Medicaid Information Technology Architecture

Your Name

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1 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 planning 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.

1.1 Standards and Conditions

The MITA framework plays an important role in helping states meet the standards and conditions outlined in Standards and Conditions within 42 CFR 433.112 required for enhanced federal financial participation (FFP) for Medicaid technology investments funded through an approved APD. By providing a structured approach to planning and development, MITA assists states in aligning their technology solutions with Medicaid business needs and federal requirements. It encourages the use of modular, flexible systems that promote interoperability and data sharing, ensuring that states can effectively coordinate with other health services and systems. MITA also guides states in preparing their Advanced Planning Document (APD) submissions, offering a roadmap to compliance and efficiency. This alignment not only facilitates adherence to federal standards but also supports states in achieving their Medicaid program goals more efficiently, effectively, and sustainably, optimizing adaptability and enhancing overall program administration.

1.2 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.

1.3 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.

2 Versions of MITA

— dev a change matrix showing dif between versions —

2.1 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.

Part I

Introduction to MITA 4.0

3

Why Adopt MITA?

The MITA Initiative provides significant benefits to Medicaid stakeholders, including the public, states, and the federal government.

Helping the Public

MITA helps the public by making it easier for people to access healthcare. MITA helps improve the quality of care and drives data for decision-making to improve health outcomes and public safety. It also makes Medicaid enterprise systems more efficient, reduces fraud, and saves money by using standardized practices and reusable tools.

Helping the States

MITA helps states by supporting Medicaid program management and health reform efforts. MITA promotes prevention and wellness through collaboration and aligning technology with Medicaid priorities to get the most out of investments and support national health initiatives.

Helping CMS

MITA helps the federal government by streamlining how CMS reviews state Medicaid IT plans, aligning with national health goals and making better use of resources. MITA enhances coordination across agencies to improve processes, inform decisions, and lower costs for developing systems.

4

How is MITA 4.0 Different?

MITA 4.0 builds on MITA 3.0 to support Medicaid's mission by helping states modernize their business processes and technology systems to improve the administration of their Medicaid programs. MITA 4.0 evolves and refines the MITA framework to better meet the changing needs of State Medicaid Agencies.

Click the image below to learn more:

5 MITA Capability Model

5.1 Model Objective

The MITA 4.0 Capability Reference Model is a key component of the MITA 4.0 Framework. The primary objective of the reference model is to support the alignment of capabilities across SMA's to enable leverage, reuse and interoperability across SMA's.

5.2 Model Definition

A capability is defined as an ability that an SMA possesses or seeks to develop to achieve its goals and meet its desired outcomes. It represents what the SMA can do without attempting to explain how, why or where the SMA uses the capability. It may be an ability that may exist within the SMA today or be required to enable a new direction or reach a new desired outcome. Each capability is composed of the following: • Outcomes – The definition of the desired outcomes that require the capability to be achieved. • Roles – The individual roles that are responsible for providing the capability. • Business Processes – The business processes that are performed to deliver the capability. • Information – The information and the data management capabilities that are needed to deliver the capability. • Technology – The technology that is used to automate the capability.

5.3 MITA 3.0 vs. MITA 4.0 Capabilities

MITA 3.0 defines capabilities as the competence of an individual, organization or system to perform a function or process. The MITA 4.0 framework changes the definition of a capability to not include the concept of competence. The capability in MITA 4.0 focuses only on the ability that an SMA possesses or seeks to develop, agnostic of how well the SMA performs that capability. The purpose of the state self-assessment (SS-A) in MITA 4.0 is to assess the maturity of the capability and how well the SMA performs the capability based on the outcomes, roles, business processes, information and technology that an SMA has defined and implemented to support that capability. The MITA 4.0 capabilities are closely aligned to the following concepts in MITA 3.0: • MITA 3.0 Business Areas and Categories • Technical Service Areas and Classifications

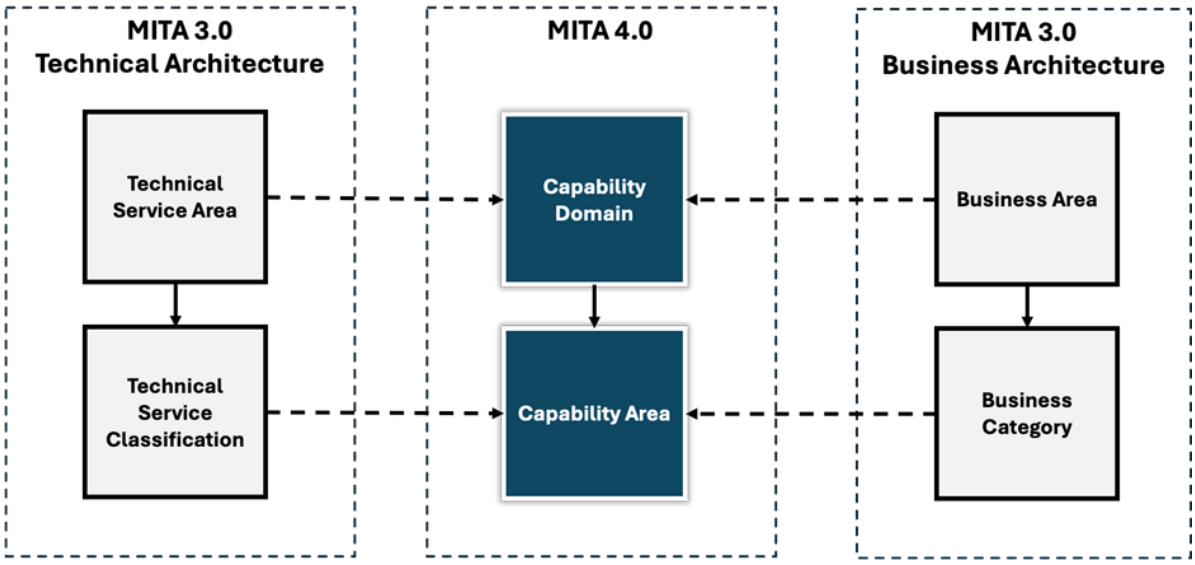


Figure 5.1: MITA 4.0 vs. MITA 3.0 Capabilities

5.4 Model Structure

A capability reference model is an abstract framework that defines concepts used for grouping capabilities that share a common meaning. It is used to establish a shared definition of capability concepts that cross organizational boundaries and helps to identify opportunities for sharing, leveraging and reuse. The MITA 4.0 Capability Reference Model is designed to identify the key capability concepts that are needed to support the Medicaid Program and achieve the goals and outcomes established for MITA 4.0. The MITA 4.0 Capability Model is grouped into (2) levels including: • Capability Domain - High-level capability used to group common capabilities • Capability Area – Detailed capabilities that decomposes the capability domain into sub-capabilities that can be used by SMA's to classify their capabilities. There are one to many distinct Capability Areas for each Capability Domain. Each Capability Area can have one to many distinct Capabilities defined within it .

5.5 Model Application

SMA's will use the MITA 4.0 Capability Reference Model to classify their own capabilities. The MITA 4.0 Capability Reference Model provides SMA's the freedom to define their capabilities based on their own state-specific needs. The SMA's should use the capability domains and areas in the reference model to classify their state-specific capabilities. Using the reference model enables alignment of capabilities across SMA's and enables states and CMS the ability

to do the following: • Identify opportunities to collaborate, leverage and reuse. • Consistently assess and report capability maturity.

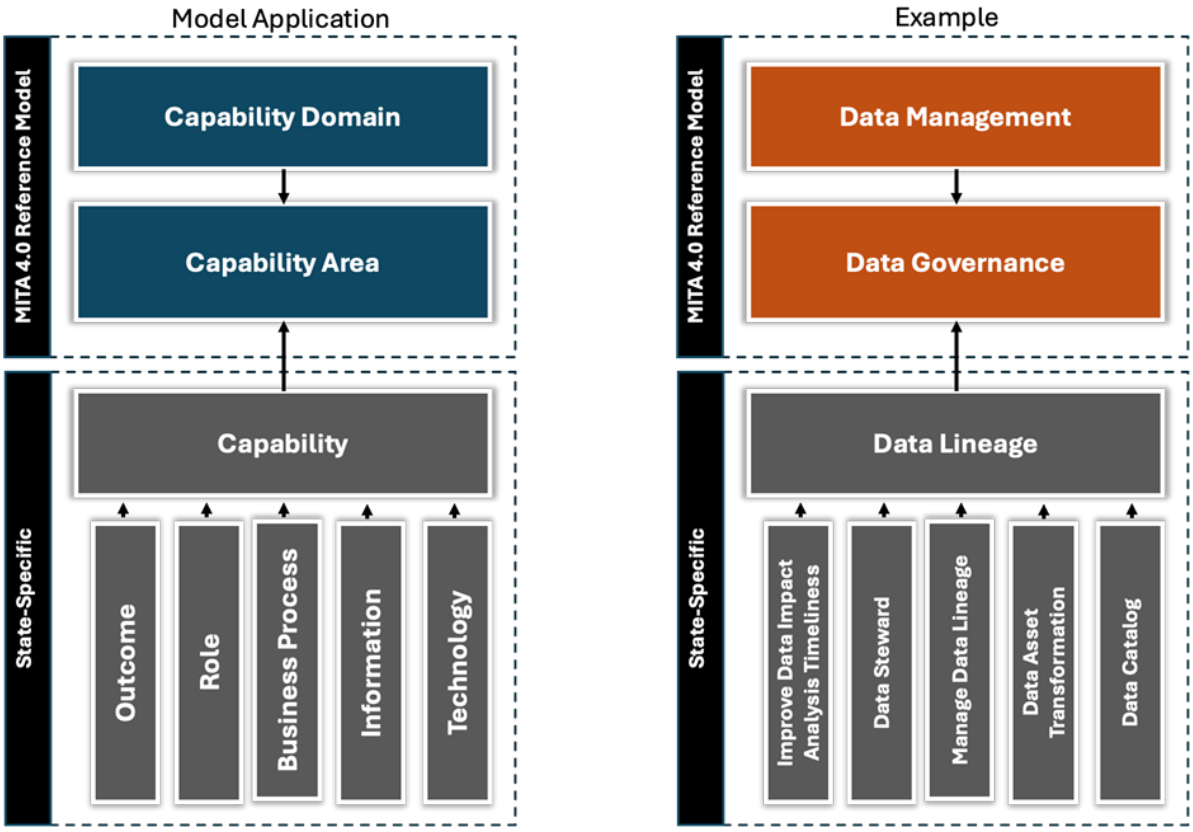


Figure 5.2: MITA 4.0 Reference Model Application Example

5.6 Model Contents

The capability domains identified in the MITA 4.0 Capability Reference Model are organized into (3) distinct groups including: • Strategic – Identifies capabilities that an SMA possesses or seeks to develop that enable them to establish and maintain its enterprise strategy. • Core – identifies capabilities that an SMA possesses or seeks to develop that enable them to meet its mission and achieve its desired outcomes. • Support – Identifies capabilities that an SMA possesses or seeks to develop that are not specific to its mission but are critical for the core and strategic capabilities.

