

## Eligibility and Enrollment Management

### Determine Member Eligibility

EE – Member Enrollment					
Determine Member Eligibility					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
Business Capability Descriptions					
<b>NOTE:</b> Applications and Accounts: An individual seeking health insurance applies online, via phone, via mail, or in person. Accepted application data is managed in an “account” by the receiving entity to enable access to this information during the verification and eligibility determination processes, as well as after the conclusion of the process to support enrollment, change reporting and for other purposes.					
Is the process primarily manual or automated?	All applications require human involvement. All verifications require applicants to submit paper documentation.	All applications require human involvement; staff accesses verification information from electronic data sources.	SMA adjudicates modified adjusted gross income (MAGI) eligibility for the majority of applicants without human involvement.  SMA uses a well-developed automated interface with the Marketplace and CHIP agency. SMA uses interface	SMA adjudicates MAGI eligibility for the majority of applicants without human involvement.  SMA participates in a shared eligibility service with the Marketplace and CHIP agency that eliminates the need for any interfaces to support eligibility	SMA adjudicates MAGI eligibility for the majority of applicants without human involvement.  SMA participates in a shared eligibility service with the Marketplace and CHIP agency that accommodates MAGI and non-MAGI eligibility.

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			<p>to transmit case information without human involvement.</p> <p>SMA automates verification for MAGI eligibility and integrates into online application.</p> <p>SMA automates verification for MAGI population to the maximum extent possible.</p> <p>SMA manually executes verification for non-MAGI eligibility.</p>	<p>based on MAGI.</p> <p>SMA automates verification for MAGI population to the maximum extent possible.</p> <p>SMA manually executes verification for non-MAGI eligibility.</p>	<p>SMA only utilizes manual processes when electronic verification is not possible.</p>
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.	SMA applies a mix of national (e.g. HIPAA) and state-specific standards.	SMA adopts national standards (e.g. HIPAA, Administrative Simplification, Health Information Technology	SMA adopts national standards (e.g. HIPAA, Administrative Simplification, Health Information Technology	SMA adopts national standards (e.g. HIPAA, Administrative Simplification, Health Information Technology

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			Enrollment and Standards Protocols) for exchange of eligibility information.	Enrollment and Standards Protocols) and actively participates in the ongoing development of related standards.	Enrollment and Standards Protocols), actively participates in the ongoing development of related standards, and works with other States and Federal Government to develop and adopt standards related to eligibility process, not limited to data exchange.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.	The SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.	SMA adopts a well-developed data sharing arrangement with the Marketplace and CHIP agency that includes a shared understanding of workflow and a process for issue resolution.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage the shared eligibility service and to conduct joint planning and population management efforts.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage the shared eligibility service and to conduct joint planning and population management efforts.

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			The SMA documents the arrangement in an agreement. The SMA maintains effective relationships with state and federal data sources to support verification.	The SMA documents the arrangement in an agreement that is dynamic and updated as conditions change.	The SMA documents the arrangement in an agreement that is dynamic and updated as conditions change.  The SMA works with state and national data sources to establish data exchanges and supporting activities with programs in other States.
Business Capability Quality: Timeliness of Process					
How timely is the end-to-end process?	SMA sometimes meets threshold or mandated requirements for timeliness (e.g., the process achieves results within the time specified by law, or regulation).	SMA improves timeliness through use of automation. Timeliness always meets requirements. To the extent that SMA requires paper, it takes multiple weeks to complete	SMA improves timeliness through increased use of automation. When electronic data is available and consistent with an applicant's attestation,	SMA further improves timeliness through increased use of automation. When electronic data is available and consistent with an applicant's attestation,	SMA further improves timeliness through increased use of automation. When electronic data is available and consistent with an applicant's attestation,

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	SMA takes multiple weeks to complete paper handling and does not have the capacity to adjudicate eligibility without human intervention.	paper handling.	<p>applicants who submit the single, streamlined application electronically receive a MAGI determination in near real-time.</p> <p>When necessary, the SMA also transmits electronic application information to agencies administering other insurance affordability programs in near real-time.</p> <p>SMA accepts scanned documents, but takes multiple days or weeks to adjudicate documentation where necessary.</p>	<p>applicants who submit the single, streamlined application electronically receive a MAGI determination in near real-time.</p> <p>SMA decreases the time required for determinations that involve other insurance affordability programs using a shared eligibility service. SMA accepts scanned documents, and adjudicates all documents for MAGI-based eligibility within 72 hours of receipt, which further improves timeliness</p>	<p>applicants who submit the single, streamlined application electronically receive a MAGI determination in near real-time.</p> <p>SMA decreases the time required for determinations that involve other insurance affordability programs or non-MAGI eligibility using a shared eligibility service.</p> <p>SMA accepts scanned documents, and adjudicates all documents for MAGI-based eligibility within 24 hours of receipt, and minimizes the time</p>

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				over Level 3.	required to adjudicate documents for non-MAGI eligibility.
Business Capability Quality: Data Access and Accuracy					
How accurate is the information in the process?	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 electronic information improving accuracy of information but the decision-making process may be erroneous or misleading and human involvement leads to incorrect information. Accuracy is higher than at Level 1.	SMA adopts automation of verification process and eligibility determination based on MAGI, which eliminates the vast majority of human error from the process.  Accuracy challenges still exist in the manual processing of documentation, but SMA reduces errors as much as possible through standard operating procedures.	SMA adopts automation of verification process and eligibility determination based on MAGI, which eliminates the vast majority of human error from the process.  SMA uses shared eligibility service to eliminate inaccuracy in application of rules across insurance affordability programs.  Accuracy challenges	SMA adopts automation of verification process and eligibility determination for MAGI and non-MAGI, which eliminates the vast majority of human error from the process.  SMA uses shared eligibility service to eliminate inaccuracy in application of rules across insurance affordability programs.

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				still exist in the manual processing of documentation, but SMA reduces errors as much as possible through standard operating procedures and increased reliance on electronic data.	Accuracy challenges still exist in the manual processing of documentation, but SMA reduces errors as much as possible through standard operating procedures and maximum use of electronic data.
<b>How accessible is the information in the process?</b>	SMA stores information in disparate systems including paper storage and obtains information manually. Verification requires manual contact via telephone, facsimile, or mail.  Systems experience extended scheduled and unscheduled	SMA stores information in disparate systems, but use of electronic information, automation and HIPAA standards increase accessibility over Level 1.  Systems experience extended scheduled and unscheduled downtime.	SMA easily exchanges and uses information from the Marketplace, CHIP, Basic Health Program (BHP), and local data sources upon request based on MITA Framework and industry standards.  SMA maintains individual information in an electronic account	SMA has full access to Marketplace, CHIP, and BHP information through use of shared eligibility service.  SMA maintains individual information in an electronic account shared across insurance affordability programs that is accessible to the	SMA has full access to Marketplace, CHIP, and BHP information through use of shared eligibility service.  SMA maintains individual information in an electronic account shared across insurance affordability programs that is accessible to the

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	downtime.		that is accessible to the individual for review and self-service. Self-service for non-MAGI individuals is limited.  Electronic account is available 24/7 through the portal except during state-approved maintenance timeframes.	individual for review and self-service. Self-service for non-MAGI individuals is limited.  Electronic account is available 24/7 through the portal except during state-approved maintenance timeframes.	individual for review and self-service. Electronic account is 24/7 through the portal except during state-approved maintenance timeframes.
Business Capability Quality: Cost-Effectiveness					
What is the ratio for the cost of eligibility determination compared to the value of the results?	High relative cost due to low number of automated, standardized tasks.	Automation improves process and allows focus on exception resolution, increasing cost effectiveness ratio over Level 1.	SMA adopts Seven Standards and Conditions, MITA Framework, industry standards, and other nationally recognized standards further increasing cost effectiveness ratio	SMA participates in shared eligibility service. SMA adopts Seven Standards and Conditions, MITA Framework, industry standards, and other nationally recognized standards for	SMA adopts national (and international) standards for information exchange. SMA increases cost effectiveness ratio over level 4.

