MITA 4.0

Table of contents

What is MITA

The Medicaid Information Technology Architecture (MITA) Framework is an initiative by the Centers for Medicare & Medicaid Services (CMS) in partnership with State Medicaid Agencies (SMAs) and Medicaid systems vendors. It aims to establish national guidance and best practice references for processes, data standards, and technologies that facilitate planing and enhance program administration for State Medicaid Enterprises. Building upon the foundation of previous versions, MITA 4.0 supports the Medicaid mission and goals by facilitating integrated business and information technology transformations. This version refines, refocuses, and repurposes MITA to better align with the evolving needs of SMAs.

MITA 4.0 introduces several new approaches to enhance its relevance and accessibility, with the goal of making it more meaningful for stakeholders while streamlining processes to reduce the burden on state agencies. The framework incorporates various state agency viewpoints to improve efficiency and better align with the Advanced Planning Document process, certification outcomes, and state agency acquisition processes. Additionally, MITA 4.0 provides guidance that reflects current healthcare and IT trends, ensuring that it remains at the forefront of technological advancements.

By focusing on these enhancements, MITA 4.0 ensures that technology decisions align with Medicaid business needs, optimizing adaptability, flexibility, interoperability, and data sharing. This evolution enables significant improvements in policy, decision-making, and daily operations, ultimately advancing the capabilities of State Medicaid Enterprises.

- MITA Framework is a consolidation of principles, models, and guidelines that combine to form a template for the States to use to develop their own enterprise architectures.
- MITA processes provide guidance for State Medicaid Enterprise to use in adopting the MITA Framework through shared leadership, collaboration, and reuse of solutions.
- MITA planning guidelines help States prepare the MITA State Self-Assessment (SS-A) and Roadmap to develop enterprise architectures to align to and advance increasingly in MITA maturity for business, architecture, and data. The guidelines serve as the basis

for a state's requests for appropriate Federal Financial Participation (FFP) for their Medicaid Management Information Systems (MMIS) as well as Medicaid Information Technology (IT) system(s) projects related to eligibility determination and enrollment functions.

Seven Standards and Conditions

Under sections 1903(a)(3)(A)(i) and 1903(a)(3)(B) of the Social Security Act, CMS has issued new standards and conditions that it expects States to adhere to in order for Medicaid technology investments (including eligibility systems, as well as traditional claims processing systems) to be eligible for enhanced federal matched funds. The intent is to foster better collaboration with States, reduce unnecessary paperwork, and focus attention on the key elements of success for modern systems development and deployment. The Seven Standards and Conditions consist of the following:

- **Modularity Standard:** Uses a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The States commit to formal system development methodology and open, reusable system architecture.
  - MITA Condition –States align to and advance increasingly in MITA maturity for business, architecture, and data.
  - Industry Standards Condition – Ensures alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal Civil Rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.
  - Leverage Condition – State solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.
  - Business Results Condition – Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.
  - Reporting Condition – Solutions should produce transaction data, reports, and performance information that contributes to program evaluation, continuous improvement in business operations, and transparency and accountability.
  - Interoperability Condition – Systems must ensure seamless coordination and integration with the Exchanges (whether run by the state or federal government), and

allow interoperability with Health Information Exchange (HIE), public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

MITA 4.0 Goals

- Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards.
- Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.
- Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies.
- Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for health care management and program administration.
- Provide performance measurement for accountability and planning.
- Coordinate with public health and other partners to integrate health outcomes within the Medicaid community.

MITA 4.0 Design Principles

During the development of MITA 4.0, workgroup participants identified a set of core principles designed to prioritize updates MITA 3.0 that make MITA more meaningful and accessible to SMAs. These principles ensure that MITA remains a relevant and valuable tool for State Medicaid Agencies and their stakeholders.

Define Clear Linkages Between Capabilities and Outcomes: Establish clear definitions for both MITA Capabilities and Outcomes, and articulate the relationship between outcomes and the MITA architectures. This principle ensures that every capability is directly aligned with desired outcomes, linking strategic objectives with operational execution in a coherent framework.

Business-Driven Transformation: Define business transformations with a focus on aligning IT solutions with both common and unique state needs. This principle ensures that technology initiatives are directly informed by business objectives, leading to more effective and tailored solutions.

Standards First: Promote data and technical standards to improve IT development cost-effectiveness. By prioritizing standards, we aim to streamline processes and reduce complexity, ultimately enhancing interoperability and efficiency.

Reduce Burden on SMAs: Simplify processes and requirements to alleviate the administrative load on State Medicaid Agencies, enabling them to focus more on service delivery and less on compliance.

Enable Automation: Encourage the adoption of automated processes to increase efficiency and accuracy in Medicaid operations, reducing manual intervention and the potential for errors.