5.6.1 Purpose

> **Note**
>
> 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.

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.

5.6.2 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.

5.6.3 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.

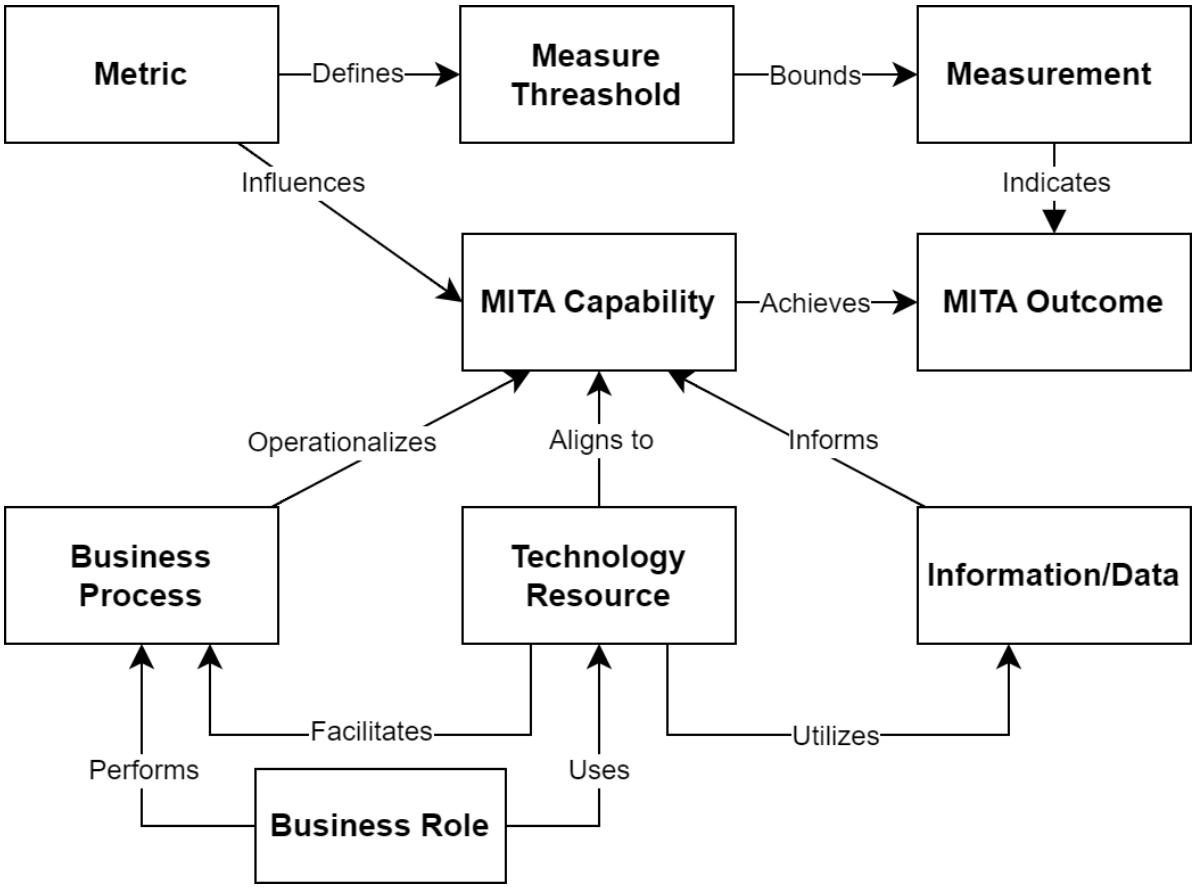


Figure 5.3: MITA Capability and Outcome Relationship Diagram

5.6.3.1 Outcomes

MITA defines outcomes broadly to encompass CMS-required outcomes, state-specific outcomes, and other outcomes not mandated 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.

5.6.3.2 Measure

Measure is a quantifiable metric used to assess the effectiveness and efficiency of capabilities within a Medicaid Enterprise System (MES). Measures provide quantifiable and qualitative 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.

Measures are 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.

5.6.3.3 Measure Threshold

A specific value or level of a measure 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.

5.6.3.4 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.

5.7 Capability Mapping

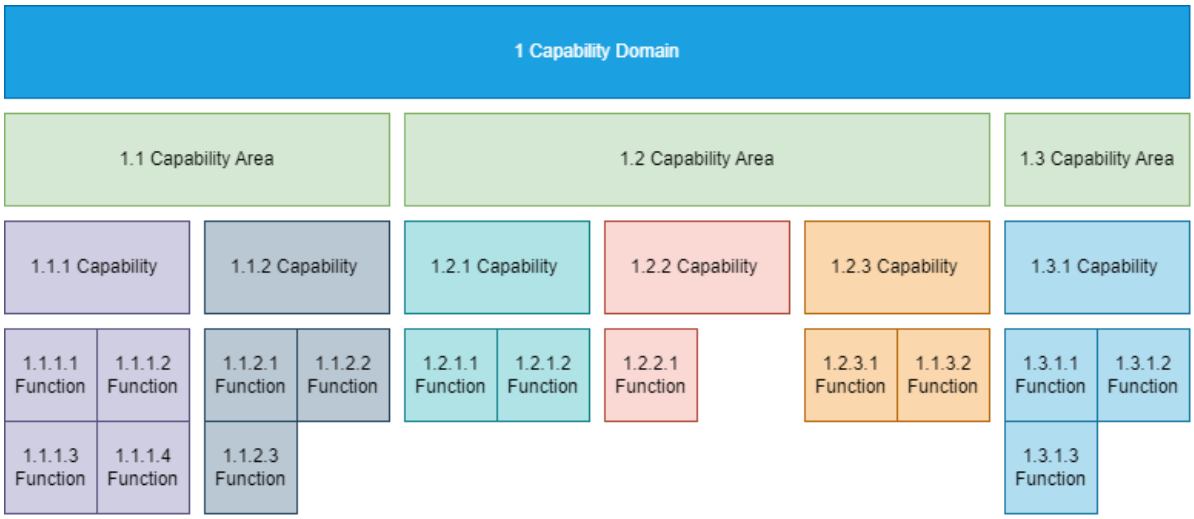
Capability mapping is a strategic tool that enables organizations, such as State Medicaid Agencies (SMAs), to systematically identify, organize, and visualize the key capabilities necessary to achieve their objectives. Within the MITA framework, capability mapping provides SMAs with a method of developing 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 provides all stakeholders a common view to understand the roles, processes, technology resources, and information/data involved in executing each capability, as well as the outcome each capability is designed to achieve. 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

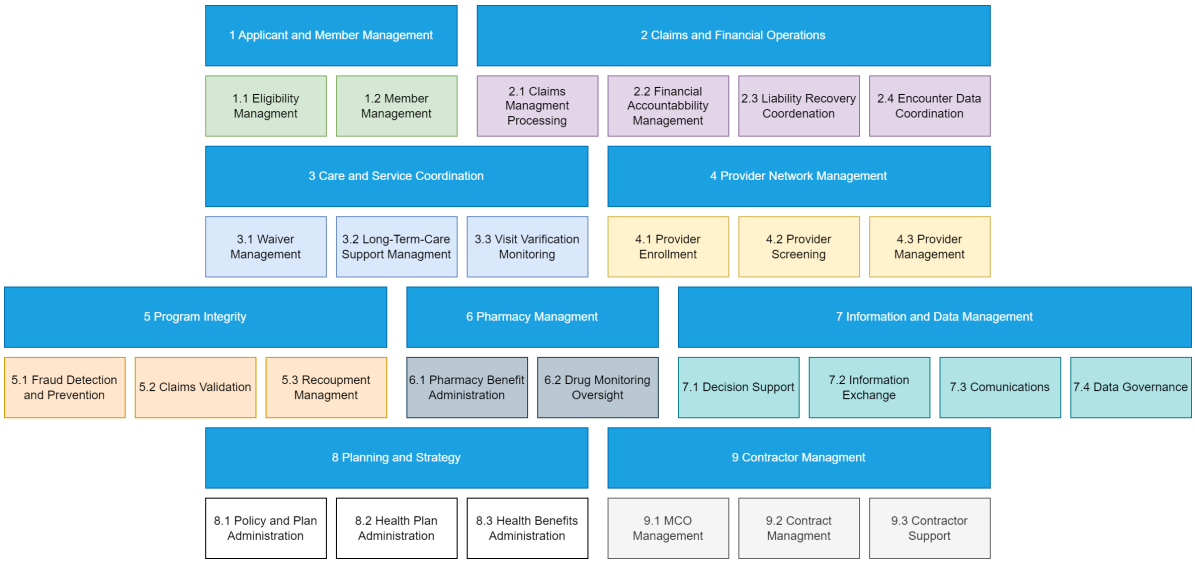
their capability mapping efforts are aligned with both federal requirements and state-specific priorities.

