

MITA 3.0 State Self-Assessment

Analysis Report

Colorado Department of Health Care Policy and Financing

May 12, 2020

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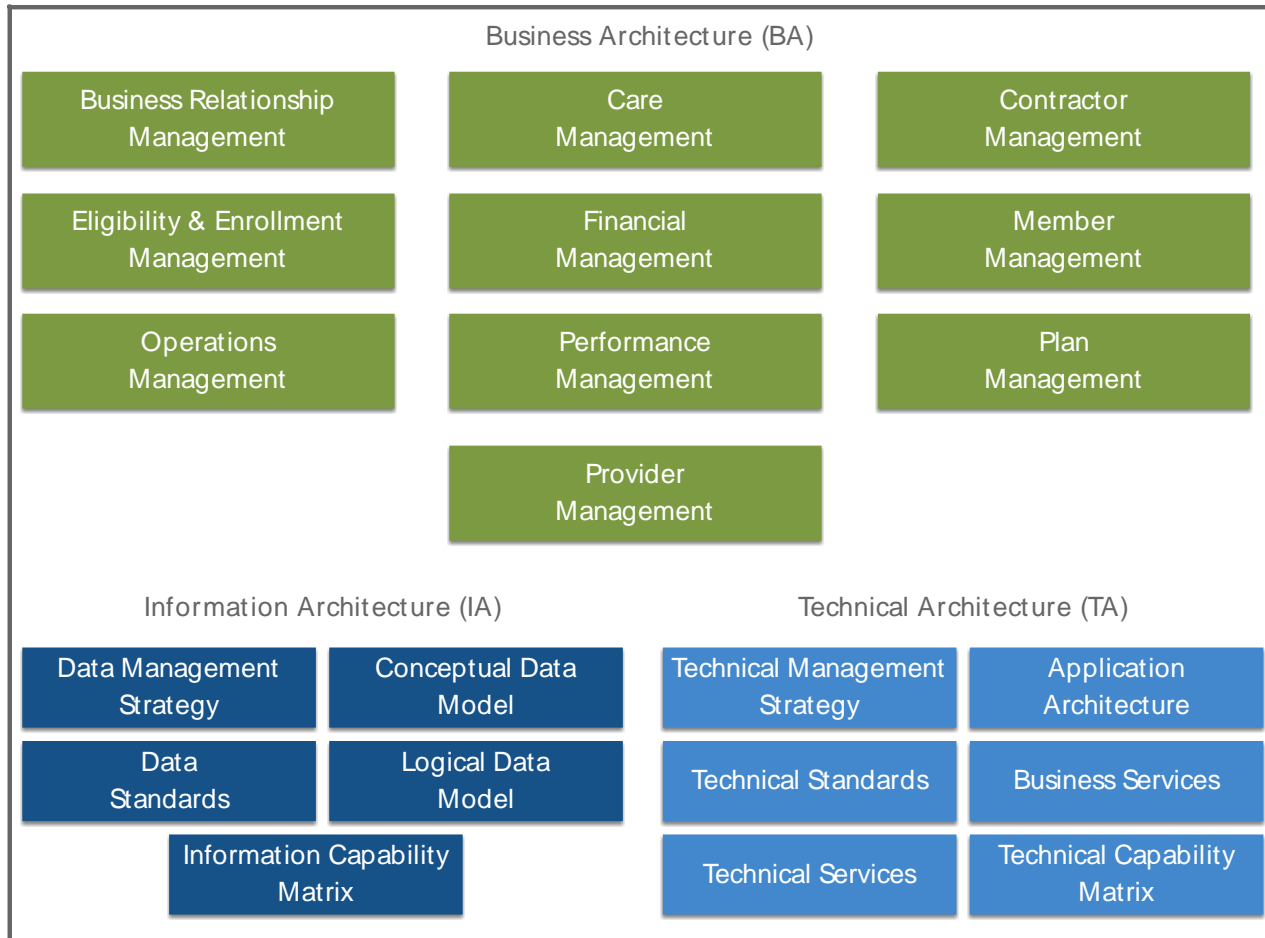
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Executive Summary

MITA SS-A Overview: What is the MITA SS-A?

