Medicaid Information Technology Architecture - Staging environment. Content subject to change.

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Welcome to MITA 4.0

Welcome to the Medicaid Information Technology Architecture (MITA) 4.0

Welcome to the MITA 4.0 documentation. This resource provides comprehensive guidance on understanding, implementing, and maximizing the benefits of MITA 4.0 for Medicaid Enterprise Systems (MES).

What is MITA 4.0?

The Medicaid Information Technology Architecture (MITA) 4.0 is a framework designed to help states and territories develop and implement enterprise-wide information technology systems that support Medicaid business processes. MITA 4.0 represents the latest evolution of this framework, incorporating modern approaches to enterprise architecture and outcomes-based planning.

Getting Started

Use the navigation menu to explore:

- **Introduction to MITA 4.0**: Learn about what MITA 4.0 is, its new features, benefits, and how to use it effectively
- **Understanding MITA 4.0**: Deep dive into the core concepts including outcomes-based planning, capabilities, business functions, and state self-assessment
- **Implementing MITA 4.0**: Step-by-step guidance for implementing MITA 4.0 in your organization
- **MITA Reference Models**: Access comprehensive reference models for capabilities, business processes, information, and technology
- **Tools and Resources**: Utilize practical tools and templates to support your MITA implementation

Key Benefits

- Improved alignment between business needs and technology solutions
- Enhanced interoperability across systems
- Better outcomes measurement and tracking
- Streamlined state self-assessment processes
- Alignment with CMS requirements and guidance

For questions or support, please refer to the Contact Us section.

Introduction to MITA 4.0

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New Features in MITA 4.0

New Features in MITA 4.0

MITA 4.0 introduces several significant enhancements and new features that modernize the framework and make it more effective for state Medicaid agencies.

Key New Features

1. Outcomes-Based Planning

MITA 4.0 places outcomes at the forefront of planning and implementation. This approach ensures that technology investments directly support measurable business outcomes and strategic goals.

2. Enhanced Capability Model

- More granular capability definitions
- Better alignment with modern Medicaid business processes
- Improved mapping to business, information, and technical architectures

3. Modernized Reference Models

- Updated Business Reference Model reflecting current Medicaid operations
- Enhanced Information Architecture guidance
- Contemporary Technical Architecture patterns and standards

4. Streamlined State Self-Assessment

- Simplified assessment process
- More actionable maturity criteria
- Better integration with capability planning

5. Improved CMS Alignment

- Direct mapping to CMS business processes
- Better support for federal reporting requirements
- Alignment with CMS policy and guidance

6. Enhanced Tools and Resources

- ORBIT Capabilities (Outcomes,Roles, Business, Information and Technology)
- Updated State Self-Assessment Tool
- Comprehensive templates and quick reference guides

What's Different from MITA 3.0?

MITA 4.0 represents a significant evolution from MITA 3.0:

- **Focus on Outcomes**: Shift from purely technical architecture to business outcomes-driven approach
- **Simplified Structure**: Streamlined models that are easier to understand and apply
- **Modern Standards**: Updated to reflect current technology standards and best practices
- **Practical Tools**: New and improved tools to support implementation
- **Flexibility**: More adaptable to different state contexts and implementation approaches

Benefits of the New Features

- Faster implementation and adoption
- Better alignment with business needs
- Improved measurement of success
- Enhanced collaboration between business and IT stakeholders
- More effective communication with CMS

For more details on how to leverage these new features, see the Effective Use of MITA 4.0 section.

Benefits of Adoption & Effective Use of MITA 4.0

Benefits of MITA 4.0 Adoption

Adopting MITA 4.0 provides significant benefits for state Medicaid agencies, their stakeholders, and the beneficiaries they serve.

Strategic Benefits

Better Business-IT Alignment

- Ensures technology investments directly support business outcomes
- Improves communication between business and technical teams
- Creates shared understanding of goals and priorities

Enhanced Federal Funding

- Demonstrates alignment with CMS requirements
- Supports compelling business cases for Enhanced Funding (90/10)
- Provides clear documentation for federal reporting

Improved Interoperability

- Promotes standards-based integration
- Facilitates data exchange with partners
- Supports modular system design

Operational Benefits

Streamlined Planning

- Outcomes-based approach simplifies decision-making
- Clear roadmap from strategy to implementation
- Better prioritization of initiatives

Risk Reduction

- Proven framework reduces implementation risks
- Best practices from across the nation
- Clear maturity progression path

Cost Optimization

- Identifies opportunities for reuse and consolidation
- Prevents redundant capabilities
- Supports shared services models

Stakeholder Benefits

For State Leadership

- Clear line of sight from technology to business value
- Better portfolio management
- Improved communication with federal partners

For Business Users

- Technology that better supports their work
- Involvement in planning and design
- Continuous improvement path

For IT Teams

- Modern architecture patterns
- Clear technical guidance
- Industry standard approaches

For Beneficiaries

- Better service delivery
- Improved access to benefits
- More efficient operations

Effective Use of MITA 4.0

To maximize the value of MITA 4.0, consider these best practices:

1. Start with Outcomes

Begin every initiative by defining clear, measurable outcomes. Don't start with technology solutions.

2. Engage Stakeholders Early

Include business, technical, and program stakeholders from the beginning. MITA 4.0 works best as a collaborative framework.