5.7.1 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 common view of any 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.

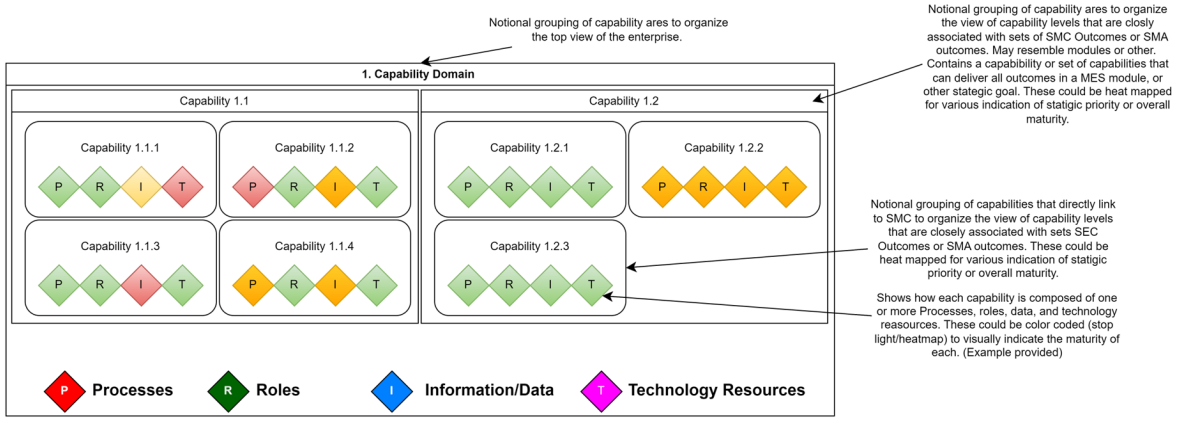


We use this same method to present an this top level view of the capabilities required to achieve CMS-required outcomes. From this view increasingly detailed models can be constructed.



5.7.2 MITA Capability Models

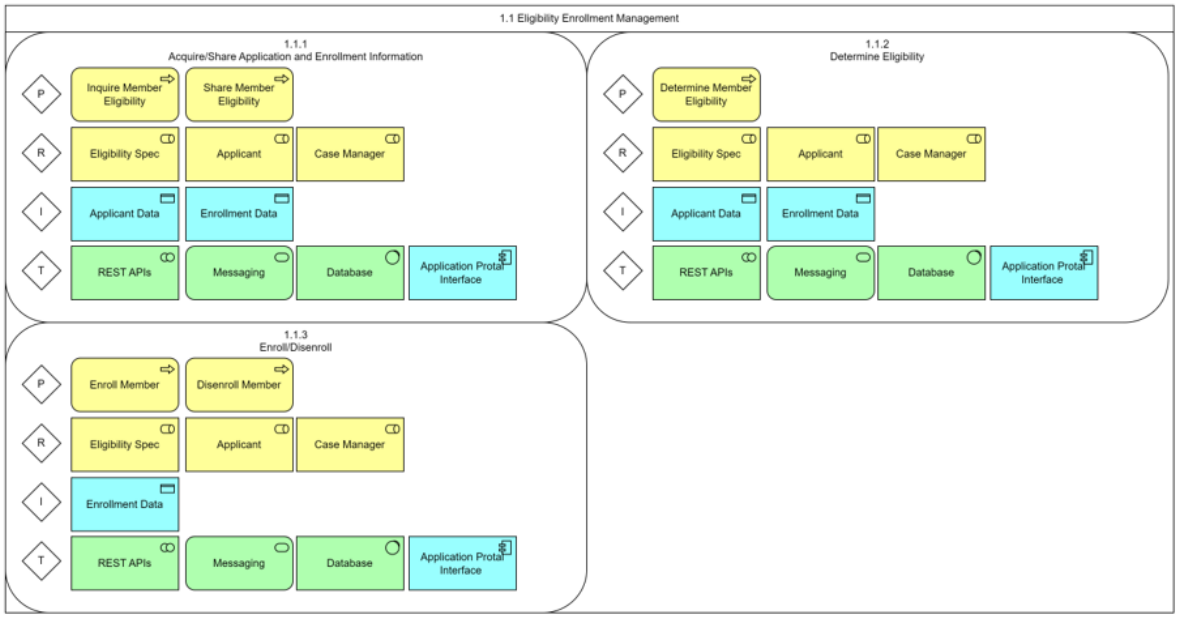
The MITA framework represents capabilities visually through a layered model that represent a capability of being composed of sub-capabilities and the processes, roles, information and technology resources (PRIT) that support the business in sustaining the capability. Each layer up depicts increasingly 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.

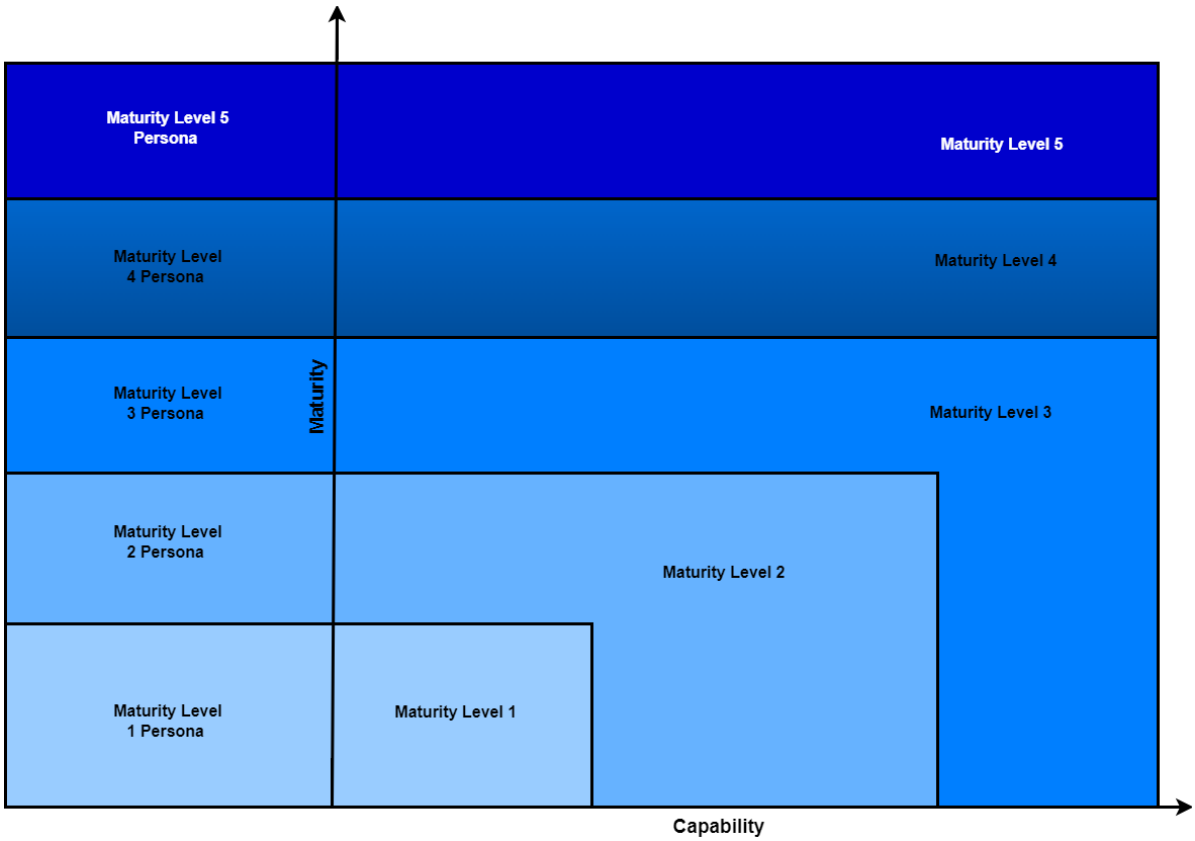
  - **Capability Areas:** The second layer of this model aims to provide a view of the groups of capabilities that compose a domain. They are organized to show capabilities that serve a specific group of similar outcomes and essential
  - **Capabilities:** The third layer of this model provides a more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



5.7.3 Relationship of MITA Capabilities to Maturity

> **Warning**
>
> Under development.

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



5.7.4 Using Capability Maps for Heat Mapping Strategic Priorities and Identifying Gaps with the MITA Maturity Model

Capability maps are powerful tools that not only provide a visual representation of an SMA's key capabilities but also serve as a foundation for strategic analysis and planning. There are many approaches to heat mapping capabilities, each offering unique insights into organizational priorities and gaps. Here, we describe two approaches: assessing maturity levels using the MITA Maturity Model and prioritizing strategic outcomes.

5.7.4.1 Identifying Gaps with the MITA Maturity Model

The MITA Maturity Model provides a framework for assessing the maturity of an organization's capabilities across various dimensions, such as business processes, information, and technology. By integrating the maturity model with capability maps, SMAs can identify gaps between their current state and desired maturity levels.