Release Guidance Aligned with Current Trends: Provide guidance that reflects the latest trends in healthcare and IT, ensuring that MITA 4.0 remains relevant and forward-looking in its approach to Medicaid management.

Integrate with Other Activities: Enhance the integration of MITA with related activities such as APD development, Certification, T-MSIS reporting, and state procurement processes. This principle aims to create a cohesive framework that supports comprehensive Medicaid management and aligns with broader state and federal initiatives.

Transition to a Web-Enabled Presentation: Move from the static, PDF-based MITA 3.0 to a dynamic, web-enabled format. This principle facilitates easier maintenance and continuous improvement by the community, allowing for real-time updates and enabling stakeholders to access the most current information. By fostering a collaborative environment, we encourage the sharing of insights and innovations, making MITA a more robust and adaptable framework for all users.

These principles are foundational to the development and implementation of MITA 4.0, ensuring it effectively supports the evolving needs of Medicaid operations.

Versions of MITA

— dev a change matrix showing dif between versions —

Concepts

- **Outcomes**: Define what SMAs aim to achieve through the implementation of MITA.
- **Business Process Model**: Define common business processes for the Medicaid Enterprise.
- **Maturity Model**: Illustrate the maturation of Medicaid operations over time.
- **Capability Matrices**: Align business, information, and technical capabilities with the Maturity Model.
- **State Self-Assessment (SS-A)**: Represent current and future business, information, and technical capabilities.

MITA 4.0 ensures that technology decisions align with Medicaid business needs, optimizing adaptability, flexibility, interoperability, and data sharing. This evolution enables significant improvements in policy, decision-making, and daily operations. Explore the MITA 4.0 Framework to advance your State Medicaid Enterprise.

Welcome

Quick Reference Guide

MITA Capability Model

Introduction to Business Capability Models

A capability model is a conceptual framework that outlines the key capabilities an organization needs to achieve its strategic objectives. It provides a comprehensive view of what an organization can do and helps identify areas for improvement or investment. In the context of an orchestra, a capability model might help the orchestra identify the set of skills and resources, or other types of capabilities it needs to perform a symphony. Just like an orchestra needs well practiced musicians, sheet music, instruments, a conductor, and an audience to produce a great symphony, a State Medicaid Agency (SMA) needs its Medicaid Enterprise System (MES) to employ or develop specific capabilities to deliver its services effectively, efficiently, and economically to its enrollees and providers.

The concept of a business capability is extensively used within enterprise architecture modeling and has been broadly used within Business Capability Models as a tool to better align the business strategy and information technology of both private sector and governmental organizations since they emerged in the mid-2000s. One example comes from the TOGAF Standard, a well-known standard in enterprise architecture. Like most architecture frameworks TOGAF defines a capability as something a business can do to meet its goals. This focuses a strategic lens of an organization on "what" it needs to achieve its goals, rather than "how" those goals are achieved. This perspective allows for business planning from different viewpoints, facilitating strategic alignment and operational efficiency.

SMA business architects, technologists, systems analysts, executives, managers, and program staff can use this same modeling approach to represent the functional components of their Medicaid Enterprise System (MES) in ways that can help reveal gaps in their systems and provide insights on what new or enhanced capabilities might be needed to close those gaps.

By focusing on capabilities, SMAs can better align their information and technology resources and processes with their strategic business goals, ultimately improving their insight into how to improve the outcomes their Medicaid Enterprise Architecture produces.

Purpose

Understanding the how the MITA Capability Model works is important to obtaining the most value out of many of the other tools and artifacts in the MITA framework, such as the

MITA Maturity Model (MMM) and the Business Process Model (BPM). The MITA Capability Model provides a structured way for SMAs to identify, conceptually model, and improve the capabilities needed for efficient Medicaid operations.

It is important to note that MITA 4.0 does not endeavor to specify all of the capabilities SMA's may need to administer Medicaid programs; instead, this version of MITA focuses on the capabilities that are most closely oriented towards achieving the CMS-required outcomes. In this way MITA 4.0 provides a reference model for SMAs to model other capabilities that may be needed to achieve their other goals such as state specific outcomes, or other state priorities while providing more guidance within the MITA Framework to support modular.

Update to MITA 3.0

MITA 3.0 defined a capability as the level of maturity of a set of business processes within a business category. By focusing on "how" MES operate MITA 3.0 helped SMA's identify ways to improve and mature their business processes, but it did not link those processes with the outcomes they are intended to achieve or ensure better alignment of the information and technical architectures to business outcomes. The addition of the MITA capability model to the MITA 4.0 business architecture addresses that by providing the conceptual linkages needed to elevate the strategic vantage point of the MITA Framework. To guide this change, we present within this chapter a definition, description, and approach to modeling business capabilities, based on the widely used capability models contextualized for Medicaid Enterprises.