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			over Level 2.	regional information exchange. SMA increases cost effectiveness ratio over Level 3.	
Business Capability Quality: Effort to Perform; Efficiency					
How efficient is the process?	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and agency performance standards. Efficiency is low.	Automation and state standards increase productivity. Efficiency is higher than Level 1.	Reliance on automated processes improves efficiency to 90% or higher.	Use of shared eligibility service for MAGI population improves efficiency to 95% or higher.	Use of shared eligibility services for all populations improves efficiency to 98% or higher.
Business Capability Quality: Accuracy of Process Results					
How accurate are the results of the process?	SMA applies business rules manually and inconsistently,	SMA applies some automated business rules, which increases accuracy.	SMA automates the verification and eligibility determination for	SMA automates the verification and eligibility determination for	SMA automates the verification and eligibility determination for

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	producing inconsistent and incorrect results.	Results remain inconsistent based on mix of automated and manual processes.  Accuracy is higher than at Level 1.	MAGI populations, eliminating the vast majority of human error from the process.  Accuracy challenges still exist in the manual processing of documentation, but SMA reduces errors as much as possible through standard operating procedures.	MAGI populations, eliminating the vast majority of human error from the process.  SMA uses shared eligibility service, eliminating inaccuracy in application of rules across insurance affordability programs.  Accuracy challenges still exist in the manual processing of documentation, but SMA reduces errors as much as possible through standard operating procedures.	MAGI and non-MAGI populations, eliminating the vast majority of human error from the process.  SMA uses shared eligibility service eliminating inaccuracy in application of rules across insurance affordability programs.  Accuracy challenges still exist in the manual processing of documentation, but SMA reduces errors as much as possible through standard operating procedures.
Business Capability Quality: Utility or Value to Stakeholders					

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How satisfied are the stakeholders?	Stakeholders lack confidence in information, negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information.  Stakeholder satisfaction is greater than Level 1.	Automation of MAGI process and reliance on electronic verification improve stakeholder satisfaction to 80% or higher.	Use of shared eligibility service increases the efficiency, speed, and accuracy of the process, improving stakeholder satisfaction to 90% or higher.	Use of shared eligibility service that incorporates non-MAGI eligibility increases the efficiency, speed, and accuracy of the process, improving stakeholder satisfaction to 98% or higher.

## Enroll Member

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<b>Business Capability Descriptions</b>					
<b>NOTE:</b> Applications and Accounts: An individual seeking health insurance applies online, via phone, via mail, or in person. Accepted application data is managed in an “account” by the receiving program to enable access to this information during the verification and eligibility determination processes, as well as after the conclusion of the process to support enrollment, change reporting and for other purposes.					
<b>Is the process primarily manual or automated?</b>	The process consists primarily of manual activity to accomplish tasks.	SMA uses a mix of manual and automated processes to accomplish tasks.	SMA provides electronic delivery system and plan selection opportunities for individuals that are eligible based on MAGI.	SMA provides electronic delivery system and plan selection opportunities for individuals that are eligible based on MAGI. SMA fully integrates with CHIP and Marketplace plan choice and enrollment process.	SMA provides electronic delivery system and plan selection opportunities for individuals that are eligible based on MAGI or non-MAGI. SMA fully integrates with CHIP and Marketplace plan choice and enrollment process.
<b>Does the State Medicaid Agency use standards in</b>	SMA focuses on meeting compliance thresholds for state and federal	SMA applies a mix of HIPAA and state-specific standards.	SMA adopts national standards (e.g. HIPAA, Administrative	SMA adopts industry standards (e.g., HIPAA, Administrative	SMA adopts industry standards e.g., HIPAA, Administrative

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the process?	regulations using state-specific standards.		Simplification, Health Information Technology Enrollment and Standards Protocols) for exchange of enrollment information.	Simplification, Health Information Technology Enrollment and Standards Protocols), and actively participates in the ongoing development of related standards.	Simplification, Health Information Technology Enrollment and Standards Protocols), actively participates in the ongoing development of standards, and works with other States and federal agencies to develop and adopt standards related to enrollment process, not limited to data exchange.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.	SMA collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.	SMA collaborates with agencies administering other insurance affordability programs to develop and implement common enrollment standards.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage a shared enrollment process for all MAGI populations and to	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage a shared enrollment process and to conduct joint planning and

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				conduct joint planning and population management efforts.  The SMA documents the arrangement in an agreement that is dynamic and updated as conditions change.	population management efforts.  The SMA documents the arrangement in an agreement that is dynamic and updated as conditions change.
Business Capability Quality: Timeliness of Process					
How timely is the end-to-end process?	SMA sometimes meets threshold or mandated requirements for timeliness (e.g., the process achieves results within the time specified by law, or regulation). SMA takes multiple weeks to complete paper handling, and does not have the capacity to process enrollments without	SMA improves timeliness through increased use of automation. Timeliness always meets legal requirements. To the extent that SMA requires paper, SMA takes multiple weeks to complete paper handling.	SMA improves timeliness through increased use of automation. When an individual utilizes the electronic delivery system and plan selection process, SMA notifies delivery system or plan in overnight batch processing.  SMA takes multiple days to complete	SMA further improves timeliness through increased use of automation. When an individual utilizes the electronic delivery system and plan selection process, SMA notifies delivery system or plan in near real-time.  SMA processes all paper requests within	SMA further improves timeliness through increased use of automation. When an individual utilizes the electronic delivery system and plan selection process, SMA notifies delivery system or plan in near real-time and provides temporary ID card.  SMA processes all

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	human intervention.		paper handling.	72 hours of receipt.	paper requests within 24 hours of receipt.
Business Capability Quality: Data Access and Accuracy					
How accurate is the information in the process?	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.	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading.  Accuracy is higher than at Level 1.	Electronic delivery system and plan selection process means that information is collected in a shared enrollment service and therefore is significantly more accurate than in a paper process.  SMA's automation of MAGI eligibility determination results in more reliable information for use in enrollment process; automation of enrollment process	Electronic delivery system and plan selection process means that information is collected in a shared enrollment service and therefore is significantly more accurate than in a paper process.  SMA's automation of MAGI eligibility determination results in more reliable information for use in enrollment process; automation of enrollment process	Electronic delivery system and plan selection process means that information is collected in a shared enrollment service and therefore is significantly more accurate than in a paper process.  SMA's automation of MAGI and non-MAGI eligibility determination results in more reliable information for use in enrollment process; automation of