5.7.4.1.1 Example 1: Identifying Gaps in Data Management Maturity Using the PRIT Model

An SMA is conducting an assessment of its data management capabilities using the MITA Maturity Model, with a focus on the PRIT (Processes, Roles, Information, and Technology) framework. The capability map includes various data-related capabilities, such as "Data Integration," "Data Quality Management," and "Data Analytics." Each of these capabilities is evaluated across the PRIT dimensions to determine their maturity levels using the revised scale:

Processes: Level 1: Ad-Hoc Roles: Level 2: Compliant Information: Level 2: Compliant Technology: Level 2: Compliant The capability map is updated to reflect the maturity assessment, with each dimension marked with a color code: red for Level 1: Ad-Hoc, yellow for Level 2: Compliant, green for Level 3: Efficient, blue for Level 4: Optimized, and purple for Level 5: Pioneering. This visualization helps the SMA prioritize strategic actions to enhance the "Data Integration" capability, such as standardizing processes, refining roles, improving data quality, and upgrading technology.

5.7.4.2 Heat Mapping Strategic Priorities

Heat mapping involves applying a color-coded overlay to a capability map to visually represent the status or priority level of each capability. This technique can be used to highlight areas of strength, weakness, or strategic importance. For example, capabilities that are critical to achieving CMS-required outcomes might be marked in one color, while those needing immediate attention or improvement could be marked in another. This visual representation helps stakeholders quickly grasp the strategic landscape and make informed decisions about where to allocate resources and focus efforts.

5.7.4.2.1 Example 2: Prioritizing Capabilities for CMS-Required Outcomes

An SMA is focused on achieving specific CMS-required outcomes related to improving patient care and reducing administrative costs. The agency creates a capability map that outlines all the capabilities necessary to meet these outcomes. By applying a heat map, the SMA highlights capabilities that are directly linked to these outcomes in green, indicating they are of high strategic priority. Capabilities that are indirectly related or less critical are marked in yellow, while those that are currently underperforming or not aligned with strategic goals are marked in red.

This visual representation allows the SMA to quickly identify which capabilities require immediate attention and resources to ensure compliance with CMS requirements. For instance, if the capability related to "Claims Processing Efficiency" is marked in red, the agency can prioritize initiatives to enhance this capability, such as investing in new technology or streamlining processes.

5.7.4.3 Other Uses for Capability Heat Mapping

Beyond assessing maturity levels and prioritizing strategic initiatives, capability heat mapping can be applied in various other contexts to enhance organizational effectiveness and alignment.

5.7.4.3.1 Example 3: Aligning Capabilities with State-Specific Initiatives

An SMA is working on a state-specific initiative to enhance telehealth services for rural populations. The capability map includes capabilities related to telehealth, such as "Telehealth Infrastructure," "Provider Engagement," and "Patient Access." The SMA uses a heat map to highlight these capabilities in blue, indicating their alignment with the state-specific initiative.

By analyzing the capability map, the SMA identifies that "Provider Engagement" is a critical capability that requires further development to support the telehealth initiative. The agency decides to invest in training programs and outreach efforts to engage providers in rural areas, ensuring that the telehealth services are effectively delivered to the target population.

These examples demonstrate how capability maps, combined with heat mapping and the MITA Maturity Model, can provide valuable insights for strategic planning and gap analysis. By visualizing priorities and maturity levels, SMAs can make informed decisions about where to focus resources and efforts, ultimately enhancing their Medicaid Enterprise Systems and achieving strategic objectives.

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

5.8 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

6 ORBIT Overview

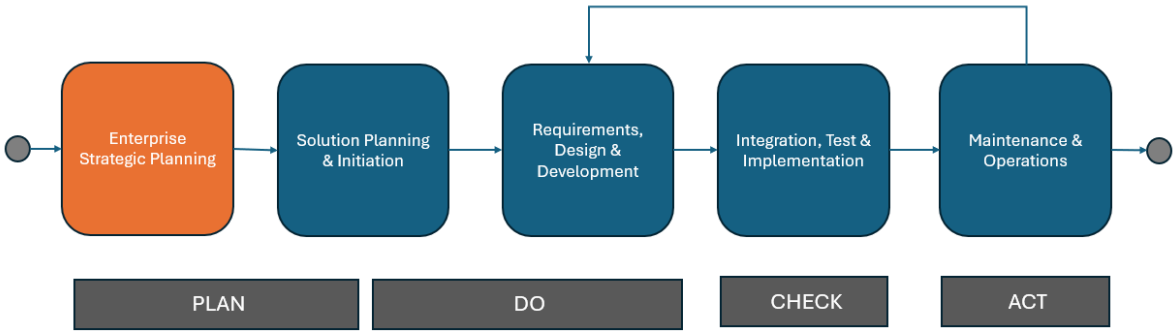
Placeholder content for ORBIT overview.

Part II

Part III

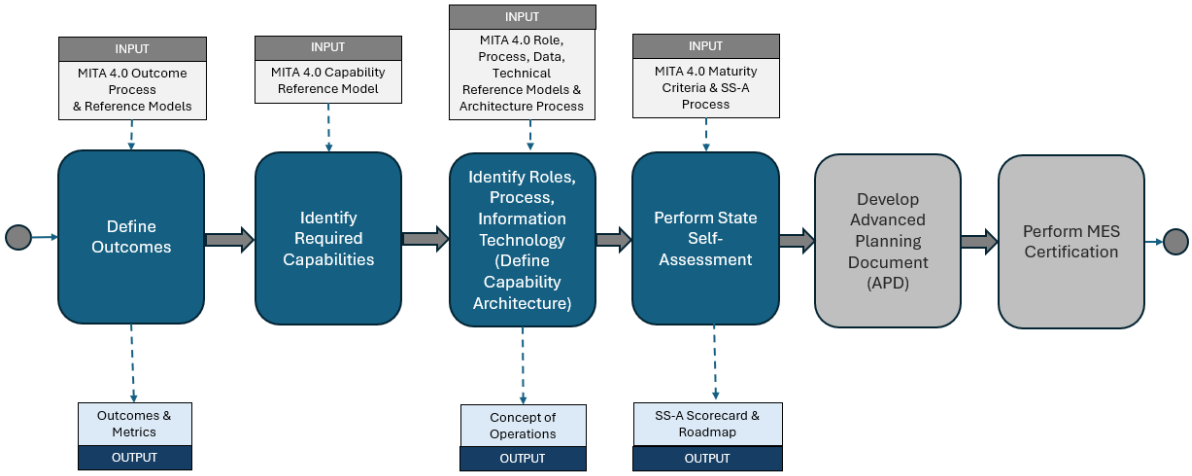
MITA 4.0 Process

7 Solution Planning Lifecycle



Placeholder content for Solution Planning overview.

7.1 MITA 4.0 Enterprise Strategic Planning



Placeholder content for Enterprise Strategic Planning overview.

8 Output of Outcomes Based Planning

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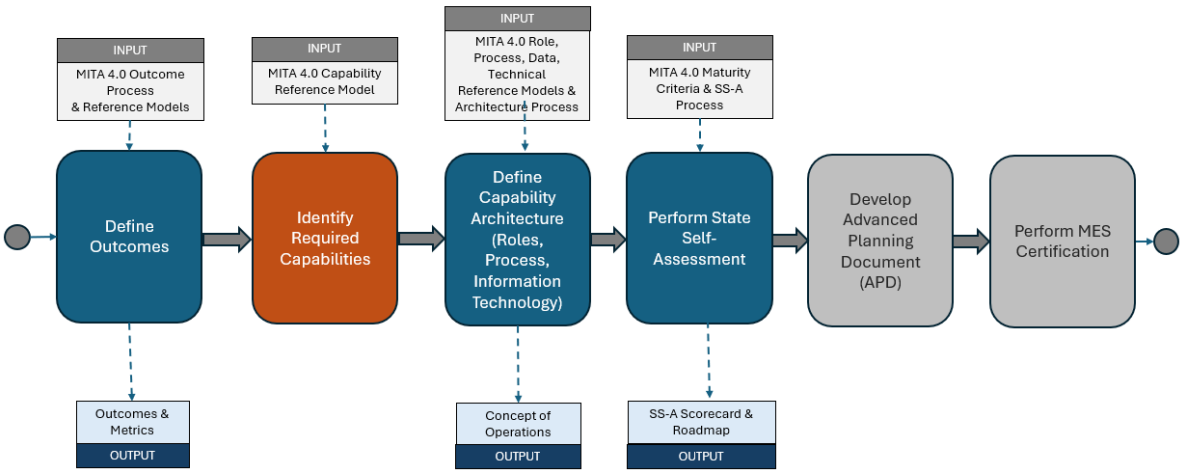
9 Step 2: Identify Capabilities



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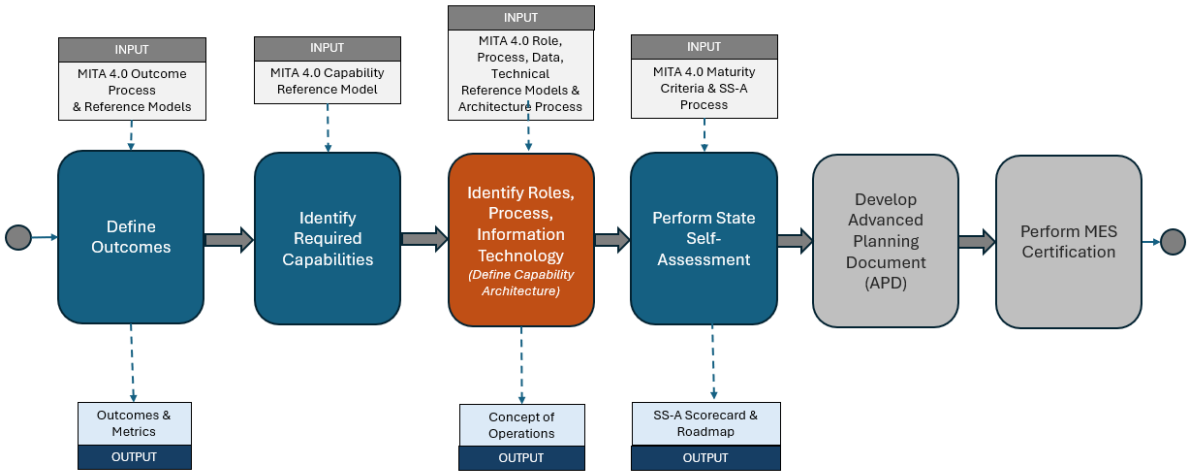
10 Step 3: Identify Roles, Process, Information, Technology