The business processes that operationalize MITA capabilities remain foundational to characterizing the business architecture, and are by definition a constituent part of any MITA capability. They provide essential information on how capabilities are operationalize and should continue to be a routinely utilized reference model for SMA business process mapping. They are found with in the Business Process Model chapter of this version of MITA.

The MITA Definition of Capability

Within the context of MITA, a capability can be defined as the ability or capacity of a State Medicaid Agency to achieve a desired outcome under the Standards and Conditions within 42 CFR 433.112. A capability may currently exist in an operational state or be envisioned for future development. Through careful planning, capabilities defined in this way can be matured and refined over time to become more effective and efficient. They can be organized and detailed at various levels of abstraction, providing precise descriptions for operational purposes or more generalized views for strategic planning.

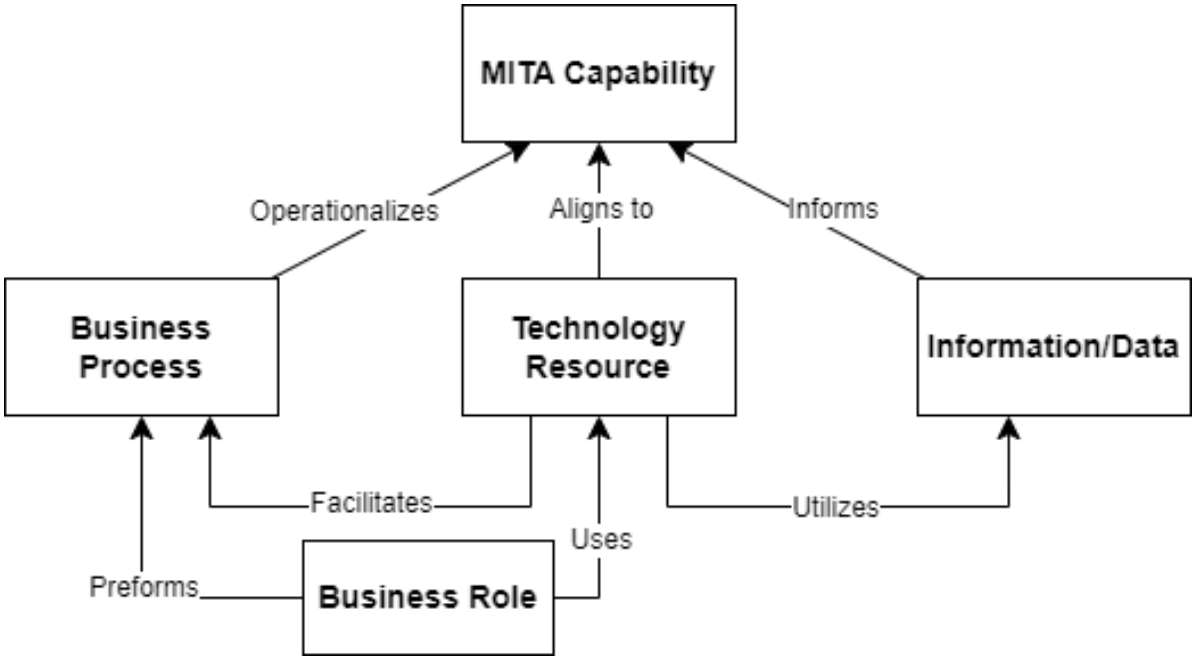
Key Definition

...a capability is defined as the ability or capacity of a SMA to achieve a desired outcome...

To fully define a business capability, it is essential to understand how it is realized through the integration of people, processes, information, and technology resources of an SMA. While these elements of the capability can change regularly, the capability itself is should endure over longer planning horizons, supporting the long-term alignment of business and IT and the achievement of increasingly beneficial business outcomes.

Structure of the MITA Capability Model

As depicted in the model below, the MITA Capability Model orients the people, process, technology, and information resources to define a MITA Capability. This means that to model a capability the appropriate components of the information architecture and the technical architecture must be brought together with the business architecture to fully formulate any MITA Capability.



Business Roles

Business roles represent individual actors, stakeholders, or partners involved in delivering a business capability. A single organizational group or team may be wholly responsible for delivering the capability, or multiple business entities may share the delivery of a particular business capability. Business Roles perform Business Processes using Technology Resources. They require skills and knowledge resources to achieve outcomes, and should be actively engaged as partners in the development or enhancement of any capability they help deliver.

Business Processes

Individual business capabilities may be enabled or delivered through a range of business processes that detail the activities (the how) associated with delivering the capability. Identifying and analyzing the efficiency of the underlying processes helps to optimize the business capability's effectiveness. Identifying the processes within a business capability provides a focus for maturing the capability in concert with the other capability components. Business Processes operationalize Business Capabilities.