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		<p>eliminates the vast majority of human error from the process.</p> <p>Accuracy challenges still exist for paper enrollment requests, but SMA reduces errors as much as possible through standard operating procedures.</p>	<p>eliminates the vast majority of human error from the process.</p> <p>SMA uses shared eligibility service for MAGI determinations to eliminate inaccuracy in application of rules across insurance affordability programs, which has a corresponding effect on enrollment accuracy.</p> <p>Accuracy challenges still exist for paper enrollment requests, but SMA reduces errors as much as possible through standard operating procedures.</p>	<p>enrollment process eliminates the vast majority of human error from the process.</p> <p>SMA uses shared eligibility service for MAGI and non-MAGI determinations to eliminate inaccuracy in application of rules across insurance affordability programs, which has a corresponding effect on enrollment accuracy.</p> <p>Accuracy challenges still exist for paper enrollment requests, but SMA reduces errors as much as possible through standard operating procedures.</p>	

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How accessible is the information in the process?	<p>SMA stores information in disparate systems including paper storage.</p> <p>Systems experience extended scheduled and unscheduled downtime.</p>	<p>SMA stores information in disparate systems, but use of electronic information, automation, and HIPAA standards increase accessibility over Level 1.</p> <p>Systems experience extended scheduled and unscheduled downtime.</p>	<p>SMA easily exchanges information with delivery systems and plans based on MITA Framework and industry standards.</p> <p>SMA maintains individual information in an electronic account that is accessible to the individual for review and self-service. Self-service for non-MAGI populations is limited.</p> <p>Electronic account is accessible 24/7 through the portal except during state-approved maintenance</p>	<p>SMA easily exchanges information with delivery systems and plans based on MITA Framework and industry standards.</p> <p>SMA maintains individual information in an electronic account that is accessible to the individual for review and self-service. Self-service for non-MAGI populations has a greater level of automation then level 3.</p> <p>Electronic account is accessible 24/7 through the portal except during state-approved</p>	<p>SMA easily exchanges information with delivery systems and plans based on MITA Framework and industry standards.</p> <p>SMA maintains individual information in an electronic account that is accessible to the individual for review and self-service.</p> <p>Electronic account is accessible 24/7 through the portal except during state-approved maintenance timeframes.</p>

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			timeframes.	maintenance timeframes.	
Business Capability Quality: Cost-Effectiveness					
What is the cost of the process compared to the benefits of its results?	High relative cost due to low number of automated, standardized tasks.	Automation improves process and allows focus on exception resolution, increasing cost effectiveness ratio over Level 1.	SMA adopts Seven Standards and Conditions, MITA Framework, and intrastate standard messages and other nationally recognized standards further increasing cost effectiveness ratio over Level 2.	SMA adopts Seven Standards and Conditions, MITA Framework, regional standard messages and other nationally recognized standards for enrollment. SMA increases cost effectiveness ratio over Level 3.	SMA adopts Seven Standards and Conditions, MITA Framework, national standard messages and other nationally recognized standards for national enrollment. SMA increases cost effectiveness ratio over level 4.
Business Capability Quality: Effort to Perform; Efficiency					
How efficient is the process?	Process is labor intensive. There is wasted effort or expense to	Automation and state standards increase productivity. Efficiency is higher	SMA adopts automation of enrollment process improving efficiency	SMA adopts shared enrollment services for MAGI population, improving efficiency	SMA uses shared enrollment services for all populations, improving efficiency

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	accomplish tasks. Process meets minimum state process guidelines and agency performance standards. Efficiency is low.	than Level 1.	to 90% or higher.	to 95% or higher.	to 98% or higher.
Business Capability Quality: Accuracy of Process Results					
How accurate are the results of the process?	SMA applies business rules manually and inconsistently, producing inconsistent and incorrect enrollments.	SMA applies some automated business rules, which increases accuracy of enrollments. Results remain inconsistent based on mix of automated and manual processes.  Accuracy is higher than at Level 1.	SMA automates enrollment for MAGI populations eliminating the vast majority of human error from the process.  Accuracy challenges still exist in the manual processing of enrollment requests. SMA reduces errors as much as possible through standard operating	SMA automates enrollment for MAGI populations eliminating the vast majority of human error from the process.  SMA uses shared enrollment service increasing standardization across insurance affordability programs.  Accuracy challenges	SMA automates enrollment for MAGI and non-MAGI populations, eliminating the vast majority of human error from the process.  SMA uses shared enrollment service to eliminate inaccuracy in application of rules across insurance affordability programs.

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			procedures.	still exist in the manual processing of enrollment requests, but SMA reduces errors as much as possible through standard operating procedures.	Accuracy challenges still exist in the manual processing of enrollment requests, but SMA reduces errors as much as possible through standard operating procedures.
Business Capability Quality: Utility or Value to Stakeholders					
How satisfied are the stakeholders?	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information.  Stakeholder satisfaction is greater than Level 1.	Automation of MAGI eligibility process and reliance on electronic delivery system and plan selection improve stakeholder satisfaction to 80% or higher.	Use of shared enrollment service for MAGI populations increases the efficiency, speed, and accuracy of information improving stakeholder satisfaction to 90% or higher.	Use of shared enrollment service that incorporates MAGI and non-MAGI populations increases the efficiency, speed, and accuracy of information improving stakeholder satisfaction to 98% or higher.

## Disenroll Member

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Disenroll Member					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Business Capability Descriptions</b>					
<b>NOTE:</b> Applications and Accounts: An individual seeking eligibility for health insurance applies online, via phone, via mail, or in person.. Accepted application data is managed in an “account” by the receiving program to enable access to this information during the verification and eligibility determination processes, as well as after the conclusion of the process to support change reporting and for other purposes.					
<b>Is the process primarily manual or automated?</b>	The process consists primarily of manual activity to accomplish tasks.	SMA uses a mix of manual and automated processes to accomplish tasks.	SMA automates process through use of shared enrollment service to maximum extent possible with CHIP and the Marketplace.	SMA automates process through use of shared enrollment service integrated with CHIP and Marketplace disenrollment process.	SMA automates process through use of shared enrollment service and is fully integrated with CHIP and Marketplace disenrollment process.
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.	SMA applies a mix of HIPAA and state-specific standards.	SMA adopts MITA Framework, industry standards (e.g., HIPAA, Affordable Care Act) and other nationally recognized standards for intrastate exchange of member	SMA adopts MITA Framework, industry standards (e.g., HIPAA, Affordable Care Act) and other nationally recognized standards for interstate exchange of member	SMA adopts MITA Framework, industry standards e.g., HIPAA, Affordable Care Act), and other nationally recognized standards for national exchange of disenrollment information, actively

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			disenrollment information.	disenrollment information and actively participates in the ongoing development of related standards.	participates in the ongoing development of standards, and works with other States and federal agencies to develop and adopt standards related to disenrollment process.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.	The agency collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.	SMA collaborates with insurance affordability programs to develop and implement common disenrollment standards. The SMA documents the arrangement in an agreement.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage the disenrollment and to conduct joint planning and population management efforts.  The SMA documents the arrangement in an agreement that is dynamic and updated as conditions change.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage the disenrollment and to conduct joint planning and population management efforts.  The SMA works with state and national data sources, the Marketplace, and CHIP agency to establish data exchanges and supporting activities with programs in other