3. Use the Reference Models

Leverage the capability, business, information, and technical reference models to: - Identify common patterns - Avoid reinventing solutions - Ensure alignment with industry standards

4. Conduct Regular Self-Assessments

Use the State Self-Assessment process to: - Track maturity progress - Identify gaps and opportunities - Prioritize improvement initiatives

5. Leverage Available Tools

Take advantage of MITA 4.0 tools and resources: - ORBIT for planning and tracking - State Self-Assessment Tool for maturity evaluation - Templates for documentation - Quick reference guides for implementation

6. Align with CMS Guidance

Ensure your MITA implementation supports CMS requirements for: - APD submissions - Certification and compliance - Federal reporting

7. Think Modular and Incremental

Adopt a modular approach: - Break large initiatives into manageable pieces - Deliver value incrementally - Learn and adjust as you go

8. Share and Learn

Engage with the MITA community: - Share experiences with other states - Learn from implementations across the nation - Participate in MITA forums and events

Getting Started

Ready to begin? Follow these steps:

1. Review the Understanding MITA 4.0 section
2. Explore the Implementing MITA 4.0 guide
3. Access the Tools and Resources available to support your work
4. Contact CMS for additional guidance and support

Success Factors

Organizations that successfully adopt MITA 4.0 typically: - Have executive sponsorship - Dedicate resources to the effort - Engage stakeholders broadly - Take an iterative approach - Measure and communicate progress - Seek guidance when needed

For questions about adoption or implementation, please visit the Contact Us section.

Understanding MITA 4.0

Outcomes-Based Planning

What is it?

Outcomes-based planning (OBP) is the first step in a strategic planning process that places system improvements at the center of MES investments. It helps states define their needs, the value their system and business investments are expected to deliver, track progress through measurable indicators, and demonstrate return on investment—specifically when seeking enhanced federal financial participation (FFP).

OBP is the process of:

- Identifying business challenges faced by a Medicaid program
- Defining the desired outcomes that address those challenges
- Establishing clear metrics and milestones to measure progress

Rather than focusing solely on technology deliverables, the OBP approach ensures that each system initiative is purpose-built to drive measurable, meaningful benefits to the Medicaid program.

Why It Matters

CMS-required outcomes are based on statutory or regulatory requirements and provide a baseline for what is required of a Medicaid Enterprise System (MES). CMS-required outcomes provide a baseline of requirements for an MES, yet to fully address programmatic needs, states should develop state-specific outcomes. The OBP process can help states develop state-specific outcomes.

States can request enhanced Federal Financial Participation (FFP) to fulfill state-specific needs. States requesting FFP should propose state-specific outcomes that demonstrate the successful achievement of the MES project, confirm the system functionality, and show benefit to the Medicaid program. State-specific outcomes should target achieving improvements to distinct business, operational, or policy challenges that produce direct benefits to the Medicaid program. These outcomes should respond to the unique needs of a state's Medicaid program and represent operational improvements not specifically addressed by the CMS-required outcomes. State-specific outcomes should be measurable, achievable, and reflect the short-term goals of the MES project.

Metrics must provide measurable evidence that the state is achieving outcomes on an ongoing basis. States are required to report on the system's performance to CMS as a condition for receiving enhanced funding.

CMS defines a good state-specific outcome as one that helps a state monitor the desired functionality and efficiency of its Medicaid program and operations.

A good outcome should have the following characteristics:

1. **Change** – What are we changing?
2. **Affected Stakeholders** – Who and what will it impact?
3. **Benefits** – What are the benefits of the change?
4. **Capability** – What new or improved capabilities are required to make this change happen? Capabilities can be related, for example, to systems, manual processes, and staff capabilities.

Outcome Statement Example

Improve provider satisfaction ratings by 15 percent within the next six months.

Characteristics of the example Outcome statement:

- **Change:** Improve satisfaction with the Provider Enrollment approval timeline by providing streamlined and automated workflows to resolve issues within the Provider Enrollment application. (What is the goal?)
- **Affected Stakeholders:** Providers, Provider Organization, State users, etc. (Whose need does it address?)
- **Benefits:** Leads to quicker onboarding of providers, improves provider retention, and decreases state staff workload. (Why is it important?)
- **Capability:** Enhance the provider enrollment process to incorporate real-time workflow updates and add interactive channels for immediate issue resolution. (How do you achieve it?)

How It Works

The OBP process provides the following benefits:

- **Consistent and repeatable process:** A structured process ensures that outcomes are identified consistently across the organization, making it easier to replicate, scale and identify trends.
- **Sustainable:** A well-designed process is sustainable and can be applied irrespective of the team or individuals involved, thus reducing reliance on specific people.
- **Transparency:** A clear process ensures transparency in outcome identification, making it easier to communicate, gain consensus, align with stakeholders, and build trust.
- **Traceability:** A structured process ensures that states can trace outcomes to the original challenge or opportunity, which maintains focus and context.
- **Continuous Improvement:** Increasing transparency promotes continuous improvement through regular review and refinement of outcomes.

Other benefits include:

- **Efficient resource allocation:** A well-designed process helps to allocate resources to initiatives that drive meaningful change and align with strategic goals.
- **Improved accountability:** A clear process promotes accountability among team members by ensuring everyone understands what needs to be achieved.
- **Enhanced collaboration:** A structured process facilitates collaboration among stakeholders, ensuring that everyone is working toward common goals.