Information/Data

Information/data represents the business data, knowledge, and insight consumed or produced by the business capability (as distinct from IT-related data entities). This may also include information that the capability exchanges with other capabilities to support the execution of value streams. Examples include information about customers and prospects, products and services, business policies and rules, sales reports, and performance metrics. Information/data inform the Business Capability, answering questions and supporting business rules.

Technology Resources

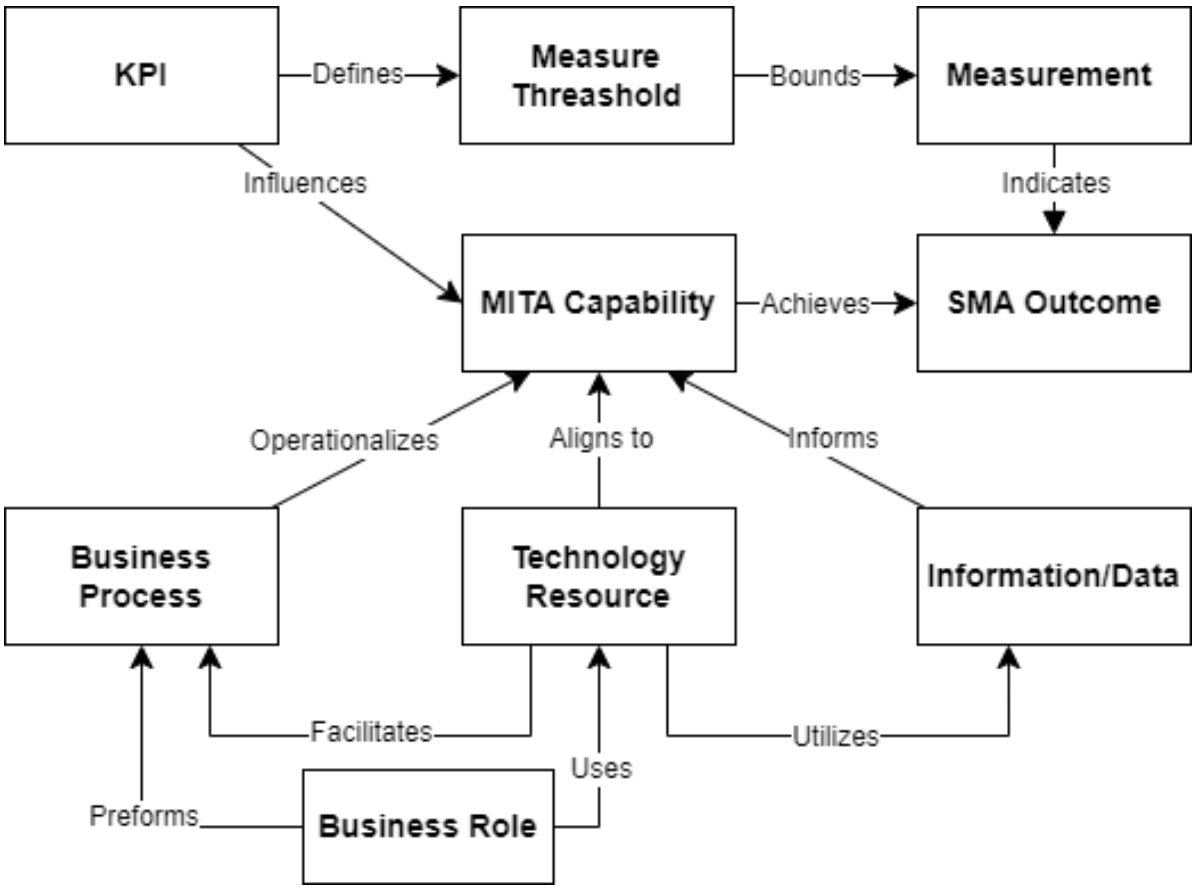
Business capabilities rely on a range of tools, applications, systems, and services for successful execution. Technology Resources use Information/data to facilitate Business Processes. Such resources may include:

- Modular software applications
- Cloud or on-premise infrastructure
- Microservices
- Analytics
- Customer portal

In this way we can clearly interrelate all of the MITA architecture models and their individual components which allows us to reveal gaps not only in the individual components of the architecture, but also understand their impact on the integration of the architecture components at the capability level.

Relationship of MITA Capabilities to Outcomes

In the context of the Medicaid Information Technology Architecture (MITA), outcomes are intrinsically linked to capabilities, as they represent the tangible results achieved through the effective integration and execution of various elements that constitute a capability. In this sense, outcomes and capabilities define each other.



Outcomes

MITA defines outcomes broadly to encompass CMS-required outcomes, state-specific outcomes, and other outcomes not mandated in outcome statements as part of the Advance Planning Document (APD) process. The sole criterion for an outcome to meet this definition is that it must be a goal of a State Medicaid Agency (SMA) and be achieved through a Medicaid Enterprise System (MES) capability.

