic record format.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA continues to accept paper claims, but most providers submit claims electronically.			
3	SMA automates process to the full extent possible within the intrastate. Providers submit claims electronically. SMA adjudicates claims via standardized business rules definitions according to methodologies of the National Correct Coding Initiative (NCCI).			
4	SMA automates process to the full extent possible via regional standardized business rules definitions.			
5	SMA automates process to the full extent possible across the nation via national standardized business rules definitions.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM14 BCM OM14 Generate Remittance Advice

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# OM Operations Management

## OM14 BCM OM14 Generate Remittance Advice

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# OM Operations Management

## OM14 BCM OM14 Generate Remittance Advice

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	2	3	1
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks. Remittance Advice uses SMA specific format and data content and a mix of manual and automatic processes	3	4	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA continues to provide paper RAs to some providers.			
3	SMA automates process to the full extent possible within the intrastate. All Providers and encounter submitters receive electronic transactions with some exceptions.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	2	3	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM18 BCM OM18 Inquire Payment Status

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for payment status and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# OM Operations Management

## OM18 BCM OM18 Inquire Payment Status

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# OM Operations Management

## OM18 BCM OM18 Inquire Payment Status

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.	2	3	1
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>			
1	Depending on the type of claim, providers should contact different portions of the organization (e.g. provider call center, pharmacy call center, waiver programs).	2	3	1
2	SMA begins to centralize the process providing a more central point of access for all types of claims.			
3	SMA fully integrates the process to the extent possible across the intrastate.			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>			
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Process completes in two (2) business days.	1	2	1
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Process completes in one (1) business day or less.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>			
1	The process consists primarily of manual paper-based activity to accomplish tasks. SMA associates inquiry with a specific claim document.	2	2	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks. Automated Voice Response systems, direct data entry, web enabled direct data entry, point of service devices for electronic claim status responses, and submission of HIPAA Accredited Standards Committee (ASC) X12 transactions.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

# OM Operations Management

## OM18 BCM OM18 Inquire Payment Status

Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM20 BCM OM20 Calculate Spend-Down Amount

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact

# OM Operations Management

## OM20 BCM OM20 Calculate Spend-Down Amount

Data Access and Accuracy		How accurate is the information in the process?	1	1	0
Descriptions		As-Is	To-Be	Project Impact	
<b>1</b> Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.					
<b>2</b> HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.					
<b>3</b> Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.					
<b>4</b> Maturity level is not applicable.					
<b>5</b> Maturity level is not applicable.					
<b>Descriptions</b>		How does the agency determine that the member has met the spend-down target?	1	2	1
<b>1</b> Staff applies spend down business rules to decide whether the submitted costs are allowable and in the appropriate period to apply the costs, sometimes resulting in inconsistent determinations or controversy with the member. The process is manual.					
<b>2</b> SMA tests claims submitted by the member against Medicaid Program payment business rules. SMA identifies services and amounts that Medicaid will not pay.					
<b>3</b> The deductible calculation is automatic. SMA receives signal when member will soon reach or has reached the spend-down threshold.					
<b>4</b> Maturity level is not applicable.					
<b>5</b> Maturity level is not applicable.					
<b>Descriptions</b>		How does the member present proof that it has incurred and/or paid health care bills?	1	2	1
<b>1</b> The member submits the claims/bill and/or receipts to SMA.					
<b>2</b> Members may submit electronic spend-down reports, and either scan, facsimile, or mail health care bills and receipts. SMA keys data into an electronic system. Providers submit claims and system automatically applies to spend down.					
<b>3</b> SMA uses SMA adopts MITA Framework, industry standards, and other nationally recognized standards for access to Health Information Exchange (HIE) for direct billing to payer.					
<b>4</b> Maturity level is not applicable.					
<b>5</b> Maturity level is not applicable.					
<b>Descriptions</b>		How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2	1
<b>1</b> Very little collaboration occurs with other agencies to standardize information exchange or business tasks.					
<b>2</b> SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.					
<b>3</b> SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.					

# OM Operations Management

## OM20 BCM OM20 Calculate Spend-Down Amount

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency track payments for health care bills?</i>	1	2	1
1	SMA tracks a member's costs for health services by tallying paper bills by staff and receipts until member meets spend-down amount for each period.			
2	An electronic tally adds member's bills and reports on progress toward spend-down threshold. Staff enters information and the system calculates.			
3	SMA tracks deductible until member meets spend-down threshold. System notifies staff and/or claims payment system when member meets spend-down the threshold.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency transmit that the member has met spend-down requirements to the claims payment processes and the provider community?</i>	1	2	1
1	If member meets the spend-down, staff keys change in eligibility status into the member's record so that provider claims will pay for a specified period. Providers submit denied claims for billing to the member until member meets spend down.			
2	If member meets spend down, staff keys change in eligibility status into the member's record so that subsequent claims will pay for a specified period. Providers have difficulty determining whether the member has met spend-down requirements and the remaining amount the member has to pay before the provider may bill Medicaid.			
3	Providers are able to determine spend down amount when they verify eligibility. SMA automatically adjusts the member's spend-down amount during claims processing.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			

# OM Operations Management

## OM20 BCM OM20 Calculate Spend-Down Amount

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Switch to auto-deductible accounting supports real-time reporting of spend down totals. Timeliness exceeds Level 2.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards. Auto-deductible accounting further improving cost effectiveness ratio over Level 2.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
<b>Descriptions</b>	<i>What methodology is used for managing spend down calculations?</i>	1	2	1
1	The member submits the claims and receipts to SMA. There is a manual process for tallying claim amounts, subtracting disallowed amounts, and determining if member has met the spend down in a given period.			
2	An electronic tally adds member bills and reports on progress toward spend-down threshold.			
3	Members are eligible for Medicaid coverage with a deductible amount equal to their spend-down requirements for the specified period. Spend down is essentially eliminated as a distinct process.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			

# OM Operations Management

## OM28 BCM OM28 Manage Data

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of industry and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	3	4	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and industry standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# OM Operations Management

## OM28 BCM OM28 Manage Data

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards, and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards, and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Industry standard transactions improve accuracy of information, but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use industry standards for information exchange. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA uses industry standards for information exchange with interstate agencies. Accuracy rating is at 99% or higher.			
5	SMA uses industry standards for information exchange with national agencies. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	1	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards, and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards, and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			

# OM Operations Management

## OM28 BCM OM28 Manage Data

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
5	SMA adopts MITA Framework, industry standards, and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	1	1	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	SMA has no automatic activity to accomplish Extract, Transform and Load (ETL) tasks.	2	2	0
2	SMA uses a mix of manual and automatic ETL processes to accomplish tasks.			
3	SMA automates ETL process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible, across the interstate. SMA includes clinical information in the process.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	2	3	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# OM Operations Management

## OM29 BCM OM29 Process Encounters

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards, by intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards, by interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards, by national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	3	3	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA Accredited Standards Committee (ASC) X12 837 Health Care Claim and National Council for Prescription Drug Programs (NCPDP) and state-specific standards. SMA receives encounter information electronically or via web sites.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards (e.g., code sets) for encounter processing.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate encounter processing.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national encounter processing.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			

# OM Operations Management

## OM29 BCM OM29 Process Encounters

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards, and standardized business rules definitions by intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards, and regional standardized business rules definitions by interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards, and national standardized business rules definitions, by national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. It is difficult for reviewers to consistently interpret and apply adjudication business rules manually. Unstructured attachment data increases inconsistency of the review process.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	4	4	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Descriptions</b>	<i>How easy is it to change edit business rules and criteria?</i>	3	3	0
1	SMA embeds business rules and validations directly into the source code. Changes are difficult, lengthy, and costly.			