SMAs can utilize the OBP process to achieve key objectives such as…

Demonstrate the value of system investments

A central objective of OBP is to clearly articulate the value that system investments bring to achieving state Medicaid program goals, improving day-to-day operations, and delivering measurable benefits to enrollees. Rather than focusing solely on the technical delivery of information technology (IT) components, OBP encourages states to frame investments in terms of policy alignment, operational efficiency, access to care, and service quality.

For example, although the technical gain of implementing a new provider enrollment module might be its successful deployment and functionality, the outcome for the state could be a 30 percent reduction in provider enrollment processing time. Such a reduction could lead

to greater provider satisfaction with the enrollment experience, and improved retention and engagement. An additional benefit is that newly credentialed providers increase the number of providers participating in the Medicaid network and could serve patients more quickly by reduced time for beneficiaries to schedule and attend their first appointment.

Improve program performance through strategic alignment

OBP helps states align system investments with Medicaid priorities and operational needs by grounding modernization efforts in clear program goals, such as improving access, streamlining operations, or delivering measurable benefits. This approach avoids the common pitfall of investing in technically compliant solutions that fail to address core challenges. When outcomes are clearly articulated from the start, state teams are better positioned to ensure that vendor activities, solution architecture, and project milestones support broader Medicaid goals (such as reducing delays in beneficiary eligibility processing, enhancing provider participation, or improving claims accuracy).

For example, a state facing eligibility delays might set a goal of real-time verification for 90% of cases, guiding system design, procurement, and vendor accountability. Similarly, in addressing manual claims reprocessing, a state could define an outcome that reduces the claims rework rate by 40 percent within 12 months of go-live, thus aligning operational pain points directly with technology goals.

By fostering collaboration among program, policy, and IT teams, OBP prioritizes resources, secures leadership support, and strengthens the case for APD and certification approvals. Anchoring projects in outcome-driven goals ensures Medicaid modernization delivers meaningful and measurable improvements.

Strengthen organizational readiness and capability

OBP ensures system improvements are supported by the organizational changes needed for success, such as updates to business processes, staffing, training, and workflows. States must consider internal readiness, capacity, and change adoption to maximize the long-term impact of MES investments.

This involves integrating change management and workforce development into planning, ensuring staff, operations, and agency culture evolve with new functionality. Rather than treating these efforts as peripheral to technology implementation, OBP helps states define and measure how staff, operations, and agency culture will evolve alongside new functionality. For instance, launching a centralized eligibility center might aim to reduce eligibility determination time by 25% within six months or improve policy consistency through standardized workflows. Tracking such outcomes ensures system investments lead to better performance. OBP also enhances accountability, supports smooth transitions, and prepares states to manage future updates effectively.

Create a culture of measurement and accountability

OBP helps states build a culture of results-oriented management, where success is measured by tangible improvements in Medicaid performance and beneficiary outcomes, not just system deployment. It shifts the focus from isolated IT milestones to using technology as a tool for continuous program improvement.

States embed measurement and accountability into MES investments by:

- Identifying core business problems (e.g., service delays, provider friction, beneficiary churn)
- Defining actionable outcomes that link system functionality to Medicaid goals
- Selecting metrics that reflect operational and beneficiary impacts (e.g., time savings, cost avoidance, service accessibility)
- Tracking performance to enable evidence-based management and system iteration

For example, modernizing a pharmacy benefits module might include tracking reductions in prescription errors, improved compliance with drug utilization protocols, or fewer adverse drug events. KPIs established early serve as tools for learning and course correction.

This approach embeds accountability into system design and operations, enabling strategic discussions about effectiveness, beneficiary impact, and return on investment. It strengthens executive buy-in, fosters cross-functional collaboration, and positions states for agile, data-driven program delivery while meeting CMS expectations.

Enable consistency and reusability across state projects

OBP helps states define Medicaid system goals using structured templates, common outcomes, and reusable language, ensuring consistency, reducing duplication, and streamlining APDs and certifications. This fosters alignment among teams, supports onboarding, and institutionalizes lessons learned.

OBP also helps states identify cost-effective alternatives to large procurements, such as reusing existing modules, refining workflows (e.g., digital form intake for credentialing delays), or adopting shared tools like APIs. For example, delays in provider credentialing might be resolved with workflow refinements like digital form intake or better data integration with licensing boards. Similarly, data-sharing challenges could be addressed by adopting an existing API framework instead of building a new data warehouse.

Outcomes addressing common Medicaid challenges (e.g., improving access, increasing automation, reducing delays) can be reused across agencies and states, enhancing CMS communication and supporting collaboration. Embedding reusability maximizes past investments, reduces future costs, and ensures every investment drives measurable Medicaid improvements.

When to Use It

OBP is not a one-size-fits-all requirement—it is a targeted strategy that delivers its greatest value when aligned with meaningful moments of system, program, or policy change. The following common triggers may initiate OBP efforts within MES modernization or operations. Recognizing these triggers helps states proactively define measurable value from the outset of MITA strategic planning, conducting the SS-A, APD development, and certification efforts.