- The Centers for Medicare & Medicaid Services (CMS) introduced the Medicaid Information Technology Architecture (MITA) as a framework to assist states with improving the operation of their Medicaid programs. A State Self-Assessment (SS-A) documenting the State’s capability level of the Business Architecture, Information Architecture, Technical Architecture, and CMS Standards and Conditions is a prerequisite for requesting enhanced federal funds to improve the Medicaid enterprise.
- MITA provides a standardized framework that allows the State to pay for the Medicaid enterprise’s upcoming system improvements and implementations with enhanced federal funding. More than a “compliance” activity, MITA facilitates transformation of business processes, required data and information, and supportive technology of the Medicaid organization.
- Public Knowledge completed this MITA 3.0 SS-A Update, in collaboration with the Colorado Department of Health Care Financing and Policy (HCPF). This assessment is based on current MITA Framework version 3.0. The following deliverables are produced in support of the SS-A, and together provide a comprehensive picture of Colorado’s As Is environment and To Be operations, including a vision for the transition and impacts, among other key information:
 - This Colorado MITA 3.0 SS-A Report
 - Colorado Electronic SS-A Scorecards
 - Colorado MITA Concept of Operations
 - Colorado Data Management and Strategy Recommendations and Guidance
 - Colorado Technical Management and Strategy Recommendations and Guidance
- Colorado will leverage the SS-A to plan its transition from current capabilities to future, targeted capabilities. Using the SS-A, Colorado reviews its current Medicaid Enterprise operations and develops a list of target capabilities (transition goals) that allow it to meet its strategic goals.

MITA SS-A Overview: Framework Components



MITA SS-A Overview: Framework Components

The MITA Framework is comprised of 3 “architectures.” While each is assessed independently, the 3 architectures are interconnected, each supporting and informing the others.

- The **Business Architecture** (BA) is comprised of 10 Business Areas that generally apply to all state Medicaid enterprises. Each area includes several business processes.
- The **Information Architecture** (IA) supports the BA and describes information strategy, structure, and data.
- The **Technical Architecture** (TA) also supports BA and describes technical and application design aspects including conceptual, logical, and physical views of the enterprise.

The following 2 slides show the interrelationship and high-level structure of the MITA Framework. Slide 4 depicts how the IA and TA serve as pillars for the BA and identifies the components within each architecture. Slide 5 shows the 10 MITA business areas and lists the business processes that fall under each area.

The SS-A assesses the MITA Business Areas and Business Processes against 5 levels of progressive improvement to be achieved over the State’s transformation pathway. MITA Guidance explains the Maturity Model’s use of the following levels as a benchmark to define capabilities for each of the 3 architectures:

Level 1 – All technology, policy, and statutory enablers exist and are widely used. Agency complies with baseline requirements.

Level 2 – All technology, policy, and statutory enablers exist and are widely used. Agency improves important parts of its business.

Level 3 – Industry Standards are widely used. Agency promotes collaboration, data sharing, interoperability, and consolidation of business processes.

Level 4 – Widespread access to clinical information improves healthcare outcomes. Agency promotes interstate information exchange.

Level 5 – Leverage and reuse of technologies is widely used for national interoperability. Agency focuses on program management rather than daily routines.

MITA SS-A Objectives

The following list describes MITA's objectives, as specified by CMS:

- Encourage states to adopt data and industry standards.
- Promote reusable components and modularity.
- Promote efficient and effective data sharing to meet stakeholder needs.
- Provide a beneficiary-centric focus.
- Support interoperability, integration, and an open architecture.
- Promote secure data exchange (single entry point).
- Promote good practices (e.g., the Capability Maturity Model (CMM) and data warehouse).
- Support integration of clinical and administrative data.
- Break down artificial boundaries between systems, geography, and funding within the Medicaid enterprise.

2020 Colorado MITA SS-A Update Methodology & Approach

Colorado Medicaid Enterprise & MITA 3.0 SS-A Background

Colorado conducted its last SS-A in 2016, in the middle of designing and configuring its new interChange, BIDM, and PBMS systems, together known as Colorado Medicaid Modernization Innovation & Transformation (COMMIT). Since that time, the Department has implemented COMMIT and has transformed its operations to accommodate changes in processes and workflow. In August 2019, the Department received notice of COMMIT certification.

In January 2016, CMS effected the “Mechanized Claims Processing and Information Retrieval Systems (90/10)” Rule requiring states to implement streamlined, interoperable systems that provide a consumer-friendly experience in order to receive enhanced funding. With the certification of COMMIT achieved, the Department will focus on transforming the Medicaid Enterprise through initiatives and process improvements that streamline Department processes through interoperable systems that ultimately support the Department’s strategic pillars.