# OM Operations Management

## OM29 BCM OM29 Process Encounters

		As-Is	To-Be	Project Impact	
	Descriptions	How easy is it to change edit business rules and criteria?	As-Is	To-Be	Project Impact
2	SMA has mix of automatic business rules definitions and embedded business rules and validation directly into the source code. Changes to edits, audits and pricing business rules results in unintended downstream processing consequences. Average change takes fewer business days than Level 1.	3	3	0	
3	SMA automates process to the full extent possible across the intrastate. Related processes are decoupled, allowing changes in the editing, auditing and pricing standardized business rules definitions without affecting downstream processes. Average changes take less time than Level 2.	3	3	1	
4	SMA automates process to the full extent possible by using regional standardized business rules definitions.	3	3	1	
5	SMA automates process to the full extent possible by using national standardized business rules definitions.	3	3	1	
	Effort to Perform; Efficiency	How efficient is the process?	As-Is	To-Be	Project Impact
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.	2	3	1	
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.	3	3	1	
3	SMA adopts MITA Framework, industry standards, by intrastate agencies and entities improving efficiency to 95% or higher.	3	3	1	
4	SMA adopts MITA Framework, industry standards, by interstate agencies and entities improving efficiency to 98% or higher.	3	3	1	
5	SMA adopts MITA Framework, industry standards, by national agencies and entities improving efficiency to 98% or higher.	3	3	1	
	Descriptions	How integrated is the process?	As-Is	To-Be	Project Impact
1	There is little coordination between the portions of SMA responsible for encounter processing.	3	3	0	
2	SMA centralizes common processes to achieve economies of scale and increase coordination.	3	3	1	
3	SMA fully integrates process between intrastate agencies and other entities.	3	3	1	
4	SMA integrates process to the full extent possible across the interstate.	3	3	1	
5	SMA integrates process to the full extent possible across the nation.	3	3	1	
	Timeliness of Process	How timely is the end-to-end process?	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Manual processing steps may require multiple business days to complete encounter editing, auditing, or pricing. Suspended encounters require lengthy manual resolution.	2	3	1	
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Electronic encounter processing and point-of-sale adjudication greatly increase timeliness. The entire encounter process completes within 24 hours or less.	3	3	1	
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.	3	3	1	

# OM Operations Management

## OM29 BCM OM29 Process Encounters

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
4	<i>Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.</i>			
5	<i>Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.</i>			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	3	3	0
1	<i>The process consists primarily of manual paper-based activity to accomplish tasks. SMA scans or manually enters encounters into an electronic record format.</i>			
2	<i>SMA uses a mix of manual and automatic processes to accomplish tasks. SMA continues to accept paper encounters, but most managed care organizations submit encounters electronically.</i>			
3	<i>SMA automates process to the full extent possible within the intrastate. Managed care organizations and any other external processor (e.g., Pharmacy Benefits Management (PBM), mental health, dental or other agencies) submit all encounters electronically. SMA adjudicates encounters via standardized business rules definitions according to methodologies of the National Correct Coding Initiative (NCCI).</i>			
4	<i>SMA automates process to the full extent possible via regional standardized business rules definitions.</i>			
5	<i>SMA automates process to the full extent possible via national standardized business rules definitions.</i>			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	3	3	0
1	<i>High relative cost due to low number of automatic, standardized tasks.</i>			
2	<i>Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.</i>			

# PE Performance Management

## PE01 BCM PE01 Identify Utilization Anomalies

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	1	2	1
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.</i>			
4	<i>SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			
2	<i>Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.</i>			

# PE Performance Management

## PE01 BCM PE01 Identify Utilization Anomalies

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	1	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# PE Performance Management

## PE01 BCM PE01 Identify Utilization Anomalies

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How integrated is the process?</i>	1	1	0
1	There is little coordination between the portions of SMA responsible for identification of utilization anomalies.			
2	SMA has central common processes to achieve economies of scale and increase coordination.			
3	SMA fully integrates the process within SMA with MITA Framework, and uses industry standards for electronic interchanges between agencies and other entities.			
4	SMA fully integrates the process to the extent possible across the interstate.			
5	SMA fully integrates the process to the extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional Health Information Exchange (HIE) and Health Insurance Exchange (HIX). SMA uses automatic parameters, pattern recognition, and other tools to identify qualifying cases and provide faster turnaround. Standard, large volume processes require 24 hours or less. SMA executes a review in 60 seconds or less per request.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks. SMA enters parameters for identification of cases manually. Exception processing is automatic.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks for case identification.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			

## PE Performance Management

### PE01 BCM PE01 Identify Utilization Anomalies

Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PE Performance Management

## PE02 BCM PE02 Establish Compliance Incident

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and federal agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards. Increases availability of information improves data usefulness for performance monitoring, management reporting and analysis over Level 1.			
3	SMA adopts MITA Framework, industry standards, state and federal law enforcement agencies, and CMS standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, state and federal law enforcement agencies, and CMS standards, and other nationally recognized standards for compliance and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, state and federal law enforcement agencies, and CMS standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with state and federal law enforcement, CMS, providers, and other intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with state, district, and federal law enforcement, CMS, providers, interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with state and federal law enforcement, CMS, providers, federal agencies and entities. Accessibility is greater than Level 4.			

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	1	1	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			

# PE Performance Management

## PE02 BCM PE02 Establish Compliance Incident

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	1	1	0
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	1	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	1	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities, e.g., state law enforcement, federal law enforcement agencies, and CMS to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities, state and federal law enforcement agencies, and CMS to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities, state and federal law enforcement agencies, CMS, and other federal agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	1	0

# PE Performance Management

## PE02 BCM PE02 Establish Compliance Incident

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	1	1	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and federal agencies and entities improving efficiency to 98% or higher.			
<b>Descriptions</b>	<i>How integrated is the process?</i>	1	1	0
1	SMA has duplicate processes multiple parts of the organization. There is little coordination among SMA programs or between SMA and other stakeholders (e.g., other state agencies, CMS, intermediaries, other payers) in relation to the process.			
2	SMA integrates the process within SMA. There is improved coordination between SMA and other stakeholders in relation to the process.			
3	SMA integrates the process with state and federal law enforcement agencies, CMS, and providers to the extent possible within the intrastate.			
4	SMA receives requests for suppression of information or corrective action from federal and state law enforcement; compliance investigation information from CMS; and self-disclosure of actual or potential violations from providers.			
5	SMA fully integrates the process with state, regional and federal law enforcement, CMS, providers, and other federal agencies across the nation.			
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2. SMA distributes Notice of appeal rights within 15 minutes or less 100% of the time.			
4	Information is available in near real time. Processes that use compliance incident information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	2	0
1	The process consists primarily of manual paper-based activity to accomplish tasks.			