11 Define Capability Architecture



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13 Step 5: Assess Maturity

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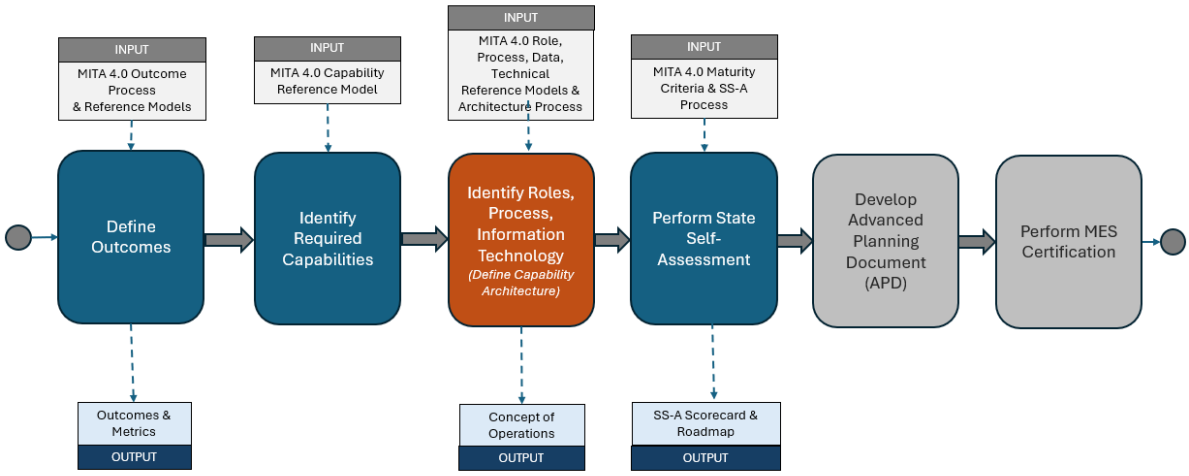
14 Assess Maturity



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Part IV

Part V

MITA 4.0 Companion Guide

16 Overview

16.1 Purpose

TBD

16.2 Reference(s)

TBD

16.3 Audience

The primary audience for this document includes but is not limited to:

- MITA 4.0 NextGen Members
- MITA 4.0 SS-A Workgroup Members
- MITA Governance Board
- MESC MITA 4.0 Workshop Participants

17 Introduction

17.1 Enterprise Architecture Introduction

17.1.1 Business Architecture Introduction

TBD

17.1.2 Information Architecture Introduction

IA Purpose

IA describes a logical architecture for the Medicaid Enterprise. The primary objectives of an IA are below:

- Align information requirements with Medicaid Enterprise vision and direction.
- Improve system effectiveness.
- Facilitate growth and innovation.
- Lower overall life cycle costs.
- Enable interoperability and data sharing.

This architecture provides a description of the information strategy, architecture, and data. These descriptions are necessary so that States can use them as guidelines to define the common data needs that will enable the future business processes of their State Medicaid Enterprises.

IA Scope

It is imperative for the States to review the Business and Information Architectures together. The MITA IA is a set of information system requirements, derived from the BA and fulfilled by the IA, connecting and aligning these two architectures. They are different views of the integrated enterprise architecture.

Just as the BA business model has sub-groupings of business processes called business areas, the IA models have sub-groupings of information called subject areas. The generic term that MITA uses to describe a business area or subject area is *domain*. These sub-groupings allow a portion of the model to be viewable as a whole, or the entire model to be viewable at an overview level, thereby eliminating some complexity involved in understanding a large model. All business areas or domains will align across BA and IA (e.g., the Provider Management business area

aligns with the Provider domain in the information model). Each domain supports the others and properly aligns at each major system deployment to minimize redundancy and overlap.

Roles

Information architects are responsible for first understanding the BA and then creating and maintaining the IA in alignment with the BA. Solution architects, guided by the information and technical architectural methodologies, work with the business and information architects to maintain this alignment throughout the project. This cooperation continues through full deployment and ongoing operations.

As States evolve and begin aligning their technology with MITA, they will see a shift from traditional siloed methodologies to an enterprise approach that includes other health and human service-related systems. This shift results in the engagement of interoperability concepts to replace outdated data warehouse and data distribution methods with data sharing and Cloud Computing concepts.

17.1.3 Technical Architecture Introduction

TBD

17.2 Goals

Establish a simplified common enterprise architecture framework that SMA's can use to support the following:

- Ensure that all SMA's speak a common language
- Avoid lock-in to proprietary solutions by standardizing on open methods for enterprise architecture
- Save time and money, and utilize resources more effectively
- Achieve demonstrable Return on Investments (ROI)
- Provide a holistic view of an organizational landscape
- Act as a modular scalable framework that enables organizational transformation
- Enable organizations of all sizes across all industries to work off the same standard for enterprise architecture

17.3 Outcome

Provide guidance to SMA's on how to identify the roles, business processes, information and technology needed to support SMA capabilities to meet desired outcomes.

17.4 Principles

TBD

17.4.1 Business Architecture Principles

TBD

17.4.2 Information Architecture Principles

Data is an Asset
Statement: Data is an asset that has value to the enterprise and is managed accordingly.
Rationale: Data is a valuable corporate resource; it has real, measurable value. Accurate, timely data is critical to accurate, timely decisions.

Data is Shared and Fit for Use
Statement: Users have access to the data necessary to perform their duties; therefore, data is shared across enterprise functions and organizations.

Data is Accessible
Statement: Data is accessible for users to perform their functions.

17.4.3 Technical Architecture Principles

TBD

18 Develop Capability Architecture Process

18.1 Define Architectural Approach

18.1.1 Define Business Architecture Approach

TBD

18.1.2 Define Information Architecture Approach

Purpose
The Define Information Architecture Approach business process defines the activities undertaken by State Medicaid Agency (SMA) to define the information architecture reference models, viewpoints and tools that will be used to describe the information architecture for a specific capability.

Objectives

- Identify the Information Architecture Reference Models and Viewpoints to best meet the SMA's desired outcomes
- Select the tools that will be used to develop the information architecture views

Key Inputs

- SMA Outcomes
- Capability Definition
- Capability Stakeholder Roles Identified

Key Outputs

- Information Architecture Reference Models
- Information Architecture Viewpoints
- Information Architecture Modeling Tool

Roles & Responsibilities

Role	Responsibility
Data Owner	Accountable
Data Steward	Consulted
Data Architect	Responsible

Steps

1. Select required MITA and SMA specific viewpoints
2. Determine overall modeling process
3. Identify required catalogs of data building blocks
4. Identify required matrices
5. Identify required diagrams
6. Identify types of requirements to be collected
7. Select required MITA and SMA specific reference models
8. Select required information architecture modeling tools

18.2 Develop Baseline Capability Architecture

18.2.1 Develop Baseline Capability Business Architecture

TBD

18.2.2 Develop Baseline Capability Information Architecture

TBD

18.2.3 Develop Baseline Capability Technical Architecture

TBD

18.3 Define Target Capability Architecture

18.3.1 Develop Target Capability Business Architecture

TBD

18.3.2 Develop Target Capability Information Architecture

TBD

18.3.3 Develop Target Capability Technical Architecture

TBD

18.4 Align Architecture & Compile Concept of Operations

TBD

18.5 Perform Gap Analysis

18.5.1 Perform Business Architecture Gap Analysis

TBD

18.5.2 Perform Information Architecture Gap Analysis

Purpose
The Perform Information Architecture Gap Analysis process defines the activities undertaken by the SMA to identify the gaps between the baseline and target capability information architecture.

Objectives

- Define information architecture requirements and expectations for the SMA to achieve their desired outcomes

Key Inputs

- Baseline Capability Information Architecture Views

- Baseline Capability Information Architecture Maturity Scores
- Target Capability Information Architecture Views
- Target Capability Information Architecture Maturity Scores

Key Outputs

- Gap Analysis Results
- Information Architecture Requirements

Roles & Responsibilities

Role	Responsibility
Data Architect	Responsible
Data Steward	Consulted
Data Owner	Accountable
Data Governance Committee	Consulted

Steps

1. Compare baseline data dictionary to target data elements and identify gaps and reuse opportunities.

2. Compare baseline data governance roles to target data governance roles and identify gaps and reuse opportunities.

3. Compare baseline reports and measures to target reports and measures and identify gaps.

4. Compare baseline reference data to target reference data and identify gaps.

5. Compare baseline data validation rules to target data validation rules and identify gaps.

6. Use target data quality measures to assess the quality of the data and identify gaps.

7. Identify potential data sources and standards.

8. Compare baseline to target information architecture maturity and identify gaps and opportunities.

9. Develop information architecture requirements to fill gaps.

19 Using the Capability Architecture

19.1 Using the Capability Business Architecture

TBD

19.2 Using the Capability Information Architecture

The IA provides a conceptual and logical view of all of the data commonly used throughout the Medicaid Enterprise. It describes the integrated information requirements of the Medicaid Enterprise using general data objects and relationships.