Key Definition

A MITA outcome is a goal of a State Medicaid Agency (SMA) that is achieved by a Medicaid Enterprise System (MES) capability.

Key Performance Indicator

Key Performance Indicator (KPI) is a quantifiable metric used to assess the effectiveness and efficiency of capabilities within a Medicaid Enterprise System (MES). KPIs provide measurable values that help State Medicaid Agencies (SMAs) track progress toward achieving specific outcomes, such as CMS-required or state-specific goals. These indicators might include metrics like processing times, error rates, or compliance levels.

A KPI defines a measurement threshold by establishing a specific value or level that must be met or exceeded to demonstrate successful performance. For instance, a KPI might set a threshold for the maximum allowable processing time for claims, ensuring that they are handled within a specified timeframe to maintain compliance and eligibility for enhanced federal funding. By monitoring these thresholds, organizations can ensure they are meeting regulatory requirements and delivering high-quality services to beneficiaries, while also identifying areas for improvement.

Measure Threshold

A specific value or level of a Key Performance Indicator (KPI) that must be met or exceeded to demonstrate the effective achievement of a capability's intended outcome. This threshold serves as a benchmark for assessing whether the processes, roles, and resources integrated within a Medicaid Enterprise System (MES) are functioning optimally to meet the goals of a State Medicaid Agency (SMA). For example, a measurement threshold might be set for processing times, where claims must be processed within a certain number of days to ensure compliance with CMS-required outcomes and maintain eligibility for enhanced federal funding. By establishing and monitoring these thresholds, organizations can ensure they are meeting regulatory requirements and delivering high-quality services to beneficiaries.

Measurement

These outcomes and metrics are also used to ensure that healthcare systems or modules comply with applicable federal regulations, forming the baseline for system or module functionality. Achieving these outcomes is essential for continuing to receive enhanced federal funding for operations. Regular measurement and analysis of KPIs help organizations demonstrate compliance and effectiveness, ensuring that they meet regulatory requirements and continue to deliver high-quality services to beneficiaries.

In this way we can clearly interrelate all of the MITA architecture models and their individual components with the KPIs, thresholds, and measurements that indicate whether our capability achieves our desired outcome.

While models that help conceptualize the capabilities that achieve CMS-required outcomes are the ones modeled for this version of MITA, SMAs are encouraged to use these models as a reference to model capabilities.

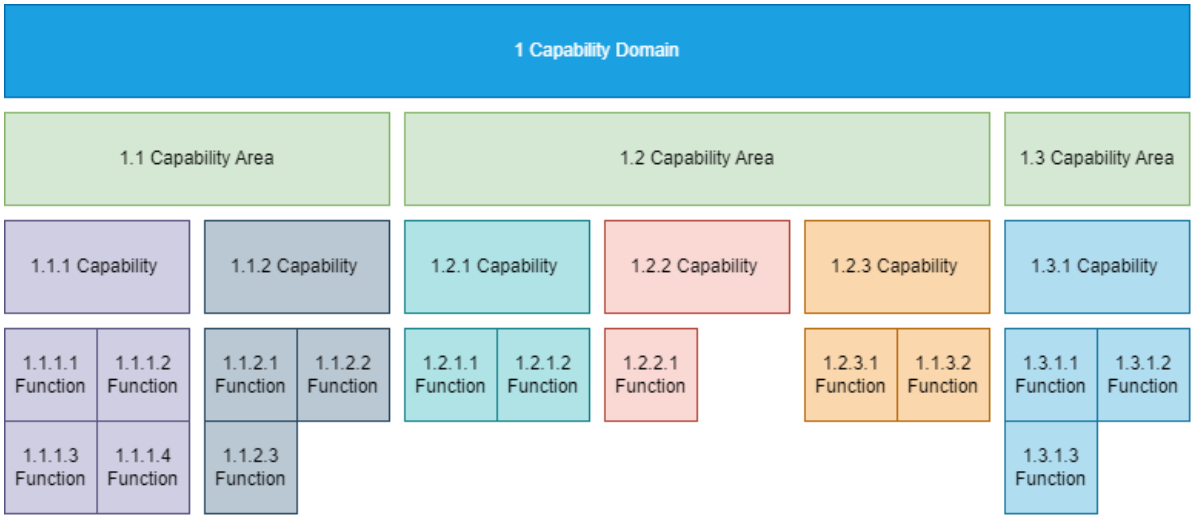
Capability Mapping

Capability mapping is a strategic tool that enables organizations, such as State Medicaid Agencies (SMAs), to systematically identify, organize, and visualize the key capabilities necessary to achieve their objectives. Within the MITA framework, capability mapping provides SMAs with a method of developing comprehensive views of the functions and processes required to deliver Medicaid services effectively. To begin the capability mapping process, SMAs should first identify the core capabilities that align with their strategic objectives, focusing on what the organization needs to achieve rather than how those goals are accomplished. This involves listing all necessary capabilities and understanding the desired outcomes they support. Next, these capabilities should be organized into domains and areas that reflect their strategic importance and interrelationships. Visualizing these capabilities through diagrams or maps helps stakeholders understand the roles, processes, technology resources, and information/data involved in executing each capability. This structured approach not only highlights areas for improvement or investment but also ensures that organizational efforts are strategically aligned with desired outcomes.