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					States.
Business Capability Quality: Timeliness of Process					
How timely is the end-to-end process?	SMA sometimes meets threshold or mandated requirements for timeliness (e.g., the process achieves results within the time specified by law, or regulation). Disenrollment may take multiple business days.	SMA improves timeliness through use of automation. Timeliness always meets legal requirements. SMA completes disenrollment in one (1) business day.	Timeliness improves via Marketplace, state and federal collaboration, use of member disenrollment information sharing, and standards. Timeliness exceeds Level 2.	Information is available in near real time. Processes that use interstate member disenrollment information result in immediate action, response, and results.	Information is available in real time. Processes improve further through connectivity with other regions, States and with federal agencies. Most processes execute at the point of service. Timeliness improves over Level 4.
Business Capability Quality: Data Access and Accuracy					
How accurate is the information in the process?	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or	SMA automates the collection of member disenrollment information increasing the reliability of exchange. External sources of member	SMA adopts MITA Framework and industry standards for disenrollment information exchange with insurance affordability	SMA uses Marketplace, MITA Framework, and national standards for national disenrollment information exchange. Decision-making is automatic using

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	unable to rely on information for decision-making.	misleading. Accuracy is higher than at Level 1.	disenrollment information use MITA Framework and industry standards for information exchange. Decision-making is automatic using business rule engines.  Accuracy is 90% or higher.	programs. Decision-making is automatic using business rule engines.  Accuracy is 95% or higher.	business rule engines. Accuracy is 98% or higher.
How accessible is the information in the process?	SMA stores information in disparate systems including paper storage and obtains information manually.  Systems experience extended scheduled and unscheduled downtime	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.  Systems experience extended scheduled and unscheduled downtime	SMA easily obtains and uses information from Marketplace and CHIP agency based on MITA Framework and industry standards.  Accessibility is greater than Level 2.	SMA easily obtains and uses information from Marketplace and CHIP agency based on MITA Framework and industry standards.  Accessibility is greater than Level 3.	SMA easily obtains and uses information from Marketplace and CHIP agency based on MITA Framework and industry standards.  Accessibility is greater than Level 4.

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Business Capability Quality: Cost Effectiveness					
What is the cost of the process compared to the benefits of its results?	High relative cost due to low number of automated, standardized tasks.	Automation improves process and allows focus on exception resolution, increasing cost effectiveness ratio over Level 1.	SMA adopts Marketplace, MITA Framework, and intrastate standard messages and other nationally recognized standards further increasing cost effectiveness ratio over Level 2.	SMA adopts Marketplace, MITA Framework, regional standard messages and other nationally recognized standards for disenrollment information exchange increasing cost effectiveness ratio over Level 3.	SMA adopts Marketplace, MITA Framework, industry standards, and other nationally recognized standards for national disenrollment information exchange. SMA increases cost effectiveness ratio over level 4.
Business Capability Quality: Effort to Perform; Efficiency					
How efficient is the process?	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and agency	Automation and state standards increase productivity. Efficiency is higher than Level 1.	SMA adopts automation of disenrollment process improving efficiency to 90% or higher.	SMA adopts shared enrollment services improving efficiency to 95% or higher.	SMA uses shared enrollment services improving efficiency to 98% or higher.

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	performance standards. Efficiency is low.				
Business Capability Quality: Accuracy of Process Results					
How accurate are the results of the process?	Manual processes results in greater opportunity for human error. Accuracy is low.	Automation and business rules reduce error and improve accuracy above Level 1.	SMA adopts standard messages for interacting with other state agencies and entities, improving accuracy to 90% or higher.	SMA adopts standard messages for interacting with agencies and entities across some states improving accuracy to 95% or higher.	SMA adopts standard messages for interacting with agencies and entities across all states improving accuracy to 98% or higher.
Business Capability Quality: Utility or Value to Stakeholders					
How satisfied are the stakeholders?	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information.  Stakeholder satisfaction is greater than Level 1.	SMA adopts standard messages for interacting with other state agencies and entities, improving stakeholder satisfaction to 90% or higher.	SMA adopts standard messages for interacting with agencies and entities across some states, improving stakeholder satisfaction to 95% or higher.	SMA adopts standard messages for interacting with agencies and entities across all states, improving stakeholder satisfaction to 98% or higher.

## Inquire Member Eligibility

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Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Business Capability Descriptions</b>					
<b>NOTE:</b> Applications and Accounts: An individual seeking eligibility for health insurance applies online, via phone, via mail, or in person. Accepted application data is managed in an “account” by the receiving program to enable access to this information during the verification and eligibility determination processes, as well as after the conclusion of the process to support change reporting and for other purposes.					
<b>Is the process primarily manual or automated?</b>	The process consists primarily of manual activity to accomplish tasks.	SMA uses a mix of manual and automated processes to accomplish tasks.	SMA automates the inquire member eligibility process through use of shared enrollment service to maximum extent possible with CHIP and the Marketplace.	SMA automates the inquire member eligibility process through use of shared enrollment service integrated with CHIP and Marketplace.	SMA automates the inquire member eligibility process through use of shared enrollment service and is fully integrated with CHIP and Marketplace.
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific	SMA applies a mix of HIPAA and state-specific standards.	SMA adopts MITA Framework, industry standards (e.g., HIPAA, Affordable Care Act) and other nationally recognized standards for	SMA adopts MITA Framework, industry standards (e.g., HIPAA, Affordable Care Act) and other nationally recognized standards for	SMA adopts MITA Framework, industry standards e.g., HIPAA, Affordable Care Act), and other nationally recognized standards for national exchange

EE – Member Enrollment					
Inquire Member Eligibility					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
	standards.		intrastate exchange of member eligibility information.	interstate exchange of member eligibility information and actively participates in the ongoing development of related standards.	of member eligibility information, actively participates in the ongoing development of standards, and works with other States and federal agencies to develop and adopt standards related to eligibility inquiry process.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.	The agency collaborates with other agencies and entities to adopt HIPAA standards and EDI transactions.	SMA collaborates with insurance affordability programs to develop and implement common eligibility inquiry standards.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage the eligibility inquiry process.	SMA participates in a joint governance effort with the Marketplace and CHIP agency to manage the eligibility inquiry process.  The SMA works with state and national data sources, the Marketplace, and CHIP agency to establish data exchanges and supporting activities with programs in other