Key points

- Architecture is the primary tool for strategic planning, communicating information requirements, implementing integrated systems, and providing an integrated information strategy.
- The Medicaid Enterprise data model layer connects reusable business concepts to application-level views of enterprise data through generalized content.
- States use the Logical Data Model (LDM) to build Logical Application Data Models, including state-specific adaptations and extensions.
- Architects build application data models at both logical and physical abstraction levels and reuse data objects defined at the enterprise level, ensuring common keys, attributes, and definitions.
- The IA guides States in selecting a data management strategy that supports interoperability, data sharing, and cloud-based solutions.

19.3 Using the Capability Technical Architecture

TBD

20 MITA 3.0 vs. 4.0 Architecture Development Process

20.1 Seven Standards and Conditions

TBD

20.2 Appendix A

TBD

Part VI

Part VII

MITA Reference Models

21 MITA Capability Model

Placeholder content

22 Core Capabilities

Placeholder content

23 Strategic Capabilities

Placeholder content

24 Support Capabilities

Placeholder content

25 Role Reference Model

Placeholder content

26 Business Reference Model

Placeholder content for Business Reference Model.

27 MITA Capability Model

27.1 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.

27.1.1 Purpose

> **Note**
>
> 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.

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.

27.1.2 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.

27.2 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 in compliance with 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.

27.2.1 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.

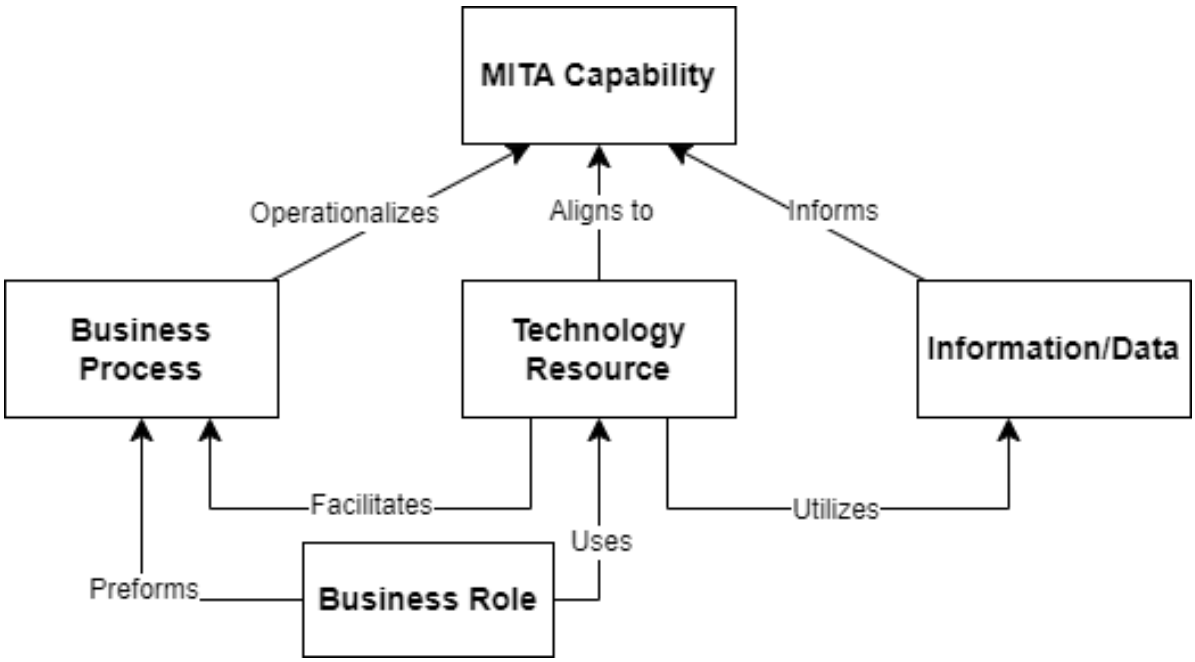


Figure 27.1: MITA Capability Relationship Diagram

27.2.1.1 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.

27.2.1.2 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.

27.2.1.3 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.

27.2.1.4 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.

27.2.2 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.

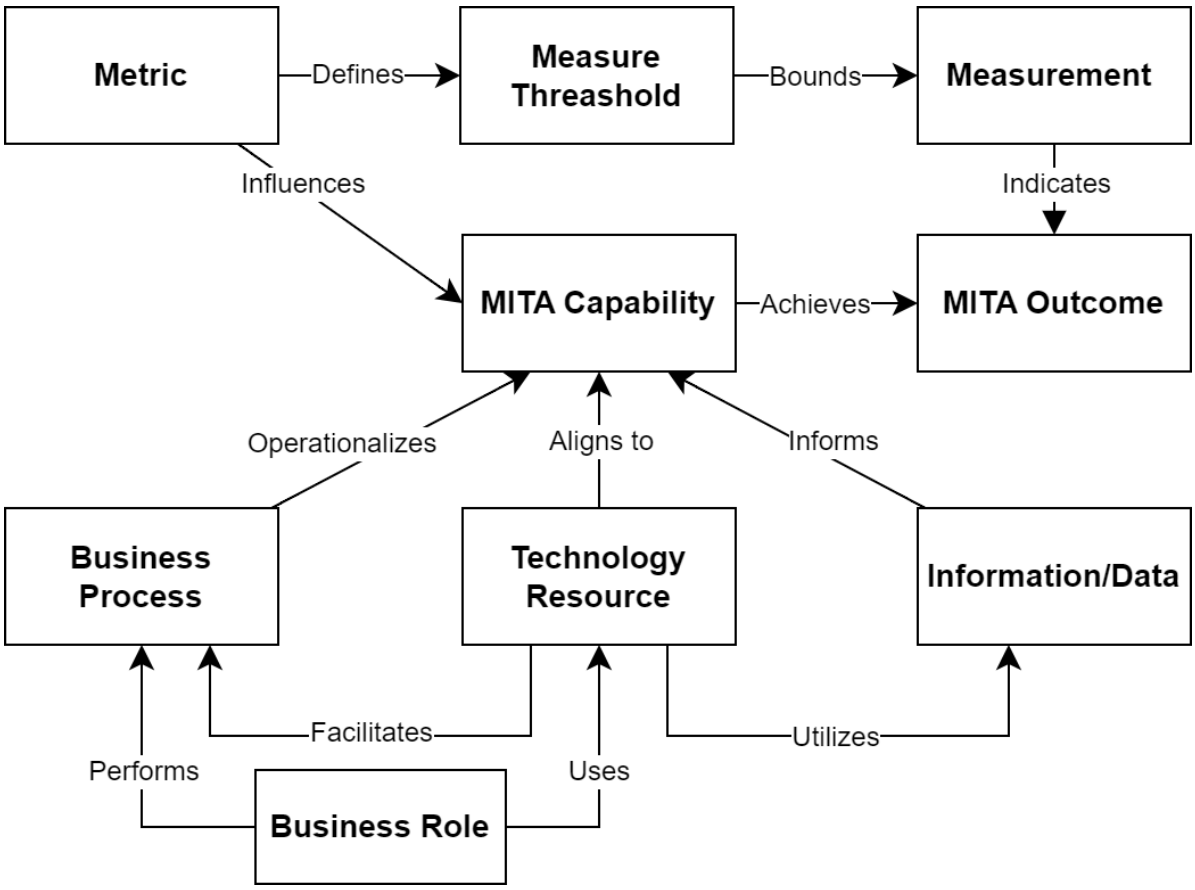


Figure 27.2: MITA Capability and Outcome Relationship Diagram

27.2.2.1 Outcomes

MITA defines outcomes broadly to encompass CMS-required outcomes, state-specific outcomes, and other outcomes not mandated 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.

27.2.2.2 Measure

Measure is a quantifiable metric used to assess the effectiveness and efficiency of capabilities within a Medicaid Enterprise System (MES). Measures provide quantifiable and qualitative 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.

Measures are 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.

27.2.2.3 Measure Threshold

A specific value or level of a measure 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.

27.2.2.4 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.

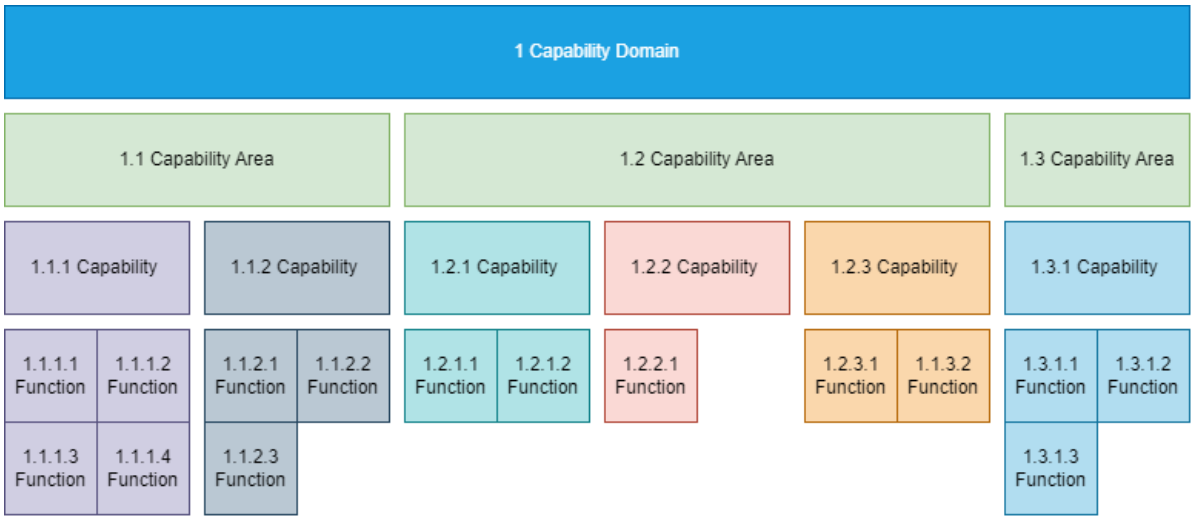
27.3 Capability Mapping

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 provides all stakeholders a common view to understand the roles, processes, technology resources, and information/data involved in executing each capability, as well as the outcome each capability is designed to achieve. This structured approach not only highlights areas for improvement or investment but also ensures that organizational efforts are strategically aligned with desired outcomes.