1. Initiating a new system modernization or module implementation

Implementing a new MES module is a key moment to initiate OBP. Rather than viewing these implementations as technical upgrades, states can define success by using measurable Medicaid program improvements and business value.

States should use OBP to clarify what success looks like (e.g., "a 25 percent reduction in beneficiary wait times to receive eligibility determinations"), and to ensure that project investments produce real program value. This early focus on outcomes helps guide procurement language, vendor selection, and project milestones consistent with expectations that go beyond technical delivery.

2. Transitioning from legacy systems or vendors

When states decide to shift from legacy technology or change vendors, they have a natural reset point for strategic thinking. States should use this transition to reassess what the system needs to achieve, beyond replicating old functionality in a new platform.

OBP helps states define transformational goals (such as enabling self-service portals to reduce call center volume), which lays a foundation for new investments that deliver policy and operational impact.

3. MITA State Self-Assessment Results

One of the most strategic triggers for OBP is the completion (or planned completion) of a MITA State Self-Assessment (SS-A). The SS-A offers a structured view into the current and target maturity of Medicaid business capabilities and highlights gaps and areas for improvement.

States can use SS-A findings to prioritize outcome areas based on lower maturity. For example, if a state identifies low maturity in its technology and business processes for claims processing, this can trigger an OBP process that focuses on increasing electronic claims submission rates or reducing claims rework due because of data quality issues. The SS-A helps turn abstract maturity aspirations into concrete improvement goals with measurable impacts, thus linking system improvement needs with actionable, trackable outcomes that can feed directly into an APD or modular procurement strategy. For example, when reviewing the SS-A results, States have an opportunity to prioritize areas for improvement by reviewing maturity levels. Once areas are prioritized States can then choose to utilize OBP to reach a higher maturity level.

4. Modernization of cross-module business processes

States often identify operational pain points that cut across multiple systems, such as provider management, claims adjudication, or program integrity. When these issues arise, OBP can help define cross-cutting outcome statements that transcend single modules.

For instance, if a state is addressing inefficiencies in provider onboarding across its Provider Enrollment module, it can develop outcomes that focus on improving onboarding timelines, enhancing provider data quality, or increasing provider retention rates. This strategic alignment helps unify disparate IT projects under a common business goal and facilitates modular but coordinated improvements.

5. Shifts in Medicaid policy or strategic direction

Changes in Medicaid policy (such as new regulatory or statutory requirements, public health emergencies, or shifts in policy) may create new system demands. When policy drives new use cases, OBP ensures that system updates support these priorities effectively.

States can respond to Medicaid policy changes by defining outcomes that reflect their evolving program goals. For example, implementing a new care coordination policy might prompt development of outcomes focused on closing care gaps or improving beneficiary engagement through system-supported interventions.

6. Operational reviews or performance audits

Performance audits, legislative oversight, or internal quality reviews often highlight systemic issues that may not require full module replacement but do call for focused improvement. These reviews may trigger an OBP that defines smaller-scale or business process-focused changes with measurable goals.

For instance, if a review notes inefficiencies in processing pharmacy prior authorizations, a state might implement new workflows or automated tools supported by outcomes like faster turnaround times or reduced denial rates for incomplete documentation.

7. Response to ad hoc incidents and corrective actions

Unexpected events, such as data breaches, legal settlements, or formal corrective actions from CMS or other oversight bodies, often demand swift response. Yet these moments can also catalyze strategic reflection and planning for long-term improvement. OBP offers a way for states to shift from reactive fixes to proactive solutions by identifying root causes, defining specific outcome goals (e.g., "Reduce unauthorized access to beneficiary data by 95 percent within six months"), and tracking progress through metrics tied to strengthened policies, technical safeguards, and staff training.

For example, after a provider credential data breach, a state may implement multifactor authentication and measure outcomes such as reductions in credential misuse or improved audit trail completeness. In the case of a legal review identifying inconsistent eligibility determinations, the state might launch corrective training or refine business rules, anchored by outcomes like increased accuracy rates or a decline in appeals. By applying OBP, states demonstrate to CMS and legislative stakeholders both their commitment to compliance as well as their investment in long-term program integrity, transparency, and continuous improvement.

Download OBP Tool

Capabilities

Understanding Capabilities in MITA 4.0

Capabilities are the fundamental building blocks of MITA 4.0. They represent what your organization needs to be able to do to achieve its outcomes, independent of how you do it or what technology you use.

What is a Capability?

A capability is a particular ability that an organization needs to achieve a specific outcome. Capabilities describe **what** needs to be done, not **how** it's done. This distinction is crucial because:

- The **what** (capability) tends to remain stable over time
- The **how** (technology, processes, organization) changes as technology evolves

Examples of Capabilities

- **Member Management**: The ability to maintain accurate, current information about Medicaid beneficiaries
- **Claims Processing**: The ability to adjudicate and pay provider claims accurately and timely
- **Provider Enrollment**: The ability to enroll, credential, and maintain provider information
- **Eligibility Determination**: The ability to determine if an applicant qualifies for Medicaid benefits

The MITA Capability Model

The MITA 4.0 Capability Reference Model organizes capabilities into a hierarchical structure:

Level 1: Capability Areas

High-level groupings of related capabilities (e.g., Member Services, Provider Services, Operations)

Level 2: Capability Domains

Logical groupings within areas (e.g., within Member Services: Eligibility, Enrollment, Benefits)

Level 3: Capabilities

Specific abilities needed to achieve outcomes

Level 4: Sub-Capabilities

Detailed components of capabilities when needed for clarity

Why Capabilities Matter

1. Outcome Achievement

Capabilities are the bridge between strategic outcomes and implementation. They help you identify what your organization needs to be able to do to achieve desired outcomes.