# PE Performance Management

## PE02 BCM PE02 Establish Compliance Incident

		As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	2	2	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process with state and federal law enforcement agencies, CMS, and providers to the extent possible within the intrastate. SMA produces audit trail of compliance decision 100% of the time.			
4	SMA automates process with state and federal law enforcement agencies, CMS, and providers to the full extent possible across the interstate.			
5	SMA automates process with state and federal law enforcement agencies, CMS, and providers to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	2	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, state and federal law enforcement, CMS, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, state and federal law enforcement, CMS and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, state and federal law enforcement, CMS, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PE Performance Management

## PE03 BCM PE03 Manage Compliance Incident Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and federal agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for exchange of information with state and federal law enforcement, CMS, and other intrastate agencies.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards exchange of information with state, district and federal law enforcement, CMS, and other interstate agencies.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information with state, district, and federal law enforcement, CMS, and other federal agencies.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with state and federal law enforcement, CMS, and other intrastate agencies and entities based on MITA Framework and industry standards. Access to information ranges from 24 hours to 60 seconds.			
4	SMA obtains information easily and exchanges with state, district and federal law enforcement, CMS, and interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with state, district and federal law enforcement, CMS, and other federal agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# PE Performance Management

## PE03 BCM PE03 Manage Compliance Incident Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and federal agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services with state and federal law enforcement, CMS, and other intrastate agencies.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes with state, district and federal law enforcement, CMS, and other interstate agencies including compliance information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# PE Performance Management

## PE03 BCM PE03 Manage Compliance Incident Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state, district and federal law enforcement, CMS, and other federal agencies and entities improving efficiency to 98% or higher.			
Descriptions	<i>How integrated is the process?</i>	As-Is	To-Be	Project Impact
1	The duplicate process is in multiple parts of the organization. There is little coordination among SMA programs or between SMA and other stakeholders (e.g., other state agencies, CMS, intermediaries, other payers) in relation to the process.	1	1	0
2	SMA integrates the process within SMA. SMA improves coordination between SMA and other stakeholders.			
3	SMA fully integrates the process with state and federal law enforcement, CMS, and other intrastate agencies to the extent possible within the intrastate.			
4	SMA fully integrates the process with state, district and federal law enforcement, CMS, and interstate agencies to the extent possible across the interstate.			
5	SMA fully integrates the process with state, district and federal law enforcement, CMS, and other federal agencies to the extent possible across the nation.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	1	2	1
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use compliance information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks. SMA manually enters parameters for identification of cases. SMA automates exception processing.	1	2	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process with state and federal law enforcement, CMS, and other intrastate agencies to the full extent possible within the intrastate. SMA produces audit trail of compliance decision 100% of the time.			

# PE Performance Management

## PE03 BCM PE03 Manage Compliance Incident Information

		As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	1	2	1
4	SMA automates process with state, district and federal law enforcement, CMS, and interstate agencies to the full extent possible across the interstate.			
5	SMA automates process with state, district and federal law enforcement, CMS, and federal agencies to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	1	2	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, state and federal law enforcement, CMS, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, state, district, and federal law enforcement, CMS, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange with state and federal law enforcement, CMS, and other federal agencies. SMA increases cost effectiveness ratio over level 4.			

# PE Performance Management

## PE04 BCM PE04 Determine Adverse Action Incident

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and other federal agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.</i>			
2	<i>SMA applies a mix of HIPAA and state-specific standards.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for exchange of information with state and federal law enforcement, CMS, and intrastate agencies.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for exchange of information with state, district, and federal law enforcement, CMS, and interstate agencies.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for exchange of information with state, district, and federal law enforcement, CMS, and other federal agencies.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	1	0
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually. SMA has limited access to data because of inconsistent and untimely receipt of information. Data acquisition to support the case may take 60 business days or more.</i>			
2	<i>SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.</i>			
3	<i>SMA obtains information easily and exchanges with state and federal law enforcement, CMS, and intrastate agencies and entities based on MITA Framework and industry standards. Access to information takes 24 hours or less.</i>			
4	<i>SMA obtains information easily and exchanges with state, district, and federal law enforcement, CMS, and interstate agencies and entities. Accessibility is greater than Level 3.</i>			
5	<i>SMA obtains information easily and exchanges with state, district, and federal law enforcement, CMS, and other federal agencies and entities. Accessibility is greater than Level 4.</i>			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	<i>Manual processes result in greater opportunity for human error. Accuracy is low.</i>			

# PE Performance Management

## PE04 BCM PE04 Determine Adverse Action Incident

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving accuracy to 98% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and other federal agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	1	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions s. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services with state and federal law enforcement, CMS, and intrastate agencies.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes with state, district, and federal law enforcement, CMS, and interstate agencies.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	1	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# PE Performance Management

## PE04 BCM PE04 Determine Adverse Action Incident

		As-Is	To-Be	Project Impact
<b>Effort to Perform:</b> <b>Efficiency</b>	<i>How efficient is the process?</i>	1	1	0
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with state and federal law enforcement, CMS, and intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with state, district, and federal law enforcement, CMS, and other federal agencies and entities improving efficiency to 98% or higher.			
Descriptions	<i>How integrated is the process?</i>	As-Is	To-Be	Project Impact
1	The duplicate process is in multiple parts of the organization. There is little coordination among SMA programs or between SMA and other stakeholders (e.g., other state agencies, CMS, intermediaries, other payers) in relation to the process.	1	1	0
2	SMA integrates the process within SMA. SMA improves coordination between SMA and other stakeholders.			
3	SMA fully integrates the process with state and federal law enforcement, CMS, and intrastate agencies to the extent possible within the intrastate.			
4	SMA fully integrates the process with state, district, and federal law enforcement, CMS, and interstate agencies to the extent possible within the region.			
5	SMA fully integrates the process with state, district, and federal law enforcement, CMS, and other federal agencies to the extent possible across the nation.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Case management is primarily a manual process including a desk review of medical records and evidence, request for additional data, on-site audit of provider location, and final disposition and reporting. The process requires three (3) months or more from the time SMA identifies the case.	1	1	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. From the time SMA identifies a case, the process completes in two (2) months or less.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2. The process requires 1 month or less to reach resolution. SMA distributes Notice of appeal rights within 15 minutes or less 100% of the time.			
4	Information is available in near real time. Processes that use adverse action incident information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	2	2	0

# PE Performance Management

## PE04 BCM PE04 Determine Adverse Action Incident

		As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	2	2	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process with state and federal law enforcement, CMS, and intrastate agencies to the full extent possible within the intrastate. SMA produces audit trail of adverse action decision 100% of the time.			
4	SMA automates process with state, district, and federal law enforcement, CMS, and interstate agencies to the full extent possible across the interstate.			
5	SMA automates process with state, district and federal law enforcement, CMS, and other federal agencies to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	1	1	0
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, state and federal law enforcement, CMS, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, state, district, and federal law enforcement, CMS, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, state, district, and federal law enforcement, CMS, other federal agencies, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PE Performance Management

## PE05 BCM PE05 Prepare REOMB

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 99% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 99% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 99% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			