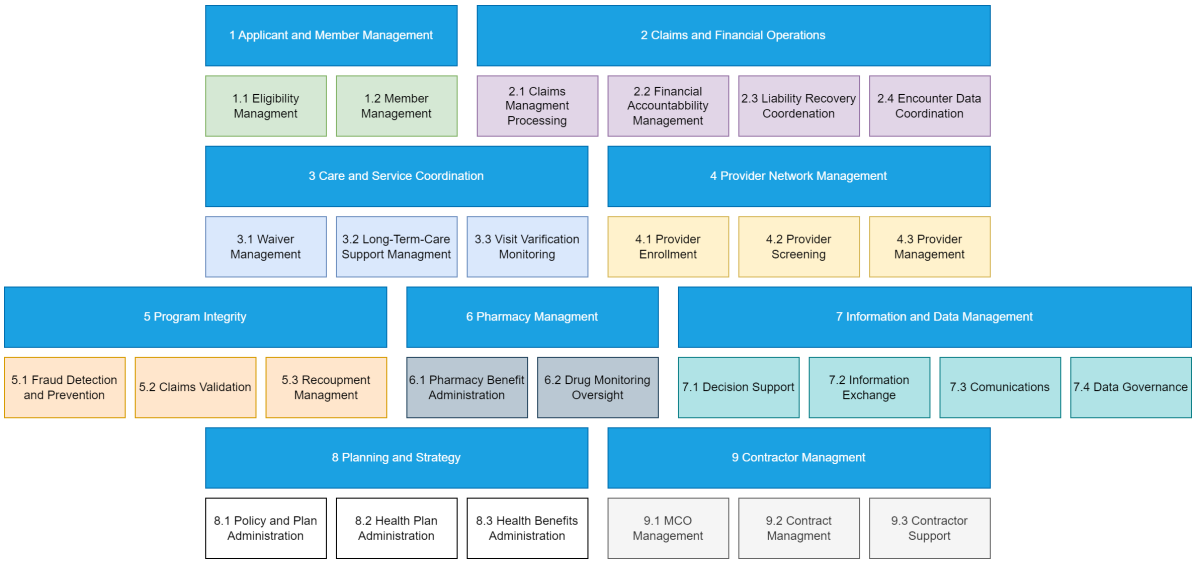
The benefits of capability mapping are multifaceted, offering SMAs a clear pathway to strategic alignment and gap analysis. By visualizing capabilities, organizations can identify operational gaps and determine what new or enhanced capabilities are needed to close those gaps. This visualization also 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.

27.3.1 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 common view of any 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.

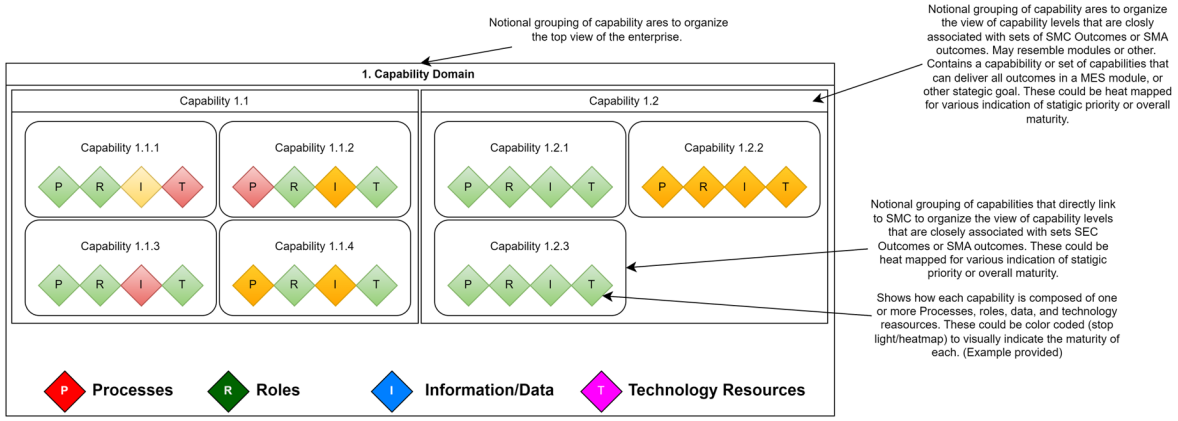


We use this same method to present an this top level view of the capabilities required to achieve CMS-required outcomes. From this view increasingly detailed models can be constructed.



27.3.2 MITA Capability Models

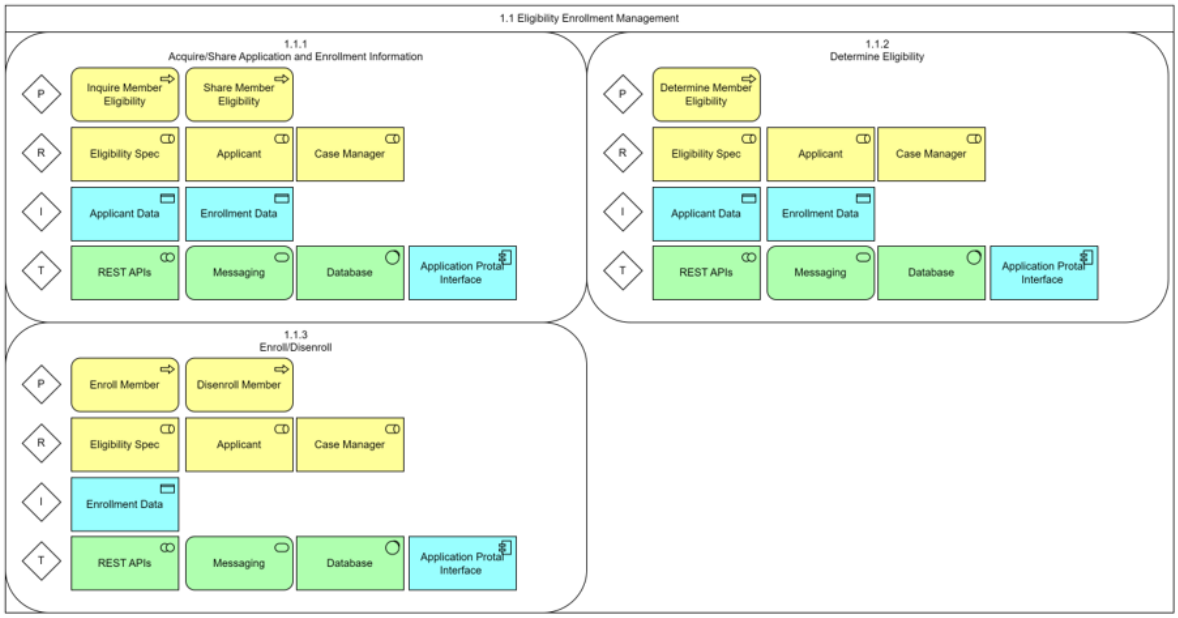
The MITA framework represents capabilities visually through a layered model that represent a capability of being composed of sub-capabilities and the processes, roles, information and technology resources (PRIT) that support the business in sustaining the capability. Each layer up depicts increasingly 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.

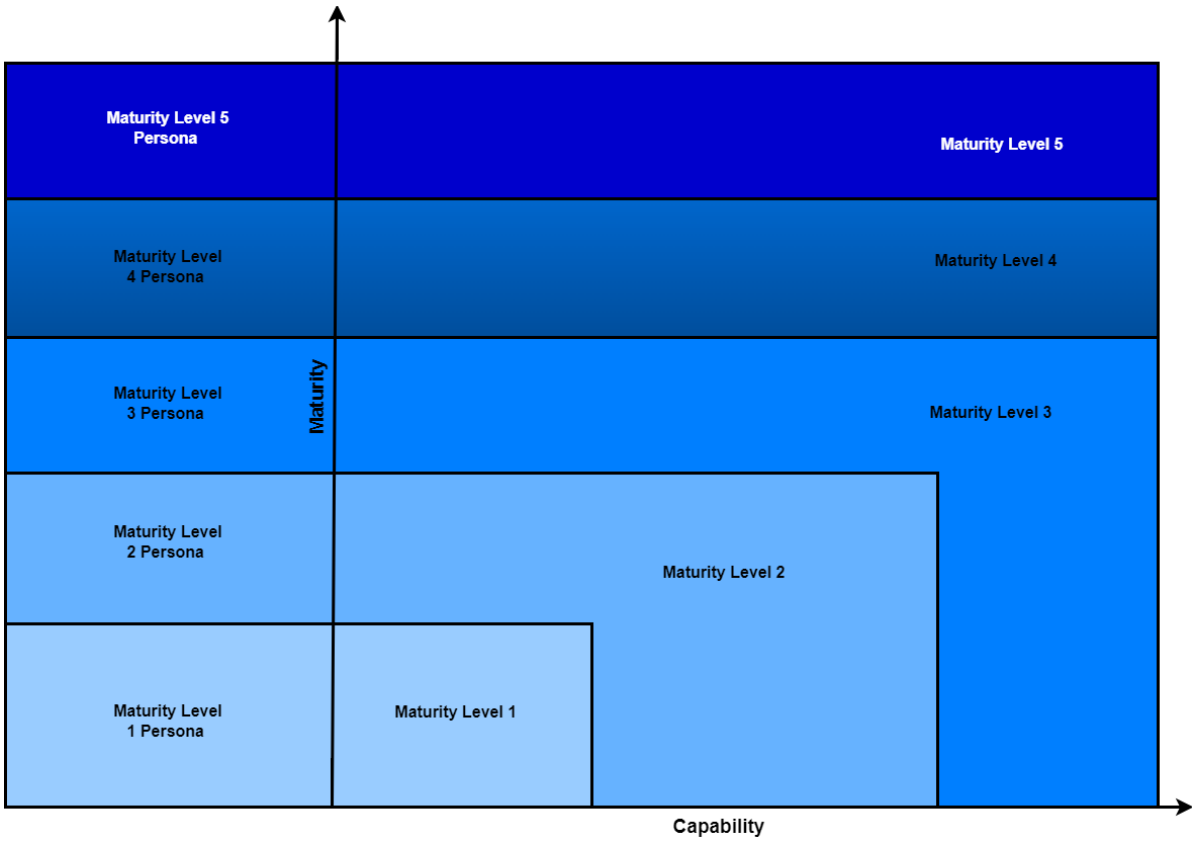
  - **Capability Areas:** The second layer of this model aims to provide a view of the groups of capabilities that compose a domain. They are organized to show capabilities that serve a specific group of similar outcomes and essential
  - **Capabilities:** The third layer of this model provides a more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



27.3.3 Relationship of MITA Capabilities to Maturity

> **Warning**
>
> Under development.