2. Common Language

Capabilities provide a common vocabulary for business and IT stakeholders to discuss needs and solutions.

3. Reusability

By focusing on capabilities rather than systems, you can identify opportunities to reuse existing capabilities across multiple initiatives.

4. Modular Design

Capability-based planning supports modular system design, making implementations more flexible and maintainable.

5. Gap Analysis

Comparing required capabilities to existing capabilities reveals gaps that need to be addressed.

Capability Characteristics

Effective capability definitions are:

- **Business-Focused**: Described in business terms, not technical jargon
- **Stable**: Remain relevant despite technology changes
- **Measurable**: Can assess maturity and performance
- **Outcome-Linked**: Connected to specific business outcomes
- **Technology-Agnostic**: Don't prescribe specific solutions

Capability Attributes

Each capability in the MITA Reference Model includes:

- **Name**: Clear, concise identifier
- **Description**: What the capability enables
- **Outcomes**: Which outcomes the capability supports
- **Business Functions**: Related business processes
- **Information**: Key data elements
- **Technology**: Relevant technical patterns
- **Maturity Levels**: Progression from basic to advanced

Using Capabilities in Planning

Step 1: Identify Required Capabilities

Based on your defined outcomes and objectives, identify which capabilities you need. Use the Capability Reference Model as a guide.

Step 2: Assess Current State

Evaluate your organization's current capability maturity using the State Self-Assessment process.

Step 3: Define Target State

Determine the desired maturity level for each capability based on your outcomes and objectives.

Step 4: Identify Gaps

Compare current state to target state to identify capability gaps.

Step 5: Prioritize

Prioritize which capabilities to develop or enhance based on: - Impact on outcomes - Dependencies between capabilities - Available resources - Risk

Step 6: Plan Implementation

Develop a roadmap for building or enhancing capabilities, including: - Business process changes - Organizational/role changes - Information/data requirements - Technology solutions

Capability vs. System

A key distinction in MITA 4.0:

Capability	System
What you need to do	How you do it
Business-focused	Technology-focused
Stable over time	Changes with technology
Multiple systems can support one capability	One system may support multiple capabilities

Example: Member Portal Capability

Capability: Member Self-Service - What: Enable beneficiaries to access their information and perform transactions independently

Implementation Options: - Web application - Mobile app - Interactive voice response (IVR) - Kiosk

The capability (self-service) remains constant, but the implementation (technology) can vary or evolve.

Capability Relationships

Capabilities don't exist in isolation. Understanding relationships helps with planning:

- **Dependencies**: Some capabilities require others (e.g., Claims Payment depends on Claims Adjudication)
- **Composition**: Larger capabilities composed of smaller ones
- **Shared Data**: Capabilities that use common information
- **Process Flow**: Capabilities that work together in business processes

Tools and Resources

- **Capability Reference Model**: Complete catalog of MITA capabilities
- **ORBIT Tool**: Map outcomes to required capabilities
- **Capability Assessment Worksheets**: Evaluate capability maturity

Next Steps

1. Review the Capability Reference Model for detailed capability definitions
2. Learn about Business Functions, Roles, Information, and Technology that implement capabilities
3. See Implementing MITA 4.0 for step-by-step guidance on identifying required capabilities
4. Conduct a State Self-Assessment to evaluate your current capability maturity

For questions about capabilities, visit the FAQs or Contact Us.

Roles, Business Processes, Information and Technology

Content coming soon...

State Self-Assessment

Content coming soon...

Implementing MITA 4.0

Welcome to the MITA 4.0 Companion Guide

The Centers for Medicare & Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) 4.0 helps your State Medicaid Agency (SMA) achieve your enterprise goals and enhance your Medicaid program by aligning business and information technology (IT) strategies.

MITA 4.0 guides you through Enterprise Strategic Planning to describe the way your SMA works now and plan for the way you want to work in the future. MITA 4.0 also helps you align your Medicaid Enterprise System (MES) with:

- CMS and State prioritized outcomes
- MITA's capabilities, comprised of outcomes, roles, business processes, information, and technology (ORBIT)
- Federal requirements for enhanced funding

This guide will lead you through the stages of MITA 4.0—defining or updating outcomes, identifying required capabilities, defining your capability architecture, and documenting your State Self-Assessment (Figure 1). The MITA 4.0 Companion Guide offers a flexible approach to Enterprise Strategic Planning—your SMA's path may look different depending on your state's needs.