# PE Performance Management

## PE05 BCM PE05 Prepare REOMB

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Members can review data online and report on a questionable service through a web interface Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Members have direct access to Personal Health Records. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. The member returns REOMB electronically or responds to REOMB on the web portal improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0

# PE Performance Management

## PE05 BCM PE05 Prepare REOMB

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>If sampling is used, what sampling algorithm is used?</i>	2	2	0
1	SMA complies with federal regulations to produce random samples of REOMB monthly.			
2	SMA enhances the sampling process to target selected populations.			
3	In addition to the targeted populations, SMA generates the sampling dynamically based on provider billing patterns and Surveillance Utilization Review System results.			
4	Maturity level is not applicable.			
5	Maturity level is not applicable.			
<b>Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>	1	2	1
1	Functionally, linguistically, culturally, and competency appropriate outreach and education materials are lacking because they are difficult and costly to produce.			
2	Outreach material is functionally, linguistically, culturally, and competency appropriate, but at great expense. SMA limits outreach material by state defined parameters (e.g., only two (2) languages used).			
3	SMA automates process to the full extent possible across the intrastate. Use of electronic communications makes provision of functionally, linguistically, culturally, and competency appropriate outreach material more cost-effective.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks. SMA identifies the samples and generates Recipient Explanation of Medical Benefits (REOMB) manually. Distribution is via the mail.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses sampling enhancements to target selected populations.			
3	SMA automates process to the full extent possible within the intrastate. SMA may integrate the REOMB with Personal Health Records (PHR). When SMA uses PHR, it enhances the sampling process to target selected populations. SMA generates EOBS automatically that are available via web portal.			
4	SMA automates process to the full extent possible across the interstate.			

# PE Performance Management

## PE05 BCM PE05 Prepare REOMB

		As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	2	3	1
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	2	0
1	High relative cost due to low number of automatic, standardized tasks. Effectiveness is 50% or below, associated with responses to the REOMB that lead to program savings.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1. Flexibility in targeting REOMB over manually identifying the sample improves effectiveness of responses to 75% or better.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2. Integration with Personal Health Record may increase effectiveness to 85% or better.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PL Plan Administration

## PL01 BCM PL01 Develop Agency Goals and Objectives

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Are goals and objectives traceable throughout the organization?</i>	2	2	0
1	SMA is unable to trace operational activities directly to goals and objectives.			
2	SMA is able to trace some operational activities directly to goals and objectives.			
3	SMA directly ties all relevant operational activities to goals and objectives within the intrastate. SMA uses business intelligence tools to monitor progress toward benchmarks.			
4	SMA directly ties all relevant operational activities to goals and objectives across the interstate.			
5	SMA directly ties all relevant operational activities to goals and objectives across the nation.			
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Goals and objectives are vague and incomplete.			
2	Goals and objectives are up-to-date and more accurate. SMA stores information in disparate systems, but automation and standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Goals and objectives are central, up-to-date and accurate. Accessibility is greater than Level 2.			

# PL Plan Administration

## PL01 BCM PL01 Develop Agency Goals and Objectives

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	SMA uses standard transactions to improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How adaptable is the process to change?</i>	2	3	1
1	SMA is unable to adapt easily to changes to the goals and objectives. SMA is unable to provide timely information to stakeholders.			
2	SMA is able to develop and maintain goals and objectives with collaboration from other agencies that encourages flexibility.			
3	SMA develops and maintains goals and objectives with collaboration from other intrastate agencies. SMA quickly distributes modifications to policy to stakeholders.			
4	SMA develops and maintains goals and objectives with collaboration from other interstate agencies. SMA distributes in near-real time modifications to policy to stakeholders.			

# PL Plan Administration

## PL01 BCM PL01 Develop Agency Goals and Objectives

		As-Is	To-Be	Project Impact
Descriptions	How adaptable is the process to change?	2	3	1
5	SMA develops and maintains goals and objectives with collaboration from other intrastate agencies. SMA distributes in near-real time modifications to policy to stakeholders.			
Effort to Perform; Efficiency	How efficient is the process?	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
Timeliness of Process	How timely is the end-to-end process?	1	1	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			

# PL Plan Administration

## PL01 BCM PL01 Develop Agency Goals and Objectives

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	1	0
5	<i>Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.</i>			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	<i>The process consists primarily of manual paper-based activity to accomplish tasks.</i>			
2	<i>SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses tools to gather, record, analyze, formulate, communicate, and distribute information on goals and objectives to SMA leadership and other state agencies.</i>			
3	<i>SMA automates process to the full extent possible within the intrastate. SMA uses brainstorming and automatic collaboration tools that enable statewide input to the goal setting process.</i>			
4	<i>SMA automates process to the full extent possible across the interstate.</i>			
5	<i>SMA automates process to the full extent possible across the nation.</i>			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	<i>High relative cost due to low number of automatic, standardized tasks.</i>			
2	<i>Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange. SMA increases cost effectiveness ratio over Level 3.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.</i>			

# PL Plan Administration

## PL02 BCM PL02 Maintain Program Policy

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Are policies traceable throughout the organization?</i>	2	3	1
1	SMA is unable to trace operational activities directly to program policy.			
2	SMA is able to trace some operational activities directly to program policy.			
3	SMA directly ties all relevant operational activities to program policy within the intrastate. SMA uses business intelligence tools to monitor progress toward benchmarks.			
4	SMA directly ties all relevant operational activities to program policy across the interstate.			
5	SMA directly ties all relevant operational activities to program policy across the nation.			

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	1	2	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
1	SMA stores information in disparate systems including paper storage and obtains information manually. Program policy is vague and incomplete.			
2	Program policy is up-to-date and more accurate. SMA stores information in disparate systems, but automation and standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Program policy is central, up-to-date and accurate. Accessibility is greater than Level 2.			

# PL Plan Administration

## PL02 BCM PL02 Maintain Program Policy

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	2	0
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	SMA uses standard transactions to improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How adaptable is the process to change?</i>	2	3	1
1	SMA is unable to adapt easily to changes to the program policy and provide timely information to stakeholders.			
2	SMA is able to develop and maintained policy with collaboration from other agencies that encourages flexibility.			
3	SMA develops and maintains policy with collaboration from other intrastate agencies. SMA quickly distributes modifications to policy to stakeholders.			
4	SMA develops and maintains policy with collaboration from other interstate agencies. SMA distributes in near-real time modifications to policy to stakeholders.			

# PL Plan Administration

## PL02 BCM PL02 Maintain Program Policy

		As-Is	To-Be	Project Impact	
5	Descriptions	How adaptable is the process to change?	2	3	1
SMA develops and maintains policy with collaboration from other intrastate agencies. SMA distributes in near-real time modifications to policy to stakeholders.					
	Descriptions	How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	As-Is	To-Be	Project Impact
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.				
2	SMA collaborates with other agencies and entities to adopt standards and Electronic Data Interchange (EDI) transactions.				
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.				
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.				
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.				
	Effort to Perform; Efficiency	How efficient is the process?	As-Is	To-Be	Project Impact
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.				
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.				
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.				
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.				
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.				
	Timeliness of Process	How timely is the end-to-end process?	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). SMA develops program policy in an ad hoc manner. Time to complete process is indeterminate.	1	2	1	
2	Process timeliness improves through use of automation. SMA conducts more frequent review and modification to program policy. Timeliness exceeds legal requirements.				
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA develops, modifies, tracks, and report on program policy in less time than at Level 2.				
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.				