EE – Member Enrollment					
Inquire Member Eligibility					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
					States.
Business Capability Quality: Timeliness of Process					
How timely is the end-to-end process?	SMA sometimes meets threshold or mandated requirements for timeliness (e.g., the process achieves results within the time specified by law, or regulation). Eligibility inquiries may take multiple business days.	SMA improves timeliness through use of automation. Timeliness always meets legal requirements. SMA completes eligibility inquiries in less than two (2) business day.	SMA improves timeliness through use of automation. Timeliness always meets legal requirements. SMA completes eligibility inquiries in one (1) business day.	SMA improves timeliness through use of automation. Timeliness always meets legal requirements. Information is available in near real time.	Information is available in real time. Processes improve further through connectivity with other regions, States and with federal agencies. Most processes execute at the point of service. Timeliness improves over Level 4.
Business Capability Quality: Data Access and Accuracy					
How accurate is the information in the process?	Use of direct data entry for information collection is manually intensive and susceptible to inconsistent or incorrect information. Stakeholders are	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or	SMA adopts MITA Framework and industry standards for eligibility inquiries. Decision-making is automatic using business rule	SMA adopts MITA Framework and industry standards for eligibility inquiries. Decision-making is automatic using business rule	SMA uses Marketplace, MITA Framework, and national standards for eligibility inquiries. Decision-making is automatic using

EE – Member Enrollment					
Inquire Member Eligibility					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
	unable to rely on information for decision-making.	misleading. Accuracy is higher than at Level 1.	engines Accuracy is 90% or higher.	engines. Accuracy is 95% or higher.	business rule engines. Accuracy is 98% or higher.
<b>How accessible is the information in the process?</b>	SMA stores information in disparate systems including paper storage and obtains information manually.  Systems experience extended scheduled and unscheduled downtime	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.  Systems experience extended scheduled and unscheduled downtime	SMA easily obtains and uses information from Marketplace and CHIP agency based on MITA Framework and industry standards.  Accessibility is greater than Level 2.	SMA easily obtains and uses information from Marketplace and CHIP agency based on MITA Framework and industry standards.  Accessibility is greater than Level 3.	SMA easily obtains and uses information from Marketplace and CHIP agency based on MITA Framework and industry standards.  Accessibility is greater than Level 4.
Business Capability Quality: Cost Effectiveness					
<b>What is the cost of the process compared to the benefits of its results?</b>	High relative cost due to low number of automated, standardized tasks.	Automation improves process and allows focus on exception resolution, increasing cost effectiveness ratio over Level 1.	SMA adopts Marketplace, MITA Framework, and intrastate standard messages and other nationally recognized standards further increasing cost	SMA adopts Marketplace, MITA Framework, regional standard messages and other nationally recognized standards for information	SMA adopts Marketplace, MITA Framework, industry standards, and other nationally recognized standards for national information exchange. SMA increases cost

EE – Member Enrollment					
Inquire Member Eligibility					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
			effectiveness ratio over Level 2.	exchange increasing cost effectiveness ratio over Level 3.	effectiveness ratio over level 4.
Business Capability Quality: Effort to Perform; Efficiency					
How efficient is the process?	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and agency performance standards. Efficiency is low.	Automation and state standards increase productivity. Efficiency is higher than Level 1.	SMA adopts shared enrollment services improving efficiency to 90% or higher.	SMA adopts shared enrollment services improving efficiency to 95% or higher.	SMA uses shared enrollment services improving efficiency to 98% or higher.
Business Capability Quality: Accuracy of Process Results					
How accurate are the results of the process?	Manual processes results in greater opportunity for human error. Accuracy is low.	Automation and business rules reduce error and improve accuracy above Level 1.	SMA adopts standard messages for interacting with other state agencies and entities, improving accuracy	SMA adopts standard messages for interacting with agencies and entities across some states improving accuracy	SMA adopts standard messages for interacting with agencies and entities across all states improving accuracy to

EE – Member Enrollment					
Inquire Member Eligibility					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
			to 90% or higher.	to 95% or higher.	98% or higher.
Business Capability Quality: Utility or Value to Stakeholders					
How satisfied are the stakeholders?	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information.  Stakeholder satisfaction is greater than Level 1.	SMA adopts standard messages for interacting with other state agencies and entities, improving stakeholder satisfaction to 80% or higher.	SMA adopts standard messages for interacting with agencies and entities across some states, improving stakeholder satisfaction to 90% or higher.	SMA adopts standard messages for interacting with agencies and entities across all states, improving stakeholder satisfaction to 98% or higher.

## Provider Enrollment

### Determine Provider Eligibility

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Descriptions</b>					
<b>Does enrollment process meet state and federal regulations or policies?</b>	Meets state and federal requirements for processing applications timely and accurately.	SMA exceeds state and federal requirements for processing applications timely and accurately.	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.	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.	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.
<b>Is the process</b>	The process	SMA uses a mix of	The enrollment	The enrollment	The enrollment

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>primarily manual or automatic?</b>	consists primarily of manual activity to receive and process paper enrollments provider submits via mail.	manual and automatic processes to accomplish process paper and web-based applications.	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.	application process is fully automatic to the extent possible within the region.	application process is fully automatic to the extent possible across the nation.
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.	SMA applies a mix of HIPAA and state-specific standards.	SMA adopts MITA Framework, standard enrollment application interfaces, and other nationally recognized standards for intrastate exchange of information.	SMA adopts MITA Framework, standard enrollment application interfaces, and other nationally recognized standards for regional exchange of information.	SMA adopts MITA Framework, standard enrollment application interfaces, and other nationally recognized standards for national exchange of information.
<b>Does the State Medicaid Agency use required screening requirements?</b>	SMA uses state-specific screening requirements.	SMA uses a mix of federal screening and state-specific requirements.	SMA adopts all federal screening requirements for low, medium and high risk providers	SMA adopts all federal screening requirements for low, medium and high risk providers	SMA adopts all federal screening requirements for low, medium and high risk providers

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			within the intrastate.	within the region.	across the nation.
<b>What provider identifier is used?</b>	SMA uses local identifier the state assigns to provider.	SMA cross-references National Provider Identifier (NPI) to state identification.	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.	SMA widely uses the NPI for those providers that are required to do so. SMA uses atypical provider identification within the region.	SMA widely uses the NPI for those providers that are required to do so. SMA uses atypical provider identification across the nation.
<b>How does the State Medicaid Agency verify credentials (e.g., college degree, license, certification, NPI, Employer Identification Number (EIN), Social Security Number (SSN))?</b>	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	Many application information validations are automatic SSN, address, birth certificate, etc.). Validation is consistent and based on business rules.	SMA adopts MITA Framework, enrollment application standard messages, and national standards within the intrastate that use standardized business rules definitions for consistent validation.	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	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.

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	and subjective.			validation.	
<b>Is there a process for revalidation of credentials?</b>	SMA re-enrolls providers as needed. SMA revalidates credentials manually.	SMA re-enrolls providers periodically and revalidates credentials via a mix of manual and automatic processes (consistent with enrollment process).	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).	SMA revalidates credentials automatically across the interstate region and staff receives alerts when adverse results occur.	SMA revalidates credentials automatically across the nation and staff receives alerts when adverse results occur.
<b>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</b>	Very little collaboration occurs with other agencies to standardize information exchange or business tasks. Information is verified manually using telephone, facsimile and mail.	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.	SMA collaborates with other intrastate agencies and entities to adopt national standards, and to develop and share reusable business services for information verification.	SMA collaborates with other regional agencies and entities to adopt national standards, and to develop and share reusable enrollment application processes for information verification.	SMA collaborates with national agencies and entities for national (and international) interoperability improvements that maximize automation of routine enrollment application operations.

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Quality: Timeliness of Process</b>					
<b>How timely is the end-to-end process?</b>	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.	Process timeliness improves through use of automation. Average end-to-end process completes in 15-30 business days.	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.	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.	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.