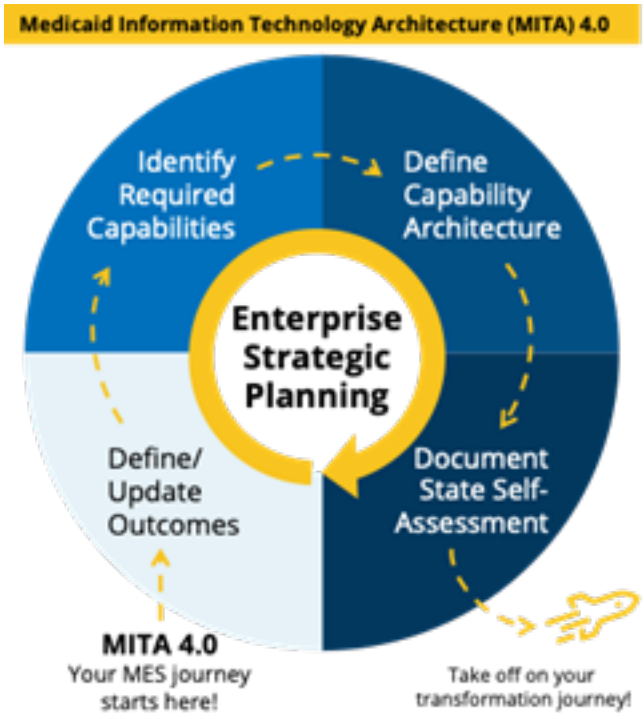

Figure 1: Figure 1. Enterprise Strategic Planning with MITA 4.0

New in MITA 4.0

Scope your assessment

What? | Overview

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- Defining the desired outcomes that address those challenges
- Establishing clear metrics and milestones to measure progress

Rather than focusing solely on technology deliverables, the OBP approach ensures that each system initiative is purpose-built to drive measurable, meaningful benefits to the Medicaid program.

When? | Triggers

- Initiating a new system modernization or module implementation
- Transitioning from legacy systems or vendors
- MITA State Self-Assessment Results
- Modernization of cross-module business processes
- Shifts in Medicaid policy or strategic direction
- Operational reviews or performance audits
- Response to ad hoc incidents and corrective actions

Why? | Objectives

Outcomes-based planning seeks to—

- Demonstrate the value of system investments

- Improve program performance through strategic alignment
- Strengthen organizational readiness and capability
- Create a culture of measurement and accountability
- Enable consistency and reusability across state projects

Who? | Key Players

- Program Subject Matter Experts
- State Medicaid Executives
- Senior Managers
- MITA Project Team

How? | Key Steps & Actions

The SMA starts by identifying the business challenge. This could be a new initiative or a problem the SMA is trying to solve (e.g., the trigger for initiating OBP) and describes the "as-is" state if needed to tease out the business challenge and determine appropriate outcomes and metrics.

1. **Define the Business Challenge and Identify goals.**
    - Identify the main concern that explains why you are not already at your goal (e.g., something blocking you, something you need to fix, something you haven't done).
    - Identify the things that cause the concern or make it worse.
    - Identify specific pain points that are tangible, real world and observable that you can change.
    - Summarize the concern and drivers in a business challenge statement.
2. **Develop desired outcomes that identify what changes, improvements, or benefits will address the challenges and describe the "to-be" state.**
    - Reverse-engineer the concern and drivers, stating what they would look like when corrected. This is the first step in identifying the "to-be" state. An example would be, "Organizations are able to share information electronically."
    - Identify the audience that would benefit from the outcome and the desired result from their perspective.
    - Identify what new or improved capability is needed to correct the concerns or facilitate the drivers, and the actor to implement the capability.
    - Summarize the capability and benefits in an Outcome Statement.
3. **Determine how to measure achievement or success.** Determine how to measure, monitor, and report on progress to ensure improvements or benefits are reached.

- Identify the success factors that provide the strongest indication of success and why.
- For each success factor, corrected driver, and benefit, identify how to measure their status and improvement (either a metric or milestone).

4. **Define what success looks like and how it can be validated.**

    - Determine the desired time frame for accomplishing a goal.
    - Based on the metrics associated with the critical success factors, identify target measurements that will indicate success.
    - Summarize the time frame and metrics into a definition of success. The definition should be framed as a specific, measurable, achievable, relevant, and time-bound (SMART) objective.

References & Tools

References

Outcomes-based Planning topic page

Tools

- Outcomes based planning template tool

Choose your Capabilities

What? | Overview

By identifying the required capabilities needed to achieve an outcome, SMAs can better align their information and technology resources and processes with their strategic business goals, which should enhance their insight for improving their CMS-required and state-specific outcomes.

When? | Triggers

Once outcomes and metrics have been developed, they should be mapped to the MITA architecture and SS-A processes to ensure a complete capture of an SMA's maturity. This mapping will be helpful when assessing the maturity of each capability's outcomes.

Why? | Objectives

Aligning information and technology resources and processes to goals should improve insight into how to address needed changes and improvements to achieve success. The capability maturity assessment scores may help to define the projects needed to achieve outcomes. The assessment may also help shape the initial identified outcomes and add more information.