# PL Plan Administration

## PL02 BCM PL02 Maintain Program Policy

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
5	<i>Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.</i>			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	<i>The process consists primarily of manual paper-based activity to accomplish tasks.</i>			
2	<i>SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses tools to gather, record, analyze, formulate, communicate, and distribute information on program policy to SMA leadership and other state agencies.</i>			
3	<i>SMA automates process by brainstorming and using automatic collaboration tools, which enables statewide input to the policy setting process.</i>			
4	<i>SMA enables regional input into the policy setting process by automating processes.</i>			
5	<i>SMA uses automatic collaboration tools to automate processes which enables national input into the policy setting process.</i>			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	<i>High relative cost due to low number of automatic, standardized tasks.</i>			
2	<i>Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange. SMA increases cost effectiveness ratio over Level 3.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.</i>			

# PL Plan Administration

## PL03 BCM

## PL03 Maintain State Plan

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. Medicaid State Plan is vague and incomplete.			
2	Medicaid State Plan is up-to-date and more accurate. SMA stores information in disparate systems, but automation and standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Medicaid State Plan is central, up-to-date and accurate. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation reduce error and improve accuracy above Level 1.			

# PL Plan Administration

## PL03 BCM

## PL03 Maintain State Plan

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	SMA uses standard transactions to improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How adaptable is the process to change?</i>	2	3	1
1	SMA is unable to adapt easily to changes to the Medicaid State Plan and provide timely information to stakeholders.			
2	SMA is able to develop and maintained Medicaid State Plan with collaboration from other agencies that encourages flexibility.			
3	SMA develops and maintains Medicaid State Plan with collaboration from other intrastate agencies. SMA quickly distributes modifications to policy to stakeholders.			
4	SMA develops and maintains Medicaid State Plan with collaboration from other interstate agencies. SMA distributes in near-real time modifications to policy to stakeholders.			
5	SMA develops and maintains Medicaid State Plan with collaboration from other intrastate agencies. SMA distributes in near-real time modifications to policy to stakeholders.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			

# PL Plan Administration

## PL03 BCM PL03 Maintain State Plan

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
Effort to Perform; Efficiency	<i>How efficient is the process?</i>	As-Is	To-Be	Project Impact
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.	2	3	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). SMA develops Medicaid State Plan in an ad hoc manner. Time to complete process is indeterminate.	2	3	1
2	Process timeliness improves through use of automation. SMA conducts more frequent review and modification to Medicaid State Plan. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA develops, modifies, tracks, and report on Medicaid State Plan in less time than at Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is Medicaid State Plan traceable throughout the organization?</i>	As-Is	To-Be	Project Impact
1	SMA is unable to trace operational activities directly to Medicaid State Plan.	1	2	1
2	SMA is able to trace some operational activities directly to Medicaid State Plan.			
3	SMA directly ties all relevant operational activities to Medicaid State Plan within the intrastate. SMA uses business intelligence tools to monitor progress toward benchmarks.			
4	SMA directly ties all relevant operational activities to Medicaid State Plan across the interstate.			

# PL Plan Administration

## PL03 BCM PL03 Maintain State Plan

		As-Is	To-Be	Project Impact
Descriptions	Is Medicaid State Plan traceable throughout the organization?	1	2	1
5	SMA directly ties all relevant operational activities to Medicaid State Plan across the nation.	As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses tools to gather, record, analyze, formulate, communicate, and distribute information on Medicaid State Plan to SMA leadership and other state agencies. SMA distributes Medicaid State Plan electronically to stakeholders.			
3	SMA automates process to the full extent possible within the intrastate. SMA uses brainstorming and automatic collaboration tools, which enables statewide input to the Medicaid State Plan setting process.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PL Plan Administration

## PL04 BCM PL04 Manage Health Plan Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information. SMA utilizes a Unique Health Plan Identifier.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange. SMA utilizes a Unique Health Plan Identifier.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information. SMA utilizes a Unique Health Plan Identifier.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	2	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. SMA does not publish or widely distribute health plan details.			
2	SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1. SMA publishes health plans on state's web site.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Health plans are inflexible and lock members into a single plan. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# PL Plan Administration

## PL04 BCM PL04 Manage Health Plan Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	2	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# PL Plan Administration

## PL04 BCM PL04 Manage Health Plan Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The health plan changes take a significant amount of time to complete, depending on the complexity and cost of coverage affected.	1	2	1
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional Health Insurance Exchange (HIX). Timeliness exceeds Level 2.			
4	Information is available in near real time. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	2	2	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses business intelligence tools to analyze data to support maintenance of the health plans.			
3	SMA automates process to the full extent possible within the intrastate. Health Plan information is shared with Health Insurance Exchange (HIX).			
4	SMA automates process to the full extent possible across the interstate. Health Plan information is shared with Health Insurance Exchange (HIX).			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	1	2	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			

## PL Plan Administration

### PL04 BCM PL04 Manage Health Plan Information

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	1	2	1
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PL Plan Administration

## PL05 BCM PL05 Manage Performance Measures

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	<i>Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.</i>			
2	<i>Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.</i>			
4	<i>SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.</i>			
5	<i>SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use Plan of Action with Milestones (POAM)?</i>	2	2	0
1	<i>SMA does not have a Service Level Agreement (SLA) or Key Performance Indicator (KPI).</i>			
2	<i>SMA has put in place a SLA and some KPI are established, collected, and monitored.</i>			
3	<i>SMA periodically evaluates operational business processes against an established intrastate SLA and KPI. When SMA does not meet targets, creates and executes a Plan of Action with Milestones (POAM).</i>			
4	<i>SMA periodically evaluates operational business processes against an established interstate SLA and KPI. When SMA does not meet targets, creates and executes a POAM.</i>			
5	<i>SMA periodically evaluates operational business processes against an established national SLA and KPI. When SMA does not meet targets, creates and executes a POAM.</i>			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	2	0
1	<i>SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific performance standards.</i>			
2	<i>A mix of nationally recognized and state-specific performance standards is applied.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized performance standards for monitoring intrastate business activity.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized performance standards for monitoring interstate business activity.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized performance standards for monitoring national business activity.</i>			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	<i>SMA stores information in disparate systems including paper storage and obtains information manually. SMA limits communications to paper, email, Compact Disc (CD) or publications.</i>			
2	<i>SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1. Communication occurs through email, Compact Disc (CD) or publication on state's website.</i>			

# PL Plan Administration

## PL05 BCM

## PL05 Manage Performance Measures

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	2	0
1	Manual processes result in greater opportunity for human error. Accuracy is low. SMA conducts manual review and verification of accuracy of calculations prior to publication.			
2	Automation and standardized business rules definitions reduce error. Less manual review and verification of accuracy of calculations is needed prior to publication. SMA improves accuracy above Level 1.			
3	SMA adopts nationally recognized performance measures by intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts nationally recognized performance measures by interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts nationally recognized performance measures by national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize performance measures or business tasks.			
2	SMA collaborates with other agencies and entities to adopt nationally recognized performance measures.			