Health Care Affordability for All Coloradans

Reduce the cost of
health care in
Colorado



Medicaid Cost Control

Ensure the right
services, for the
right people, at
the right price



Member Health

Improve health
outcomes and
program delivery



Customer Service

Improve service
to our members,
providers, and
partners



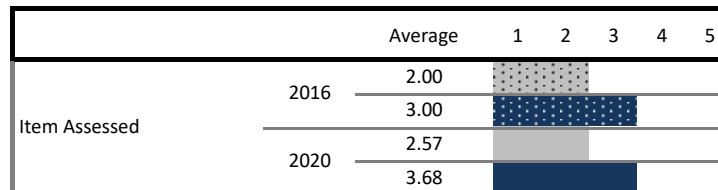
Operational Excellence

Create compliant,
efficient, and effective
business practices that
are person- and
family-centered



2020 Colorado MITA 3.0 SS-A Update Profile Approach

- Colorado conducted its assessment in February 2020 using a survey approach to assess its Business Architecture, Information Architecture, and Technical Architecture with targeted facilitated meetings, when follow-up was required.
- 2016: 776 surveys sent. 231 completed. Completion percentage = 29.77%
- 2020: 256 surveys sent. 153 completed. Completion percentage = 59.77%
- Colorado assessed 77 of the 80 MITA Business Processes (Colorado does not conduct CM04: Manage Registry, CM07: Authorize Referral, or OM20: Calculate Spend Down Amount)
- To Be scores were projected 3-5 years into the future. The 2020 Colorado MITA Roadmap provides additional detail about projects or initiatives and their expected impact on the future vision and MITA maturity of the Colorado Medicaid Enterprise.
- MITA guidance requires that the overall profile score be constrained by the lowest scoring capability level.
- As shown below, grey boxes are used to depict the As Is MITA Maturity Level, and blue boxes are used to depict the To Be MITA Maturity Level.
- Additionally, in order to quantify the overall maturity (i.e. show improvements that may not be reflected in the overall MITA “scores”) the average capability level is included alongside the As Is and To Be MITA Maturity Levels for the BA, and TA profiles. The intent is to represent a better picture of Colorado’s As Is and To Be maturity through the averaged score, in addition to the MITA profile score.



***Note that due to the MITA requirement that the official/ reported MITA Maturity score be equal to the lowest capability score, the average score may be significantly higher than the official score. These are not errors, but rather help to highlight where advancements exist that may not be otherwise recognized under the MITA Framework.**

Summary of 2020 MITA SS-A Results

2020 MITA As Is Summary Findings

2016 To Be goals were met, or exceeded, in 7 out of 10 Business Areas, all categories of the Information Architecture, all categories of the Technology Architecture, and alignment with the standards and conditions.

Improvements in Colorado's MITA maturity in 7 out of 10 Business Areas have been achieved through several system implementations and enhancements implemented since 2016, including:

- interChange, BIDM, PBMS
- PEAK
- Bridge, and
- The Salesforce Platform

The amount of automation within the Enterprise has increased since 2016, although manual processes continue to exist in almost every business process which limits the overall maturity. Assessment data shows a direct relationship between increased automation and increased scores around business process efficiency and accuracy.

2016 To Be goals for Business Relationship Management were not met for the following:

- **Business Relationship Management.** SMEs indicated that implementation of interChange helped improve Contract tracking and payment. However agreements, contracts, and KPI monitoring processes require a high level of manual drafting and review and interChange does not have functionality necessary to improve this process.
- **Care Management.** SMEs indicated that some improvements were gained with the implementation of Bridge, access to data provided by BIDM, and development of partnerships with sister agencies. However, delays in implementing the Department's Care Management system, Aerial, delayed the enhancements to the Level 2 goal.
- **Contractor Management.** SMEs recognized the operationalization of eClearance and automated processes request submission routing and signature workflows. However, much of the process around the solicitation development and contracting are manual.

2020 MITA SS-A To Be Recommendations

Public Knowledge analyzed statements collected from SMEs via their responses to thirteen (13) MITA surveys. The following eight (8) areas are a consolidated view of the To Be themes identified for all business areas and processes and are intended to represent the needs and desires of the Colorado Medicaid Enterprise SMEs for the purpose of improving its MITA maturity and its ability to effectively and efficiently conduct business.