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Quality: Data Access and Accuracy</b>					
<b>How accurate is the information in the process?</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.	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.	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	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.	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>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			higher.		
<b>How accessible is the information in the process?</b>	SMA stores information in disparate systems including paper storage and obtains information manually.	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.	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.	SMA obtains enrollment application and verification information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.	SMA obtains enrollment application and verification information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.
<b>Business Capability Quality: Cost-Effectiveness</b>					
<b>What is the cost of the process compared to the</b>	High relative cost due to low number of automatic,	Automation improves process and allows focus on exception	SMA adopts MITA Framework, enrollment	SMA adopts MITA Framework, enrollment	SMA adopts MITA Framework, enrollment

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>benefits of its results?</b>	standardized tasks.	resolution, improving cost effectiveness ratio over Level 1.	application and verification standard interfaces, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.	application and verification standard messages, and other nationally recognized standards for regional information exchange improving cost effectiveness ratio over Level 3.	application and verification standard messages, and other nationally recognized standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.
<b>Business Capability Quality: Effort to Perform; Efficiency</b>					
<b>How efficient is the process?</b>	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.	Automation and state standards increase productivity. Efficiency is higher than Level 1.	SMA adopts MITA Framework and enrollment application and verification standard messages with intrastate agencies and entities improving efficiency to 99%.	SMA adopts MITA Framework and enrollment application and verification standard messages with by regional agencies and entities improving efficiency to 99%.	SMA adopts MITA Framework and enrollment application and verification standard messages with national agencies and entities improving efficiency to 99%.

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Quality: Accuracy of Process Results</b>					
<b>How accurate are the results of the process?</b>	Manual processes result in greater opportunity for human error. Accuracy is low.	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.	SMA adopts MITA Framework and enrollment application and verification standard messages with intrastate agencies and entities improving accuracy to 90% or higher.	SMA adopts MITA Framework and enrollment application and verification standard messages with regional agencies and entities improving accuracy to 98% or higher.	SMA adopts MITA Framework and enrollment application and verification standard messages with national agencies and entities improving accuracy to 98% or higher.
<b>Business Capability Quality: Utility or Value to Stakeholders</b>					
<b>Does the business process satisfy stakeholders?</b>	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.	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	SMA adopts MITA Framework and enrollment application and verification standard messages with regional agencies and entities improving stakeholder satisfaction to 95% or higher.	SMA adopts MITA Framework and enrollment application and verification standard messages with national agencies and entities improving stakeholder satisfaction to 98% or higher.

<b>EE – Provider Enrollment</b>					
<b>Determine Provider Eligibility</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			questionnaire for information collection.		

## Enroll Provider

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Descriptions</b>					
<b>Does enrollment process meet state and federal regulations or policies?</b>	Meets state and federal requirements for processing applications timely and accurately.	SMA exceeds state and federal requirements for processing applications timely and accurately.	SMA exceeds state and federal requirements for processing applications enrollment timely and accurately including one-stop collaboration across SMA.	SMA fully automates the enrollment process within the region.	SMA fully automates the enrollment process across the nation.

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Is the process primarily manual or automatic?</b>	The process consists primarily of manual paper-based activity to accomplish tasks.	SMA uses a mix of manual and automatic processes to accomplish tasks.	SMA automates process to the full extent possible within the intrastate. SMA adopts MITA Framework, enrollment standard messages, and national standards within the intrastate that use standardized business rules definitions for consistent enrollment Provider Network information is shared with Health Insurance Marketplace (HIX). SMA produces audit trail of enrollment decision 100% of the time.	SMA automates the enrollment process to the extent possible within the region. SMA adopts MITA Framework, enrollment standard messages, and national standards within the region that use a regional standardized business rules definitions for consistent enrollment Provider Network information is shared with Health Insurance Marketplace (HIX). SMA shares Meaningful Electronic Health Record information with the Registration	SMA automates the enrollment process to the extent possible across the nation. SMA adopts MITA Framework, enrollment standard messages, and national standards nationally that use a national standardized business rules definitions for consistent enrollment Provider Network information is shared with Health Insurance Marketplace (HIX). SMA shares Meaningful Electronic Health Record information with the R&A

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
				and Attestation (R&A) System.	System.
<b>How does the applicant complete and submit the application?</b>	Applicant completes application on paper and submits via facsimile, in person, or mail.	Applicant may use state standardized paper application but also has choices of data entry at government offices and kiosks. Electronic submissions are available and used.	Applicants may complete and submit nationally standardized electronic application from any location that has internet access. Multiple intrastate programs, including Medicaid, Medicare, and CHIP conduct dual-eligibility determination.	SMA shares business services across interstate.	SMA shares business services across the nation.
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.	SMA applies a mix of HIPAA and state-specific standards.	SMA adopts MITA Framework, standard enrollment interfaces, and other nationally recognized enrollment standards for intrastate enrollment assignment and	SMA adopts MITA Framework, standard enrollment interfaces, and other nationally recognized enrollment standards for clinical and regional exchange of	SMA adopts MITA Framework, standard enrollment interfaces, and other nationally recognized enrollment standards for national exchange of enrollment

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			exchange of information.	enrollment assignment information.	assignment information.
<b>How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?</b>	Very little collaboration occurs with other agencies to standardize information exchange or business tasks.	SMA collaborates with other agencies and entities to adopt HIPAA standards and Electronic Data Interchange (EDI) transactions.	SMA collaborates with other intrastate agencies and entities to adopt national standards and to develop and share reusable business services.	SMA collaborates with other regional agencies and entities to adopt national standards and to develop and share reusable enrollment assignment processes including clinical information.	SMA collaborates with national agencies and entities for national (and international) interoperability improvements that maximize automation of routine enrollment assignment operations.
<b>Business Capability Quality : Timeliness of Process</b>					
<b>How timely is the end-to-end process?</b>	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.	Timeliness improves via state and federal collaboration, use of enrollment assignment information sharing, standards, and regional information	Enrollment assignment information is available in near real time. SMA has regional interoperability, which further improves	Enrollment assignment information is available in real time. Processes improve further through connectivity with other States and with

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	regulation).		exchange hubs. Timeliness exceeds Level 2.	timeliness over Level 3.	federal agencies. Most processes execute at the point of service. Results are almost immediate.
<b>Business Capability Quality: Data Access and Accuracy</b>					
<b>How accurate is the information in the process?</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.	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.	SMA automatically collects enrollment assignment information increasing the reliability of SMA's internal information. External sources of enrollment assignment information use MITA Framework and industry standards for information exchange. Decision-	SMA automatically collects enrollment assignment information increasing the reliability of regional sources of information. SMA adopts MITA Framework and industry standards or information exchange by regional agencies. Decision-making is automatic using	SMA uses 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.