# PL Plan Administration

## PL05 BCM PL05 Manage Performance Measures

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
3	SMA collaborates with other intrastate agencies and entities to adopt national performance measures as well as develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national performance measures as well as develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency publish performance measures?</i>	2	2	0
1	SMA manually produces and distributes performance measures and outcomes to other parties responsible for the activity.			
2	SMA electronically publishes performance measures and outcomes.			
3	SMA fully publishes performance measures and outcomes within the intrastate. Based on use of MITA Framework, industry standards, and information definitions States may share outcome measures with other States and federal agencies.			
4	SMA fully publishes performance measures and outcomes across the interstate.			
5	SMA fully publishes performance measures and outcomes across the nation.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	2	0
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			

# PL Plan Administration

## PL05 BCM

## PL05 Manage Performance Measures

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks. The process is manual and duplicated in multiple areas within the organization.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PL Plan Administration

## PI06 BCM

## PL06 Manage Health Benefit Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually. SMA does not publish or widely distribute the health benefit package.			
2	SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility. SMA publishes the health benefit packages on state's web site. Accessibility is greater than Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	1	2	1
1	Manual processes result in greater opportunity for human error. Health benefit packages are inflexible and lock members into a single package. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# PL Plan Administration

## PI06 BCM

## PL06 Manage Health Benefit Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	1	2	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	1	2	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt nationally recognized standards and Electronic Data Interchange (EDI) transactions. SMA collaborates with Waiver programs, other agencies, Managed Care Organizations (MCOs) through a Memoranda of Understanding (MOU) to define shared services.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# PL Plan Administration

## PI06 BCM PL06 Manage Health Benefit Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	2	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Descriptions</b>	<i>How flexible are the contents of the health benefit package?</i>	2	3	1
1	Health benefit packages have pre-set services and provider types.			
2	SMA structures waiver programs to permit more flexibility around selection of services and providers within a health benefit package.			
3	The process is fully flexible to the extent possible across the intrastate. All programs introduce flexibility within health benefit packages, enabling consumer driven health care with more choices among services and provider types.			
4	The process is fully flexible to the extent possible across the interstate.			
5	The process is fully flexible to the extent possible across the nation.			
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	2	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). The health benefit changes take a significant amount of time to complete, depending on the complexity and cost of coverage affected.			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses business intelligence tools to analyze data to support maintenance of the health benefit packages.			
3	SMA automates process to the full extent possible within the intrastate. Health Benefit information is shared with Health Insurance Exchange (HIX).			

## PL Plan Administration

### PI06 BCM

### PL06 Manage Health Benefit Information

		As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	2	3	1
4	SMA automates process to the full extent possible across the interstate. Health Benefit information is shared with Health Insurance Exchange (HIX).			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	1	2	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PL Plan Administration

## PL07 BCM PL07 Manage Reference Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	4	4	0
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# PL Plan Administration

## PL07 BCM PL07 Manage Reference Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			

# PL Plan Administration

## PL07 BCM

## PL07 Manage Reference Information

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	2	2	0
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual paper-based activity to accomplish tasks.	2	3	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA uses business intelligence tools to analyze data to support maintenance of the reference information.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	1	2	1
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PL Plan Administration

## PL08 BCM PL08 Manage Rate Setting

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	2	0
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# PL Plan Administration

## PL08 BCM PL08 Manage Rate Setting

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making. SMA uses manual selection that results in subjective information.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange with interstate agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	1	2	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other interstate agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# PL Plan Administration

## PL08 BCM PL08 Manage Rate Setting

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	1	1	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has interstate interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible within the intrastate.			
4	SMA automates process to the full extent possible across the interstate.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PM Provider Management

## PM01 BCM PM01 Manage Provider Information

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of information on a regional basis.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information mandated by federal standards.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	4	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			

# PM Provider Management

## PM01 BCM PM01 Manage Provider Information

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	3	4	1
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of regional sources of information. SMA adopts MITA Framework and industry standards for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with federal agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency validate application information?</i>	2	3	1
1	SMA manually validates information. Staff contacts external and internal document verification sources via telephone, facsimile, mail. Decisions on information verifications take multiple business days. Validation is manual and subjective.			
2	Many application information validations are automatic (Social Security Number (SSN), address, birth certificate, etc.). Validation is consistent and based on business rules.			

# PM Provider Management

## PM01 BCM PM01 Manage Provider Information

		As-Is	To-Be	Project Impact
Descriptions	How does the State Medicaid Agency validate application information?	2	3	1
3	SMA adopts MITA Framework, industry standards, and national standards within the intrastate that use standardized business rules definitions for consistent validation within the state.			
4	SMA adopts MITA Framework, industry standards, and national standards across the interstate that use regional standardized business rules definitions for consistent validation within the region.			
5	SMA adopts MITA Framework, industry standards, and national standards across the nation that use national standardized business rules definitions for consistent validation.			
Effort to Perform; Efficiency	How efficient is the process?	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	How timely is the end-to-end process?	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Manual and semi-automatic steps delay updates; updates take from one week to one month. Notifications are inconsistent in regards to time, and in general, are not timely (i.e., five (5) or more business days later than the update).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. On the average, updates occur daily (within 24 hours). Notifications are available on the day of the modification.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional Health Insurance Exchange (HIX). Timeliness exceeds Level 2.			
4	Information is available in near real time. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	Is the process primarily manual or automatic?	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			

# PM Provider Management

## PM01 BCM PM01 Manage Provider Information

		As-Is	To-Be	Project Impact
Descriptions	Is the process primarily manual or automatic?	2	3	1
3	SMA automates process to the full extent possible within the intrastate and stores the enhanced provider background and screening information as well as application fees within the state. Provider Network information is shared with Health Insurance Exchange (HIX). SMA produces audit trail of decision 100% of the time.			
4	SMA automates process to the full extent possible across the interstate and stores the enhanced provider background and screening information as well as application fees within the region. Provider Network information is shared with Health Insurance Exchange (HIX).			
5	SMA automates process to the full extent possible across the nation. This process uses and stores the enhanced provider background and screening information as well as application fees in a federal repository. Provider Network information is shared with Health Insurance Exchange (HIX).			
Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	2	3	1
1	High relative cost due to low number of automatic, standardized tasks. Requires numerous data entry staff to key new and updated information, and reconcile duplicates and data inconsistencies			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PM Provider Management

## PM02 BCM PM02 Manage Provider Communication

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards. SMA establishes a formal Communications Management Plan.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate state exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional exchange of information.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			

# PM Provider Management

## PM02 BCM PM02 Manage Provider Communication

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	2	0
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of regional agencies' internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional state agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with federal agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# PM Provider Management

## PM02 BCM PM02 Manage Provider Communication

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.	2	3	1
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			

		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>			
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Requests may take multiple business days.	2	3	1
2	Process timeliness improves through use of automation. Providers have access to self-services via a web portal resolving their inquiries themselves. SMA answers most requests in 24 hours or less. Multiple web portals may exist as providers may work with multiple agencies. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA responds to most common inquiries in real-time. Exceptions may require 24 hours or less. SMA integrates web portals so providers have consistent way of communicating.			
4	Information is available in near real time. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>			
1	Functionally, linguistically, culturally, and competency appropriate communications are lacking because they are difficult and costly to produce.	1	2	1
2	Communication is functionally, linguistically, culturally, and competency appropriate, but at great expense. SMA limits outreach material by state defined parameters (e.g., only two (2) languages used).			
3	SMA automates process to the full extent possible across the intrastate. Use of electronic communications makes provision of functionally, linguistically, culturally, and competency appropriate communications more cost-effective.			
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>			
1	The process consists primarily of manual activity to accomplish tasks. SMA conducts this process primarily via paper, facsimile, and telephone.	3	3	0
2	SMA uses a mix of manual and automatic processes to accomplish tasks. The process			
3	SMA automates process to the full extent possible within the intrastate including increases the use of electronic methods. SMA accepts inquiries that provider responds to online or by telephone.			