The following recommendations will assist Colorado in improving the way it administers its programs:

1) Continue with implementation of upcoming programs and initiatives. Increased automation throughout the Department has taken place since 2016 but further automation (where possible) is needed to reach higher MITA maturity levels. The following projects are expected to improve Colorado's MITA maturity level significantly through enhancing the Department's ability to collect and standardize data to support data driven decision making. Examples include:

- Medicare's Blue Button Project
- Aerial Implementation
- Additional PEAK enhancements
- Contracts system to improve automation of contracts and proposal submissions
- Services Integrator contract award, and the
- MMIS replacement

2) Improve the data integration and data flow from one system or agency to another. Providing data through the Enterprise continues to be managed through many direct interfaces that often provide similar data points. Implementation of new systems or initiatives, such as the Services Integrator contract award mentioned above or the automation and streamlining of the SCR/CR backlog, will improve data accuracy and timely movement of data between the systems and programs.

2020 MITA SS-A To Be Recommendations (continued)

- 3) **Capitalize on evolving trends in APIs and data sharing standards (such as FHIR) throughout the Department.** Using API development to drive improvement in defining and enforcing data sharing standards, such as is occurring in the provider portal, will lead to significant gains in all three MITA architectures (business, information, and technical). APIs and standards around data will streamline access to improve workflow and distribute data more efficiently and more productively throughout the Enterprise.

- 4) **Continue to look for automation.** SMEs indicated that implementations take place throughout the Department but are often not used to their full potential. Hyland OnBase Case Management Tracking System is an example of this. It has been implemented, but full functionality has not been achieved. As SMEs become more familiar with the systems through training and everyday use, encourage them to identify new areas to streamline business processes through system automation. For example, SMEs mentioned additional opportunities to improve process timeliness, efficiency, accuracy, and in most cases, stakeholder satisfaction through the upcoming Aerial implementation including reconfiguration of the PAR/Claims system and payment methods. Create an opportunity for bi-directional feedback to keep SMEs engaged in the process.

- 5) **Continue to identify ways to standardize processes across the Department to improve the To Be state.** Standardized processes allow better coordination across agencies, units, and programs that own portions of a larger, overall business process. Standardization will result in more predictable decisions, improves efficiencies, creates more timely outcomes, and removes subjectivity in decision-making, where appropriate. SMEs indicated opportunities for standardization in screening tools within case management, business processes within Operations and Administration, and overall alignment of Program policies.

2020 MITA SS-A To Be Recommendations (continued)

- 6) **Increase internal communication and transparency with staff on Department priorities, including new policies and programs.** Organizational change management (OCM) is a critical component for the Department's successful transformation. Using the Department's existing ADKAR (Awareness, Desire, Knowledge, Ability, Reinforcement) methodology for OCM, ensure communication and activities on priorities, policies, and programs support individuals' different needs for receiving and sending information. Set clear and achievable priorities, and ensure consistent, frequent communication through multiple channels.

- 7) **Furthermore, build staff awareness and improve knowledge and ability through training.** SMEs indicated a need for more training in existing and new procedures, processes, or policies. Additional training opportunities exist with the implementation of interchange, such as in the Controller Division, or with new budget reporting and analysis tools, or with increasing understanding of BIDM capabilities.

- 8) **Identify staff retention opportunities and techniques to improve staffing levels where necessary/possible.** Areas that require higher staff involvement, such as compliance and policy within Plan Management, Provider Enrollment, and Program Relations, would benefit from additional resources. Additionally, there may be opportunity to review of current practices taking place in each business process, including suitability of each staff member involved in each practice, should be performed on a regular basis to streamline and maximize efficiency.

Business Architecture 2020 Results: Overview

The tables below provides a quantitative summary of the Business Architecture capability for the Colorado Medicaid Enterprise's 77 business processes (Colorado does not conduct CM04: Manage Registry, CM07: Authorize Referral, or OM20: Calculate Spend Down Amount).