Who? | Key Players

- Program Subject Matter Experts
- MITA Project Team

How? | Key Steps & Actions

1. **Map outcomes to MITA capability areas.**
    - Use the MITA 4.0 Capability Model to determine the capabilities that impact the achievement of the goal.
    - If already defined, map state specific capabilities to each MITA 4.0 Capability Area.
    - If capabilities are not defined, map outcomes from previous step to MITA 4.0 Capability Area, potentially mapping multiple outcomes to one capability areas.
2. **If applicable, revisit the prior maturity assessment for those capabilities mapped to outcomes.**
    - Document the as is maturity for each capability area mapped to an outcome.
    - Document the target maturity for each capability area mapped to an outcome.
3. **Update capability mapping as state specific capabilities are defined and as maturity assessments are conducted.**

References & Tools

References

- MITA 4.0 Capability Map

Tools

- Outcomes-based Planning template tool

Define your Architecture

What? | Overview

[Brief description of stage]

When? | Triggers

[Bullets or description of when to start this stage]

Why? | Objectives

By the end of this stage—

- [Objective 1]
- [Objective 2]
- [Objective n]

Who? | Key Players

- [Key player 1]
- [Key player 2]
- [Key player n]

How? | Key Steps & Actions

[Step 1]

- [Action 1 for Step 1]
- [Action 2 for Step 1]
- [Action n for Step 1]

[Step n]

- [Action 1 for Step n]
- [Action 2 for Step n]
- [Action n for Step n]

References & Tools

References

- [Reference 1]
- [Reference n]

Tools

- [Tool 1]
- [Tool n]

Finalize your State Self-Assessment

What? | Overview

[Brief description of stage]

When? | Triggers

[Bullets or description of when to start this stage]

Why? | Objectives

By the end of this stage—

- [Objective 1]
- [Objective 2]
- [Objective n]

Who? | Key Players

- [Key player 1]
- [Key player 2]
- [Key player n]

How? | Key Steps & Actions

[Step 1]

- [Action 1 for Step 1]
- [Action 2 for Step 1]
- [Action n for Step 1]

[Step n]

- [Action 1 for Step n]
- [Action 2 for Step n]
- [Action n for Step n]

References & Tools

References

- [Reference 1]
- [Reference n]

Tools

- [Tool 1]
- [Tool n]

MITA Reference Models

Capability, Business, Information, and Technical Models

MITA Reference Models Overview

The MITA 4.0 Reference Models provide comprehensive guidance across all architecture domains. These models work together to support capability-based planning and implementation.

The Four Reference Models

MITA 4.0 includes four interconnected reference models:

1. **Capability Reference Model**: Defines what organizations need to be able to do
2. **Business Reference Model**: Defines how work gets done
3. **Information Reference Model**: Defines what information is needed and how it flows
4. **Technical Reference Model**: Defines technology patterns and standards

Capability Reference Model

The Capability Reference Model is the foundation of MITA 4.0.

Purpose

Provides a comprehensive catalog of capabilities needed by state Medicaid agencies to operate their programs effectively.

Structure

Capability Areas (Level 1)

High-level groupings of related capabilities: - **Member Services**: Capabilities supporting beneficiaries - **Provider Services**: Capabilities supporting providers - **Program Operations**: Core operational capabilities - **Program Integrity**: Fraud, waste, and abuse prevention - **Financial Management**: Financial and payment capabilities - **Business Intelligence**: Analytics and reporting capabilities - **Enterprise Services**: Shared, foundational capabilities

Capability Domains (Level 2)

Logical groupings within areas. For example, within Member Services: - Eligibility Management - Enrollment Management - Benefits Management - Member Communications - Member Self-Service

Capabilities (Level 3)

Specific abilities needed. For example, within Eligibility Management: - Eligibility Determination - Eligibility Verification - Eligibility Renewal - Eligibility Appeals - Eligibility Reporting

Using the Capability Model

For Planning

- Identify which capabilities you need
- Map capabilities to outcomes
- Identify capability gaps
- Prioritize investments

For Assessment

- Assess current capability maturity
- Define target maturity levels
- Track improvement over time

For Communication

- Provide common vocabulary
- Facilitate stakeholder discussions
- Support federal reporting

Key Capabilities by Area

Member Services

- Eligibility Determination
- Enrollment Management
- Benefits Administration
- Member Self-Service
- Care Coordination
- Member Communications

Provider Services

- Provider Enrollment
- Provider Credentialing
- Provider Portal
- Provider Communications
- Network Management

Program Operations

- Claims Processing
- Claims Adjudication
- Payment Processing
- Prior Authorization
- Utilization Management
- Case Management

Program Integrity

- Fraud Detection
- Program Auditing
- Recovery Audit
- Provider Compliance Monitoring

Financial Management

- Budget Management
- Financial Reporting
- Cost Allocation
- Financial Forecasting
- Payment Reconciliation

Business Intelligence

- Data Analytics
- Performance Reporting
- Dashboard and Visualization
- Predictive Analytics
- Data Warehouse Management

Enterprise Services

- Document Management
- Identity Management
- Security Management
- Integration Services
- Master Data Management
- Enterprise Architecture Management

Business Reference Model

Defines the business processes that implement capabilities.

Purpose

Provides standard definitions of Medicaid business processes, supporting consistent process design and facilitating benchmarking.

Components

Business Processes

Step-by-step workflows that deliver capabilities. Each process includes: - Process description - Process flow diagram - Inputs and outputs - Business rules - Related capabilities - Integration points

Process Patterns

Common patterns that appear across processes: - Application and intake - Verification and validation - Decision and determination - Notification and communication - Appeal and dispute resolution

Example Business Processes

Eligibility Determination Process

1. Receive application
2. Verify identity
3. Collect required information
4. Verify income and assets
5. Apply eligibility rules
6. Make determination
7. Notify applicant
8. Activate benefits (if eligible)

Claims Processing

1. Receive claim
2. Validate claim format
3. Verify member eligibility
4. Verify provider enrollment
5. Apply pricing rules
6. Adjudicate claim
7. Generate payment or denial
8. Notify provider

Using the Business Model

- Design or redesign business processes
- Identify process improvement opportunities
- Support business process modeling
- Define requirements for systems

See Business Reference Model for detailed process definitions.