# PM Provider Management

## PM02 BCM PM02 Manage Provider Communication

		As-Is	To-Be	Project Impact
	Descriptions	Is the process primarily manual or automatic?		
4	<i>SMA automates process to the full extent possible within the region. communication delivery by email, paper, mobile devices, Automatic Voice Response System (AVRS), telephone, facsimile, web portal or Electronic Data Interchange (EDI) transaction. Portal includes usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology.</i>		3	3 0
5	<i>SMA automates process to the full extent possible across the nation.</i>			
	Cost-Effectiveness	What is the cost of the process compared to the benefits of its results?	As-Is	To-Be
1	<i>High relative cost due to low number of automatic, standardized tasks.</i>		2	3 1
2	<i>Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.</i>			
3	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.</i>			
4	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.</i>			
5	<i>SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.</i>			

# PM Provider Management

## PM03 BCM PM03 Perform Provider Outreach

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate information exchange of information within the region.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and nationally recognized standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	4	4	0
1	Manual processes result in greater opportunity for human error. Accuracy is low. SMA launches outreach to a general audience but does not align content with target audience negatively affecting accuracy.			
2	Automation and standardized business rules definitions reduce errors. Capability to match outreach with target audience improves the accuracy of the process. SMA improves accuracy above Level 1.			

# PM Provider Management

## PM03 BCM PM03 Perform Provider Outreach

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	4	4	0
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. SMA uses methods to target outreach to contractors that met specific needs. Accuracy is 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	3	4	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy is 95% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy is 95% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy is 95% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with federal agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			

# PM Provider Management

## PM03 BCM PM03 Perform Provider Outreach

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How formalized is the process?</i>	2	2	0
1	The process is informal and inconsistent.			
2	The process is formal across SMA with proper reviews to ensure correctness and legality. SMA keeps accurate logs kept of all outreach initiatives.			
3	SMA adopts automatic workflow within the intrastate to ensure accuracy and proper reviews. SMA transfers and stores the documents electronically.			
4	SMA adopts automatic workflow within the region to ensure accuracy and proper reviews.			
5	SMA adopts national automatic workflow to ensure accuracy and proper reviews.			
		As-Is	To-Be	Project Impact
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	2	0
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Timeliness depends on the type of outreach. It is ad hoc in nature. Outreach activity duration is relatively lengthy.			
2	Process timeliness improves through use of automation and web portal distribution of information. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. SMA releases alerts and information immediately. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>	1	2	1
1	Functionally, linguistically, culturally, and competency appropriate outreach and education materials are lacking because they are difficult and costly to produce.			
2	Outreach material is functionally, linguistically, culturally, and competency appropriate, but at great expense. SMA limits outreach material by state defined parameters (e.g., only two (2) languages used).			
3	SMA automates process to the full extent possible across the intrastate. Use of electronic communications makes provision of functionally, linguistically, culturally, and competency appropriate outreach material more cost-effective.			

# PM Provider Management

## PM03 BCM PM03 Perform Provider Outreach

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is communication linguistically, culturally, and competency appropriate?</i>	1	2	1
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	4	4	0
1	The process consists primarily of manual activity to accomplish tasks. SMA primarily conducts the process via mail, in person and telephone for individual communications; and flyers, radio, TV, newspapers, and publications for public media. At this level, there is no targeting of providers.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA conducts process via a web portal for existing providers. SMA target populations to receive communications via mail, in person and telephone for individual communications; and flyers, radio, TV, newspapers, and publications public media.			
3	SMA automates process to the full extent possible within the state. The process is electronic. Audience downloads, saves or prints publications. Portal includes usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology.			
4	SMA automates process to the full extent possible within the region.			
5	SMA automates process to the full extent possible across the nation.			
		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PM Provider Management

## PM07 BCM PM07 Manage Provider Grievance and Appeal

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>Do providers know how to access the grievance and appeals process?</i>	3	3	0
1	Providers have difficulty finding the right door for filing grievances and appeals.			
2	SMA clearly identifies the policy and procedures for filing grievances and appeals. SMA establishes a Review Board to review cases.			
3	SMA standardizes the process within the state.			
4	SMA standardizes the process within the region.			
5	SMA standardizes the process across the nation.			
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information that resolves cases in a shorter period. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of nationally recognized and state-specific standards.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional exchange of information.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	3	2
1	SMA stores information in disparate systems including paper storage and obtains information manually. Contractors have difficulty accessing program business rules to discern the merit of their grievance or appeal.			
2	SMA stores information in disparate systems. Contractors have limited access to program business rules to discern whether their grievances or appeals have merit. Automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Contractors can electronically access program business rules to discern whether their grievances or appeals have merit. Accessibility is greater than Level 2.			

# PM Provider Management

## PM07 BCM PM07 Manage Provider Grievance and Appeal

		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	1	3	2
4	SMA obtains information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			
2	Automation and standardized business rules definitions reduce error and support business activity monitoring of performance measures, which in turn provide information needed for process improvements. SMA improves accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. The process collects information about the types of grievance and appeal it handles and uses it to discern program improvement opportunities that may reduce the issues that give rise to grievances and appeals. Accuracy improves to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
		As-Is	To-Be	Project Impact
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	Nationally recognized standards improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How central is the grievance and appeals process?</i>	1	2	1
1	Disparate programs file, manage, and resolve grievances and appeals from providers. This contributes to inconsistent application of relevant laws and administrative policies inhibiting performance monitoring.			
2	Agencies begin to centralize or standardize the administration of the process to achieve economies of scale, thereby increasing coordination and improving consistent application of business rules and appeals disposed.			

# PM Provider Management

## PM07 BCM PM07 Manage Provider Grievance and Appeal

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How central is the grievance and appeals process?</i>	1	2	1
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards within intrastate state further increases coordination and reuse of standardized Grievance & Appeal business services.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards within interstate the region further increases coordination and reuse of standardized Grievance & Appeal business services.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards across the national further increases coordination and reuse of standardized Grievance & Appeal business services.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	2	3	1
1	Very little Agency collaborate with other agencies or entities in performing the process? collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with federal agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			

		As-Is	To-Be	Project Impact
<b>Descriptions</b>	<i>How does the State Medicaid Agency manage the process?</i>	2	3	1
1	SMA follows guidelines for opening, documenting, and resolving the case.			
2	SMA establishes a formal Management Plan.			
3	SMA administers the process as part of the Medicaid Enterprise using a comprehensive Management Plan.			
4	SMA administers the process as part of the Medicaid Enterprise using a comprehensive Management Plan within the region.			
5	SMA administers the process as part of the Medicaid Enterprise using a comprehensive Management Plan across the nation.			