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			making is automatic using standardized business rules definitions. Accuracy rating is at 99% or higher.	regional standardized business rules definitions. Accuracy rating is at 99% or higher.	
<b>How accessible is the information in the process?</b>	SMA stores information in disparate systems including paper storage and obtains information manually.	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.	SMA obtains enrollment assignment information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Enrollment reports on the status of entire Medicaid population in graphical format for management use. Accessibility is greater than Level 2.	SMA obtains enrollment assignment information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.	SMA obtains enrollment assignment information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.
<b>Business Capability Quality: Cost-effectiveness</b>					
<b>What is the cost of</b>	High relative cost due	Automation improves	SMA adopts MITA	SMA adopts MITA	SMA adopts MITA

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>the process compared to the benefits of its results?</b>	to low number of automatic, standardized tasks.	process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.	Framework, enrollment assignment standard messages, and other nationally recognized enrollment assignment standards further improving cost effectiveness ratio over Level 2.	Framework, enrollment assignment standard messages, and other nationally recognized enrollment assignment standards for regional information exchange improving cost effectiveness ratio over Level 3.	Framework, enrollment assignment standard messages, and other nationally recognized enrollment assignment standards for national (and international) information exchange. SMA increases cost effectiveness ratio over level 4.
<b>Business Capability Quality: Effort to Perform; Efficiency</b>					
<b>How efficient is the process?</b>	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance	Automation and state standards increase productivity. Efficiency is higher than Level 1.	SMA adopts MITA Framework and enrollment assignment standard messages with intrastate agencies and entities improving efficiency to 95% or higher.	SMA adopts MITA Framework and enrollment assignment standard messages with regional agencies and entities improving efficiency to 98% or higher.	SMA adopts MITA Framework and enrollment assignment standard messages with national agencies and entities improving efficiency to 98% or higher.

EE – Provider Enrollment					
Enroll Provider					
Capability Question	Level 1	Level 2	Level 3	Level 4	Level 5
	standards. Efficiency is low.				
Business Capability Quality: Accuracy of Process Results					
How accurate are the results of the process?	Manual processes result in greater opportunity for human error. Accuracy is low.	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.	SMA adopts MITA Framework and enrollment assignment standard messages with intrastate agencies and entities improving accuracy to 90% or higher.	SMA adopts MITA Framework and enrollment assignment standard messages with regional agencies and entities improving accuracy to 98% or higher.	SMA adopts MITA Framework and enrollment assignment standard messages with national agencies and entities improving accuracy to 98% or higher.
Business Capability Quality: Utility or Value to Stakeholders					
Does the business process satisfy stakeholders?	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.	SMA adopts MITA Framework and enrollment assignment standard messages with intrastate agencies and entities improving stakeholder satisfaction to 90% or	SMA adopts MITA Framework and enrollment assignment standard messages with regional agencies and entities improving stakeholder satisfaction to 95% or	SMA adopts MITA Framework and enrollment assignment standard messages with national agencies and entities improving stakeholder satisfaction to 98% or

<b>EE – Provider Enrollment</b>					
<b>Enroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			higher. SMA uses survey or questionnaire for information collection.	higher.	higher.

## Disenroll Provider

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Descriptions</b>					
<b>Is the process primarily manual or automatic?</b>	The process consists primarily of manual activity to accomplish tasks.	SMA uses a mix of manual and automatic processes to accomplish tasks.	SMA fully automates the provider disenrollment process within the intrastate. SMA shares Provider Network information with	SMA fully automates the provider disenrollment within the region. SMA shares Provider Network information with	SMA fully automates the provider disenrollment process across the nation. SMA shares Provider Network information with

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			Health Insurance Marketplace (HIX). SMA produces audit trail of disenrollment decision 100% of the time.	Health Insurance Marketplace (HIX). SMA shares Meaningful Electronic Health Record information with the Registration and Attestation (R&A) System.	Health Insurance Marketplace (HIX). SMA shares Meaningful Electronic Health Record information with the R&A System.
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.	SMA applies a mix of HIPAA and state-specific standards.	SMA adopts MITA Framework, standard provider disenrollment interfaces, and other nationally recognized provider disenrollment standards for intrastate exchange of provider disenrollment information.	SMA adopts MITA Framework, standard provider disenrollment interfaces, and other nationally recognized provider disenrollment standards for regional exchange of provider disenrollment information.	SMA adopts MITA Framework, standard provider disenrollment interfaces, and other nationally recognized provider disenrollment standards for national exchange of provider disenrollment information.
<b>How does the State Medicaid Agency collaborate with</b>	Very little collaboration occurs with other agencies	SMA collaborates with other agencies and entities to adopt HIPAA	SMA collaborates with other intrastate agencies and	SMA collaborates with other regional agencies and	SMA collaborates with agencies and entities for national

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>other agencies or entities in performing the process?</b>	to standardize information exchange or business tasks.	standards and Electronic Data Interchange (EDI) transactions.	entities to adopt national provider disenrollment standards as well as develop and share reusable business services.	entities to adopt national provider disenrollment standards as well as develop and share reusable provider disenrollment processes including clinical information.	(and international) interoperability improvements that maximize automation of routine provider disenrollment operations.
<b>Business Capability Quality: Timeliness of Process</b>					
<b>How timely is the end-to-end process?</b>	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	Process timeliness improves through use of automation. Timeliness exceeds legal requirements. Process completes within five (5) business days or less.	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.	Provider disenrollment information is available in near real time. Provider disenrollment processes ensure immediate action, response, and results. SMA has regional interoperability,	Provider disenrollment information is available in real time. Provider disenrollment processes improve further through connectivity with other States and with federal agencies. Most

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	more.			which further improves timeliness over Level 3.	provider disenrollment processes execute at the point of service. Results are almost immediate.
<b>Business Capability Quality: Data Access and Accuracy</b>					
<b>How accurate is the information in the process?</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.	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.	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	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	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.

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			definitions. Accuracy rating is at 99% or higher.	automatic using regional standardized business rules definitions. Accuracy rating is at 99% or higher.	
<b>How accessible is the information in the process?</b>	SMA stores information in disparate systems including paper storage and obtains information manually.	SMA stores information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.	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.	SMA obtains provider disenrollment information easily and exchanges with regional agencies and entities. Accessibility is greater than Level 3.	SMA obtains provider disenrollment information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.
<b>Business Capability Quality: Cost Effectiveness</b>					
<b>What is the cost of the process compared to the benefits of its</b>	High relative cost due to low number of automatic,	Automation improves process and allows focus on exception resolution, improving cost	SMA adopts MITA Framework, provider disenrollment standard messages,	SMA adopts MITA Framework, provider disenrollment	SMA adopts MITA Framework, provider disenrollment standard interfaces,

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>results?</b>	standardized tasks.	effectiveness ratio over Level 1.	and other nationally recognized standards further improving cost effectiveness ratio over Level 2.	standard messages, and other nationally recognized provider disenrollment standards for regional information exchange improving cost effectiveness ratio over Level 3.	and other nationally recognized standards for national (and international) information exchange of provider disenrollment information improving cost effectiveness ratio over level 4.
<b>Business Capability Quality: Effort to Perform; Efficiency</b>					
<b>How efficient is the process?</b>	Process is labor intensive. There is wasted effort or expense to accomplish tasks. Process meets minimum state process guidelines and SMA	Automation and state standards increase productivity. Efficiency is higher than Level 1.	SMA adopts MITA Framework and provider disenrollment standard messages with intrastate agencies and entities improving efficiency to 95% or	SMA adopts MITA Framework and provider disenrollment standard messages with regional agencies and entities improving efficiency to 98% or	SMA adopts MITA Framework and provider disenrollment standard messages with national agencies and entities improving efficiency to 98% or