Information Reference Model

Defines information requirements and data standards.

Purpose

Provides a common information framework, supporting data consistency, quality, and interoperability.

Components

Data Entities

Key information objects: - **Member**: Beneficiary information - **Provider**: Provider demographics and credentials - **Claim**: Claims data - **Service**: Service descriptions - **Authorization**: Prior authorization information - **Enrollment**: Enrollment data - **Payment**: Payment information

Data Attributes

Key data elements for each entity, including: - Attribute definition - Data type and format - Validation rules - Source systems - Usage

Information Flows

How information moves between processes and systems: - Data exchange patterns - Integration requirements - Timing and frequency - Standards applied

Data Standards

Applicable standards: - **HIPAA**: Transaction and code sets - **FHIR**: Health data exchange - **X12**: Electronic data interchange - **HL7**: Health Level 7 standards - **State-specific**: State data standards

Data Quality Dimensions

- **Accuracy**: Data correctly represents reality
- **Completeness**: All required data is present
- **Consistency**: Data is uniform across systems
- **Timeliness**: Data is current and available when needed
- **Validity**: Data conforms to defined formats and rules

Using the Information Model

- Define data requirements
- Ensure data consistency
- Plan data integration
- Support data governance

See Information Reference Model for detailed data definitions.

Technical Reference Model

Defines technology patterns, standards, and approaches.

Purpose

Provides technical guidance for implementing capabilities, supporting modern, standards-based, interoperable solutions.

Components

Architecture Patterns

Recommended approaches: - **Microservices**: Modular, independently deployable services - **API-First**: Services exposed through standard APIs - **Event-Driven**: Asynchronous, event-based integration - **Cloud-Native**: Designed for cloud platforms - **Mobile-First**: Optimized for mobile devices

Technical Standards

Applicable standards: - **APIs**: RESTful APIs, GraphQL - **Security**: OAuth 2.0, OpenID Connect, SAML - **Integration**: FHIR, X12, HL7 - **Data**: JSON, XML, CSV - **Accessibility**: Section 508, WCAG 2.1

Technology Domains

Guidance across technology areas:

Application Services - Web applications - Mobile applications - APIs and microservices - Batch processing

Data Management - Databases and data stores - Data warehouses - Master data management - Data lakes

Integration - Service bus/ESB - API gateway - Data exchange - Real-time integration

Infrastructure - Cloud platforms (AWS, Azure, GCP) - Containers and orchestration - Serverless computing - Infrastructure as code

Security - Identity and access management - Encryption and key management - Security monitoring - Compliance controls

Using the Technical Model

- Make technology decisions
- Ensure standards compliance
- Plan technical architecture
- Support procurement

See Technical Reference Model for detailed technical guidance.

How the Models Work Together

The reference models are interconnected:

1. **Capabilities** define what you need to do
2. **Business Processes** define how to do it
3. **Information** defines what data is needed
4. **Technology** defines how to enable it

Example: Claims Processing

Model	Component
Capability	Claims Processing - ability to adjudicate and pay claims
Business	Claims processing workflow, adjudication rules, payment process
Information	Claim data, member data, provider data, service codes, payment information
Technology	Claims management system, rules engine, payment system, EDI integration

Maturity Reference Model

In addition to the four main reference models, MITA 4.0 includes a Maturity Reference Model that defines maturity progression for each capability.

See Maturity Reference Model for details.

Using the Reference Models

For Planning

- Identify required capabilities, processes, data, and technology
- Use standard definitions for consistency
- Leverage proven patterns

For Implementation

- Design solutions aligned with reference models
- Apply recommended standards
- Avoid reinventing solutions

For Assessment

- Evaluate alignment with reference models
- Identify gaps and improvement opportunities
- Track maturity progress

For Communication

- Use common vocabulary
- Support stakeholder discussions
- Facilitate collaboration

Next Steps

1. Review individual reference models:
    - Business Reference Model
    - Role Reference Model
    - Information Reference Model
    - Technical Reference Model
    - Maturity Reference Model
2. Apply reference models to your work:
    - Identify Capabilities
    - Define Architecture
    - Conduct Assessment
3. Use tools and templates:
    - ORBIT Tool
    - CONOPS Template

For questions about the reference models, see FAQs or Contact Us.

MITA 4.0 and CMS

Bridging MITA and CMS Business Processes

Content coming soon...

Tools and Resources

ORBIT Tool

Content coming soon...

State Self-Assessment Tool

Content coming soon...

CONOPS Template

Content coming soon...

Roadmap Template

Content coming soon...

MITA Scorecard

Content coming soon...

SS-A Output Format

Content coming soon...

Quick Reference Guides

Content coming soon...

References

Frequently Asked Questions

Content coming soon...

Glossary of Terms and Acronyms

Content coming soon...

Support Channels

Content coming soon...

Feedback and Issue Reporting

Content coming soon...