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	3	2
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Cases may require months to complete. Efficiency is low.			
2	Automation and state standards increase productivity allowing for more time on improving process and working on exceptions. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities. The process is consistent, orderly, and allows staff to spend even more time on quality outcomes and process improvement. Efficiency improves to 95% or higher.			

# PM Provider Management

## PM07 BCM PM07 Manage Provider Grievance and Appeal

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	1	3	2
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
Timeliness of Process	<i>How timely is the end-to-end process?</i>	As-Is	To-Be	Project Impact
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation). Cases typically require months to complete. Duration of process is 180 business days or longer.	2	3	1
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Duration of process is 100 business days or less.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Duration of process is 45 business days or less. SMA distributes Notice of appeal rights 15 minutes or less 100% of the time.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
Descriptions	<i>Is the process primarily manual or automatic?</i>	As-Is	To-Be	Project Impact
1	The process consists primarily of manual activity to accomplish tasks. The process is entirely paper-based, which results in cumbersome document management and process inefficiencies.	2	3	1
2	SMA uses a mix of manual and automatic processes to accomplish tasks. The process conducts some of its activities electronically, except where the law requires paper documents. In this case, SMA scans the documents for electronic information capture.			
3	SMA automates process to the full extent possible within the intrastate. The process conducts the majority of its activities electronically, except where the law requires paper documents. In this case, SMA scans documents for electronic information capture. SMA produces audit trail of grievance and appeal decision 100% of the time.			
4	SMA fully automates the process regionally to the extent possible across the interstate.			
5	SMA fully automates the process nationally to the extent possible across the nation.			
Cost-Effectiveness	<i>What is the cost of the process compared to the benefits of its results?</i>	As-Is	To-Be	Project Impact
1	High relative cost due to low number of automatic, standardized tasks.	1	3	2
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			

## PM Provider Management

### PM07 BCM PM07 Manage Provider Grievance and Appeal

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	1	3	2
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

# PM Provider Management

## PM08 BCM

## PM08 Terminate Provider

		As-Is	To-Be	Project Impact
<b>Utility or Value to Stakeholders</b>	<i>Does the business process satisfy stakeholders?</i>	2	3	1
1	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.			
2	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving stakeholder satisfaction to 95% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving stakeholder satisfaction to 98% or higher.			
<b>Descriptions</b>	<i>Does the State Medicaid Agency use standards in the process?</i>	2	3	1
1	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.			
2	SMA applies a mix of HIPAA and state-specific standards.			
3	SMA automates process to the full extent possible and stores the provider background and screening termination information within the state. SMA adopts MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.			
4	SMA automates process to the full extent possible and stores the provider background and screening termination information for the region standard messages and other nationally recognized standards for clinical and interstate information exchange.			
5	SMA adopts MITA Framework, industry standards, and national standards for consistent validation at a federal level and stored in a federal repository standard messages and other nationally recognized standards for national exchange of information.			
<b>Data Access and Accuracy</b>	<i>How accessible is the information in the process?</i>	2	3	1
1	SMA stores information in disparate systems including paper storage and obtains information manually.			
2	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.			
3	SMA obtains information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.			
4	SMA obtains information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.			
5	SMA obtains information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.			
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
1	Manual processes result in greater opportunity for human error. Accuracy is low.			

# PM Provider Management

## PM08 BCM PM08 Terminate Provider

		As-Is	To-Be	Project Impact
<b>Accuracy of Process Results</b>	<i>How accurate are the results of the process?</i>	2	3	1
2	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving accuracy to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.			
<b>Data Access and Accuracy</b>	<i>How accurate is the information in the process?</i>	2	3	1
1	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are unable to rely on information for decision-making.			
2	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.			
3	Automation of information collection increases the reliability of SMA's internal information. External sources of information use MITA Framework and industry standards for information exchange. Decision-making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.			
4	Automation of information collection increases the reliability of SMA's internal and external sources of information. SMA adopts MITA Framework and industry standards for information exchange by regional agencies. Decision-making is automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.			
5	SMA adopts MITA Framework and industry standards for information exchange with national agencies. Decision-making is automatic using national standardized business rules definitions. Accuracy rating is at 99% or higher.			
<b>Descriptions</b>	<i>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</i>	3	3	0
1	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.			
2	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.			
3	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services.			
4	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable processes including clinical information.			
5	SMA collaborates with federal agencies and entities for national (and international) interoperability improvements that maximize automation of routine operations.			
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
1	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.			

# PM Provider Management

## PM08 BCM

## PM08 Terminate Provider

		As-Is	To-Be	Project Impact
<b>Effort to Perform; Efficiency</b>	<i>How efficient is the process?</i>	2	3	1
2	Automation and state standards increase productivity. Efficiency is higher than Level 1.			
3	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving efficiency to 95% or higher.			
4	SMA adopts MITA Framework, industry standards and information exchange with regional agencies and entities improving efficiency to 98% or higher.			
5	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving efficiency to 98% or higher.			
<b>Timeliness of Process</b>	<i>How timely is the end-to-end process?</i>	2	3	1
1	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).			
2	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.			
3	Timeliness improves via state and federal collaboration, use of information sharing, standards, and regional information exchange hubs. Timeliness exceeds Level 2.			
4	Information is available in near real time. Processes that use clinical information result in immediate action, response, and results. SMA has regional interoperability, which further improves timeliness over Level 3.			
5	Information is available in real time. Processes improve further through connectivity with other States and with federal agencies. Most processes execute at the point of service. Results are almost immediate.			
<b>Descriptions</b>	<i>Is the process primarily manual or automatic?</i>	2	3	1
1	The process consists primarily of manual paper-based activity to accomplish tasks.			
2	SMA uses a mix of manual and automatic processes to accomplish tasks.			
3	SMA automates process to the full extent possible and stores the provider termination information within the state.			
4	SMA automates process to the full extent possible within the intrastate. SMA shares Provider Network information with Health Insurance Exchange (HIX). SMA produces audit trail of termination decision 100% of the time.			
5	SMA automates process to the full extent possible and stores the provider termination information for the region.			
4	SMA automates process to the full extent possible across the interstate. SMA shares Provider Network information with Health Insurance Exchange (HIX).			
5	SMA automates process to the full extent possible. This process uses and stores the provider termination information in a federal repository. SMA automates process to the full extent possible across the nation. SMA shares Provider Network information with Health Insurance Exchange (HIX).			
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
1	High relative cost due to low number of automatic, standardized tasks.			
2	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.			

# PM Provider Management

PM08 BCM

PM08 Terminate Provider

		As-Is	To-Be	Project Impact
<b>Cost-Effectiveness</b>	<i>What is the cost of the process compared to the benefits of its results?</i>	2	3	1
3	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.			
4	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.			
5	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.			