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



27.3.4 Using Capability Maps for Heat Mapping Strategic Priorities and Identifying Gaps with the MITA Maturity Model

Capability maps are powerful tools that not only provide a visual representation of an SMA's key capabilities but also serve as a foundation for strategic analysis and planning. There are many approaches to heat mapping capabilities, each offering unique insights into organizational priorities and gaps. Here, we describe two approaches: assessing maturity levels using the MITA Maturity Model and prioritizing strategic outcomes.

27.3.4.1 Identifying Gaps with the MITA Maturity Model

The MITA Maturity Model provides a framework for assessing the maturity of an organization's capabilities across various dimensions, such as business processes, information, and technology. By integrating the maturity model with capability maps, SMAs can identify gaps between their current state and desired maturity levels.

27.3.4.1.1 Example 1: Identifying Gaps in Data Management Maturity Using the PRIT Model

An SMA is conducting an assessment of its data management capabilities using the MITA Maturity Model, with a focus on the PRIT (Processes, Roles, Information, and Technology) framework. The capability map includes various data-related capabilities, such as "Data Integration," "Data Quality Management," and "Data Analytics." Each of these capabilities is evaluated across the PRIT dimensions to determine their maturity levels using the revised scale:

Processes: Level 1: Ad-Hoc Roles: Level 2: Compliant Information: Level 2: Compliant Technology: Level 2: Compliant The capability map is updated to reflect the maturity assessment, with each dimension marked with a color code: red for Level 1: Ad-Hoc, yellow for Level 2: Compliant, green for Level 3: Efficient, blue for Level 4: Optimized, and purple for Level 5: Pioneering. This visualization helps the SMA prioritize strategic actions to enhance the "Data Integration" capability, such as standardizing processes, refining roles, improving data quality, and upgrading technology.

27.3.4.2 Heat Mapping Strategic Priorities

Heat mapping involves applying a color-coded overlay to a capability map to visually represent the status or priority level of each capability. This technique can be used to highlight areas of strength, weakness, or strategic importance. For example, capabilities that are critical to achieving CMS-required outcomes might be marked in one color, while those needing immediate attention or improvement could be marked in another. This visual representation helps stakeholders quickly grasp the strategic landscape and make informed decisions about where to allocate resources and focus efforts.

27.3.4.2.1 Example 2: Prioritizing Capabilities for CMS-Required Outcomes

An SMA is focused on achieving specific CMS-required outcomes related to improving patient care and reducing administrative costs. The agency creates a capability map that outlines all the capabilities necessary to meet these outcomes. By applying a heat map, the SMA highlights capabilities that are directly linked to these outcomes in green, indicating they are of high strategic priority. Capabilities that are indirectly related or less critical are marked in yellow, while those that are currently underperforming or not aligned with strategic goals are marked in red.

This visual representation allows the SMA to quickly identify which capabilities require immediate attention and resources to ensure compliance with CMS requirements. For instance, if the capability related to "Claims Processing Efficiency" is marked in red, the agency can prioritize initiatives to enhance this capability, such as investing in new technology or streamlining processes.

27.3.4.3 Other Uses for Capability Heat Mapping

Beyond assessing maturity levels and prioritizing strategic initiatives, capability heat mapping can be applied in various other contexts to enhance organizational effectiveness and alignment.

27.3.4.3.1 Example 3: Aligning Capabilities with State-Specific Initiatives

An SMA is working on a state-specific initiative to enhance telehealth services for rural populations. The capability map includes capabilities related to telehealth, such as "Telehealth Infrastructure," "Provider Engagement," and "Patient Access." The SMA uses a heat map to highlight these capabilities in blue, indicating their alignment with the state-specific initiative.

By analyzing the capability map, the SMA identifies that "Provider Engagement" is a critical capability that requires further development to support the telehealth initiative. The agency decides to invest in training programs and outreach efforts to engage providers in rural areas, ensuring that the telehealth services are effectively delivered to the target population.

These examples demonstrate how capability maps, combined with heat mapping and the MITA Maturity Model, can provide valuable insights for strategic planning and gap analysis. By visualizing priorities and maturity levels, SMAs can make informed decisions about where to focus resources and efforts, ultimately enhancing their Medicaid Enterprise Systems and achieving strategic objectives.

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

27.4 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

28 MITA TA Capability Model

Placeholder content

Part VIII

Part IX

MITA Maturity Model

29 Roles

Placeholder content for Roles.

30 Business Architecture Maturities

Placeholder content

31 Information Architecture Maturities

Placeholder content

32 Technical Architecture Maturities

Placeholder content

Part X

Part XI

MITA Artifacts & Templates

33 Output of Outcomes Based Planning

TODO: OBP group to update and edit

34 CONOPS overview

Placeholder content for CONOPS overview

35 CONOPS overview

Placeholder content for CONOPS overview

36 CONOPS overview

Placeholder content for CONOPS overview

37 CONOPS overview

Placeholder content for CONOPS overview

38 Roadmap

Placeholder content for Roadmap.

39 MITA Scorecard

Placeholder content for MITA Scorecard.

40 SS-A Output

41 Guidance for generating and submitting MITA SS-A results (Scorecards) to CMS in the correct format

- Submit your results using the same standardized structure and field names as shown in the MITA Assessment Export file.
- Include all sections and fields exactly as they appear:
  - Header with "MITA Assessment Results"
  - State and System
  - Assessment Information: Assessment ID, Created, Last Updated, Status, Completion, Exported, Export Version, Last Saved
  - Summary Statistics: Overall Average Score, Capability Areas Assessed, Domains Covered, Assessment Completion
  - Capability Assessment Summary with the columns: Domain, Capability Area, Overall Score, Base Level, Bonus Outcome, Role, Business Process, Information, Technology
  - Detailed Assessment Results: Domain sections with capability areas and their detailed metrics (Overall Score, Base Level, Bonus, Outcomes, Checkbox Completion where applicable, Roles, Business Process, Information, Technology)
  - Footer on each page in the format "MITA Assessment Export - [State] Page [X] of [Y] Generated: [timestamp]"
- Use the "Export Version" field and the "Generated" timestamp as shown.
- Submitting with this template is important for CMS to be able to aggregate all states' SS-A's for national level reporting.

41.1 Template (fill in all placeholders as applicable)

```
MITA Assessment Results
State: [State Name]
System: [System Name]

Assessment Information
Assessment ID: [Assessment ID]
```

Created: [MMM DD, YYYY, HH:MM AM/PM]
Last Updated: [MMM DD, YYYY, HH:MM AM/PM]
Status: [Status]
Completion: [Percent%]
Exported: [MMM DD, YYYY, HH:MM AM/PM]
Export Version: [Version]
Last Saved: [MMM DD, YYYY, HH:MM AM/PM]

Summary Statistics
Overall Average Score [Value] out of 5.0
Capability Areas Assessed [X] of [Y]
Domains Covered [Number]
Assessment Completion [Percent%]

Capability Assessment Summary
Domain [Domain Name] Capability Area [Capability Area Name] Overall Score [Value] Base Level
Domain [Domain Name] Capability Area [Capability Area Name] Overall Score [Value] Base Level
Domain [Domain Name] Capability Area [Capability Area Name] Overall Score [Value] Base Level

MITA Assessment Export - [State Name] Page 1 of [Total Pages] Generated: [MMM DD, YYYY, HH:MM

Detailed Assessment Results
Domain: [Domain Name]

[Capability Area Name]
Overall Score: [Value] out of 5.0
Base Level: [Value], Bonus: +[Value]
Outcomes:
Level [Level], Final Score: [Value] (Level [Level] + [Bonus Detail])
Checkbox Completion: [Checked]/[Total] ([Percent%])
Roles:
Level [Level], Final Score: [Value]
Business Process:
Level [Level], Final Score: [Value]
Information:
Level [Level], Final Score: [Value]
Technology:
Level [Level], Final Score: [Value]

MITA Assessment Export - [State Name] Page [2] of [Total Pages] Generated: [MMM DD, YYYY, HH

[Repeat the Detailed Assessment Results block above for each capability area under the domain

41.1.1 Notes

- Use the exact section titles and field labels shown above.
- Include page footers with page numbers and the generated timestamp on each page.
- Maintain the "out of 5.0" notation where scores are reported.
- Populate Role, Business Process, Information, and Technology fields for each capability area as shown.

42 Open-Source SS-A Tool

Placeholder content for Open-Source SS-A Tool.

Part XII

Part XIII

References

References

Part XIV

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Part XV

Help Improve this Content