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	performance standards. Efficiency is low.		higher.	higher.	higher.
<b>Business Capability Quality: Accuracy of Process Results</b>					
<b>How accurate are the results of the process?</b>	Manual processes result in greater opportunity for human error. Accuracy is low.	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.	SMA adopts MITA Framework and provider disenrollment standard messages with intrastate agencies and entities improving accuracy to 90% or higher.	SMA adopts MITA Framework and provider disenrollment standard messages with regional SMA and entities improving accuracy to 98% or higher.	SMA adopts MITA Framework and provider disenrollment standard messages with national agencies and entities improving accuracy to 98% or higher.
<b>Business Capability Quality: Utility or Value to Stakeholders</b>					
<b>Does the business process satisfy stakeholders?</b>	Stakeholders lack confidence in information negatively affecting stakeholder satisfaction with the process.	Automation and standardization provides clear and useful information. Stakeholder satisfaction is greater than Level 1.	SMA adopts MITA Framework and provider disenrollment standard messages with intrastate agencies and entities improving	SMA adopts MITA Framework and provider disenrollment standard messages with regional agencies and entities improving	SMA adopts MITA Framework and provider disenrollment standard messages with national agencies and entities improving

<b>EE – Provider Enrollment</b>					
<b>Disenroll Provider</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
			stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.	stakeholder satisfaction to 95% or higher.	stakeholder satisfaction to 98% or higher.

## Inquire Provider Information

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Descriptions</b>					
<b>Is the process primarily manual or automatic?</b>	The process consists primarily of manual activity to accomplish tasks. SMA receives most requests via	SMA uses a mix of manual and automatic processes to accomplish tasks. SMA submits	The inquire provider process is fully automatic to the extent possible within	The inquire provider process is fully automatic to the extent possible within	The inquire provider process is fully automatic to the extent possible

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	telephone, facsimile, or mail.	response via automatic voice response system, web portal, Electronic Data Interchange (EDI) transaction, personal computer, terminal connection or within batch response parameters.	the intrastate.	the region.	across the nation.
<b>Does the State Medicaid Agency use standards in the process?</b>	SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.	SMA applies a mix of nationally recognized and state-specific standards.	SMA adopts MITA Framework, provider inquiry standard messages, and other nationally recognized provider inquiry standards for intrastate exchange of provider enrollment information.	SMA adopts MITA Framework, provider inquiry standard messages, and other nationally recognized provider inquiry standards for clinical and regional exchange of provider enrollment information.	SMA adopts MITA Framework, provider inquiry standard messages, and other nationally recognized provider inquiry standards or national exchange of provider enrollment information.
<b>How does the State Medicaid Agency collaborate with other agencies or</b>	Very little collaboration occurs with other agencies to standardize	SMA collaborates with other agencies and entities to adopt HIPAA standards and	SMA collaborates with other intrastate agencies and entities to adopt national	SMA collaborates with other regional agencies and entities to adopt provider	SMA collaborates with agencies and entities for national (and international)

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>entities in performing the process?</b>	information exchange or business tasks.	EDI transactions.	provider inquiry standards as well as develop and share reusable business services.	inquiry national standards as well as develop and share reusable provider inquiry processes including clinical information.	interoperability improvements that maximize automation of routine provider inquiry operations.
<b>Business Capability Quality: Timeliness of Process</b>					
<b>How timely is the end-to-end inquiry process?</b>	Process meets threshold or mandated requirements for timeliness (i.e., the process achieves results within the time specified by law or regulation).	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.	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.	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.	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.

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Business Capability Quality: Data Access and Accuracy</b>					
<b>How accurate is the information in the process?</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.	HIPAA standard transactions improve accuracy of information but the decision-making process may be erroneous or misleading. Accuracy is higher than at Level 1.	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.	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.	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>How accessible is</b>	SMA stores	SMA stores	SMA obtains	SMA obtains	SMA obtains

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>the information in the process?</b>	information in disparate systems including paper storage and obtains information manually.	information in disparate systems, but automation and HIPAA standards increase accessibility over Level 1.	information easily and exchanges with intrastate agencies and entities based on MITA Framework and industry standards. Accessibility is greater than Level 2.	information easily and exchanges with interstate agencies and entities. Accessibility is greater than Level 3.	information easily and exchanges with national agencies and entities. Accessibility is greater than Level 4.
<b>Business Capability Quality: Cost-Effectiveness</b>					
<b>What is the cost of the process compared to the benefits of its results?</b>	High relative cost due to low number of automatic, standardized tasks.	Automation improves process and allows focus on exception resolution, improving cost effectiveness ratio over Level 1.	SMA adopts MITA Framework, industry standards, and other nationally recognized standards further improving cost effectiveness ratio over Level 2.	SMA adopts MITA Framework, industry standards, and other nationally recognized standards for interstate information exchange. SMA increases cost effectiveness ratio over Level 3.	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>Business Capability Quality: Effort to Perform; Efficiency</b>					
<b>How efficient is the process?</b>	Process is labor intensive. There is wasted effort or	Automation and state standards increase productivity.	SMA adopts MITA Framework, industry standards and	SMA adopts MITA Framework, industry standards and	SMA adopts MITA Framework, industry standards and

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	expense to accomplish tasks. Process meets minimum state process guidelines and SMA performance standards. Efficiency is low.	Efficiency is higher than Level 1.	information exchange with intrastate agencies and entities improving efficiency to 95% or higher.	information exchange with interstate agencies and entities improving efficiency to 98% or higher.	information exchange with national agencies and entities improving efficiency to 98% or higher.
<b>Business Capability Quality: Accuracy of Process Results</b>					
<b>How accurate are the results of the process?</b>	Manual processes result in greater opportunity for human error. Accuracy is low.	Automation and standardized business rules definitions reduce error and improve accuracy above Level 1.	SMA adopts MITA Framework, industry standards and information exchange with intrastate agencies and entities improving accuracy to 90% or higher.	SMA adopts MITA Framework, industry standards and information exchange with interstate agencies and entities improving accuracy to 98% or higher.	SMA adopts MITA Framework, industry standards and information exchange with national agencies and entities improving accuracy to 98% or higher.
<b>Business Capability Quality: Utility or Value to Stakeholders</b>					
<b>Does the business process satisfy stakeholders?</b>	Stakeholders lack confidence in information negatively affecting stakeholder	Automation and standardization provides clear and useful information.	SMA adopts MITA Framework, industry standards and information exchange	SMA adopts MITA Framework, industry standards and information exchange	SMA adopts MITA Framework, industry standards and information exchange

<b>EE – Provider Enrollment</b>					
<b>Inquire Provider Information</b>					
<b>Capability Question</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	satisfaction with the process.	Stakeholder satisfaction is greater than Level 1.	with intrastate agencies and entities improving stakeholder satisfaction to 90% or higher. SMA uses survey or questionnaire for information collection.	with interstate agencies and entities improving stakeholder satisfaction to 95% or higher.	with national agencies and entities improving stakeholder satisfaction to 98% or higher.