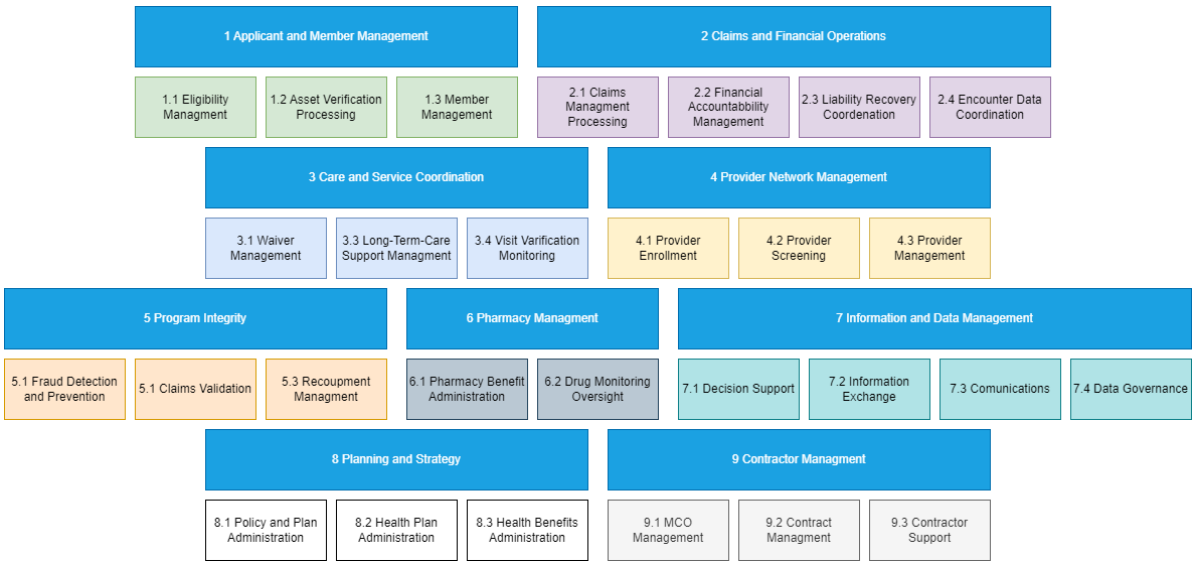
The benefits of capability mapping are multifaceted, offering SMAs a clear pathway to strategic alignment and gap analysis. By visualizing capabilities, organizations can identify operational gaps and determine what new or enhanced capabilities are needed to close those gaps. This visualization also improves communication among stakeholders by providing a clear and concise representation of the organization's functions. To refine capabilities, SMAs should analyze current operations, assess the efficiency of underlying processes, and optimize them to enhance capability effectiveness. Additionally, capability mapping serves as a foundation for heat mapping, which assesses the MITA Framework will utilize to visualize the maturity of each capability evaluated in the State Self-Assessment. SMAs can overlay heat maps over their capability maps to visualize many things other than maturity levels, using color coding to indicate areas of strength and weakness. Regular updates to these maps allow SMAs to monitor progress and ensure resources are allocated effectively to achieve strategic goals. The MITA framework includes examples of capability maps based on CMS-required outcomes, serving as a reference model for SMAs to develop their own capability maps tailored to state-specific goals and priorities. By leveraging the reference models provided by MITA, SMAs can ensure their capability mapping efforts are aligned with both federal requirements and state-specific priorities.

Organizing Capabilities

To enhance the resolution and detail of a capability and provide a unified view of all its components, a block diagram can be employed to provide a unified, common view of MES. This diagram effectively links the capability to business processes, roles, technical resources, and information resources through functional decomposition. By breaking down the capability into its constituent parts, the block diagram offers a visual representation that highlights the interrelationships and dependencies among these elements. This approach provides a clearer understanding of how each component contributes to the overall capability, facilitating more effective analysis, optimization, and alignment with organizational objectives.

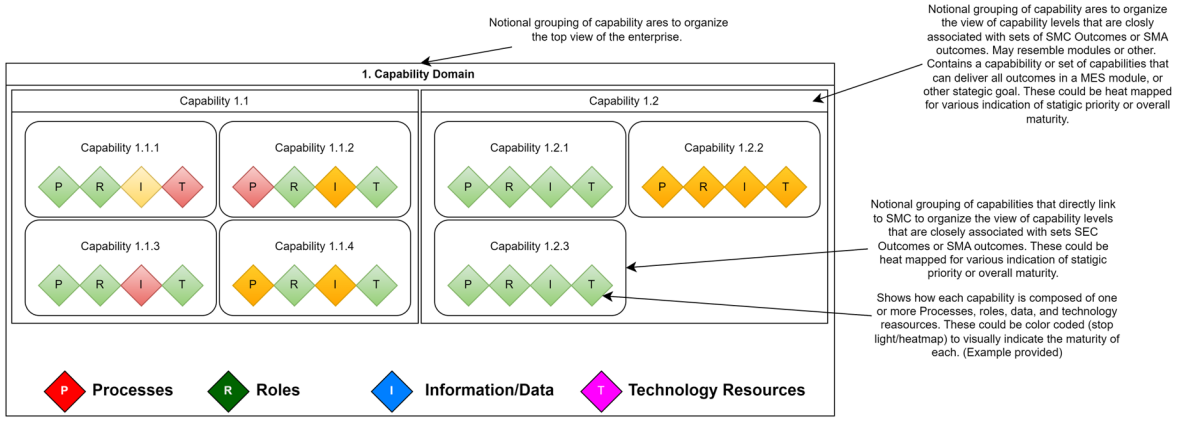


We use this same method to present an this top level view of the capabilities required to achieve CMS-required outcomes. From this view increasingly detailed models can be constructed.



MITA Capability Models

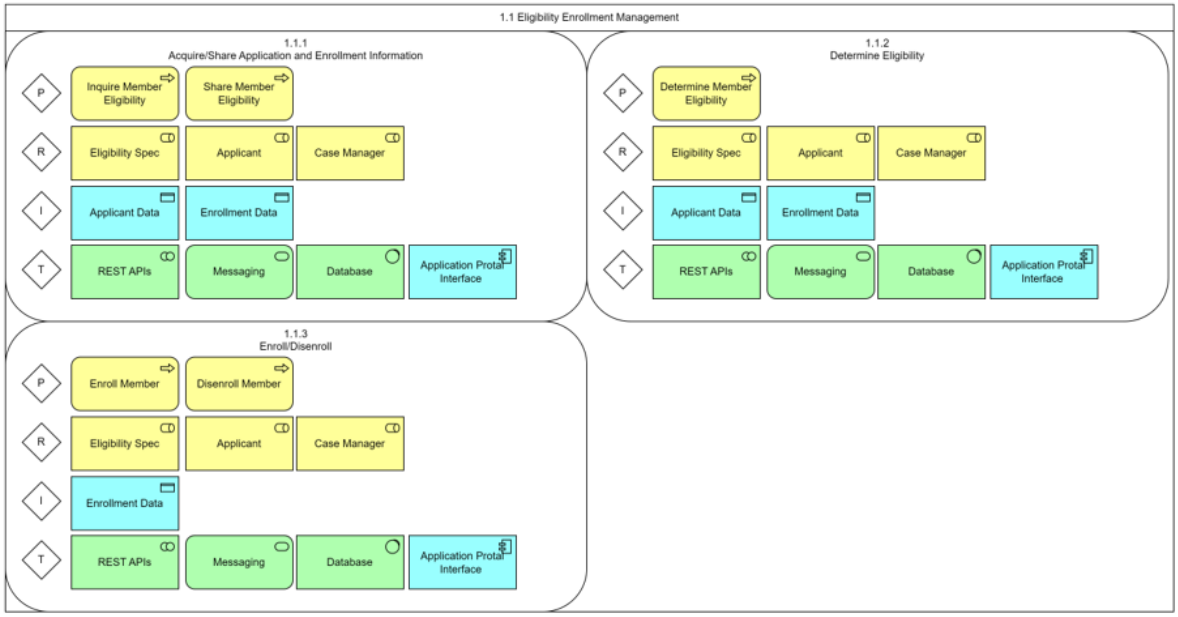
The MITA framework represents capabilities visually through a layered model that represent a capability of being composed of sub-capabilities and the processes, roles, information and technology resources (PRIT) that support the business in sustaining the capability. Each layer up depicts increasingly strategic capabilities and each layer down depicts the constituent elements that compose a capability in increasing operational detail. It is not the intention of this version of MITA to provide a full operational or tactical view of a capability, though SMAs may consider using this approach to improve their organizational awareness of their operations by developing further layers of their capabilities through functional decomposition.



- **Capability Domains:** The first layer of this model aims to group capabilities to organize the strategic view of an SMA's capabilities. In this view one or many capabilities

can be grouped within a domain to indicate the pursuit of common outcomes. Each domain is denoted with a single number to help annotate each capability.

- **Capability Areas:** The second layer of this model aims to provide a view of the groups of capabilities that compose a domain. They are organized to show capabilities that serve a specific group of similar outcomes and essential
- **Capabilities:** The third layer of this model provides a more detailed view view of



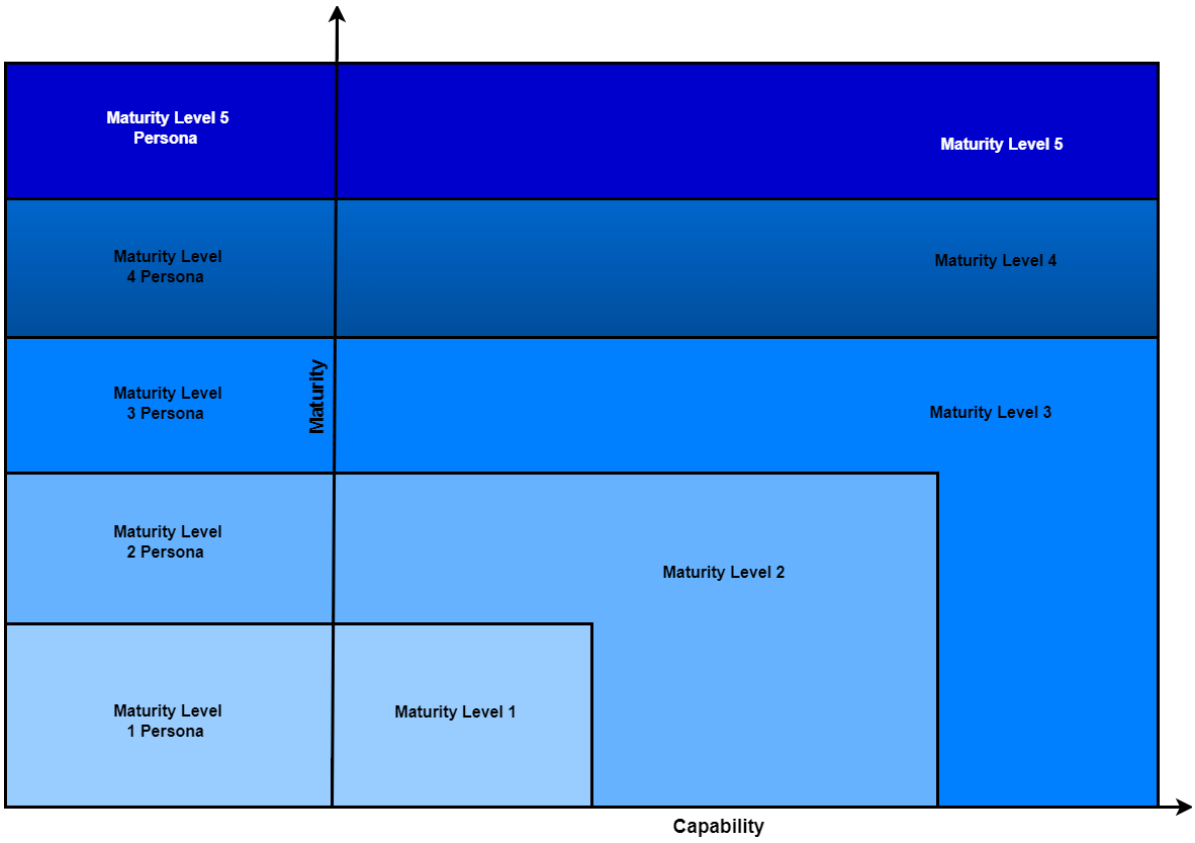
- **Capability Mapping**
  - Introduction to capability mapping and its significance
  - How capabilities are organized and detailed at various levels of abstraction

Relationship of MITA Capabilities to Maturity

> **Warning**
>
> Under development.

- **Strategic Planning and Improvement**
  - How the capability model aids in aligning capabilities with Medicaid Enterprise goals
  - Examples of improvements in efficiency and effectiveness
- **Levels of Maturity**

  - Description of the five levels of maturity in the MITA framework
  - How capabilities evolve and mature over time



Guidance on reuse of the MITA Capability Model

- **Practical Application**
  - How to integrate the capability model into daily operations and strategic planning
  - Tips for maximizing the benefits of the model
- **Continuous Improvement**
  - Encouragement for ongoing assessment and refinement of capabilities
  - Leveraging feedback and performance data for model enhancement
- **Implementation Guidance**
  - Steps for adopting the capability model
  - Resources and support available for SMAs

- **Performance Monitoring and Reporting**
  - Role of the capability model in tracking and enhancing performance
  - Use of metrics and standards to measure capability effectiveness

Maturity Model

State Self-Assessment

Business Architecture