		Average	1	2	3	4	5
Business Architecture							
Business Relationship	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	2.00	[Dotted pattern]				
	2020 As Is	1.80	[Dotted pattern]				
	2020 To Be	2.21	[Dotted pattern]				
Care Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	2.00	[Dotted pattern]				
	2020 As Is	1.96	[Dotted pattern]				
	2020 To Be	3.06	[Dotted pattern]				
Contractor Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	2.00	[Dotted pattern]				
	2020 As Is	1.82	[Dotted pattern]				
	2020 To Be	1.96	[Dotted pattern]				
Member Eligibility and Enrollment & Member Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	2.00	[Dotted pattern]				
	2020 As Is	2.10	[Dotted pattern]				
	2020 To Be	2.88	[Dotted pattern]				
Financial Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	1.00	[Dotted pattern]				
	2020 As Is	2.09	[Dotted pattern]				
	2020 To Be	2.37	[Dotted pattern]				
Operations Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	2.00	[Dotted pattern]				
	2020 As Is	2.19	[Dotted pattern]				
	2020 To Be	2.66	[Dotted pattern]				
Performance Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	1.00	[Dotted pattern]				
	2020 As Is	1.79	[Dotted pattern]				
	2020 To Be	2.68	[Dotted pattern]				
Plan Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	1.00	[Dotted pattern]				
	2020 As Is	2.08	[Dotted pattern]				
	2020 To Be	2.66	[Dotted pattern]				
Provider Management	2016 As Is	1.00	[Dotted pattern]				
	2016 To Be	1.00	[Dotted pattern]				
	2020 As Is	1.92	[Dotted pattern]				
	2020 To Be	2.66	[Dotted pattern]				

Level 1 – mostly manual, uncoordinated, staff intensive.

Level 2 – moving to more automation, more coordination within the agency, less staff intensive.

Level 3 – automated information collection, decision-making is automatic using standardized business rules definitions, adoption of Standards, intrastate agency/entity information exchange.



Business Architecture 2020 Results: By Subcategory

BUSINESS RELATIONSHIP MANAGEMENT (BR)		Average	1	2	3	4	5
Standards Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.80	█				
	2020 To Be	2.21	█	█			
CARE MANAGEMENT (CR)							
Case Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.97	█				
	2020 To Be	3.04	█	█	█		
Authorization Determination	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.96	█				
	2020 To Be	3.11	█	█	█		
CONTRACTOR MANAGEMENT (CO)							
Contractor Information Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.62	█				
	2020 To Be	1.84	█				
Contractor Support	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.90	█				
	2020 To Be	2.01	█	█			
Contract Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.85	█				
	2020 To Be	1.99	█				

Level 1 – mostly manual, uncoordinated, staff intensive.

Level 2 – moving to more automation, more coordination within the agency, less staff intensive.

Level 3 – automated information collection, decision-making is automatic using standardized business rules definitions, adoption of Standards, intrastate agency/entity information exchange.



Business Architecture 2020 Results: By Subcategory

ELIGIBILITY & ENROLLMENT MANAGEMENT (EE)		Average	1	2	3	4	5
Member Enrollment	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	2.24	█	█	█		
	2020 To Be	2.97	█	█	█	█	
Provider Enrollment	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.87	█	█			
	2020 To Be	2.51	█	█	█		
FINANCIAL MANAGEMENT (FM)							
Accounts Receivable Management	2016 As Is	1.00	█				
	2016 To Be	1.00	█				
	2020 As Is	1.99	█	█			
	2020 To Be	2.21	█	█	█		
Accounts Payable Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	2.22	█	█	█		
	2020 To Be	2.33	█	█	█	█	
Fiscal Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	2.09	█	█	█		
	2020 To Be	2.76	█	█	█	█	
MEMBER (RECIPIENT) MANAGEMENT (ME)							
Member (Recipient) Information Management	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.97	█	█			
	2020 To Be	2.93	█	█	█	█	
Member (Recipient) Support	2016 As Is	1.00	█				
	2016 To Be	2.00	█	█			
	2020 As Is	1.96	█	█			
	2020 To Be	2.76	█	█	█	█	

Level 1 – mostly manual, uncoordinated, staff intensive.

Level 2 – moving to more automation, more coordination within the agency, less staff intensive.

Level 3 – automated information collection, decision-making is automatic using standardized business rules definitions, adoption of Standards, intrastate agency/entity information exchange.



Business Architecture 2020 Results: By Subcategory

		Average	1	2	3	4	5
OPERATIONS MANAGEMENT (OM)							
Payment and Reporting	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.22					
	2020 To Be	2.69					
Claims Adjudication	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.17					
	2020 To Be	2.62					
PERFORMANCE MANAGEMENT (PE)							
Compliance Management	2016 As Is	1.00					
	2016 To Be	1.00					
	2020 As Is	1.79					
	2020 To Be	2.68					
PLAN MANAGEMENT (PL)							
Plan Administration	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	1.94					
	2020 To Be	2.49					
Health Plan Administration	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.01					
	2020 To Be	2.82					
Health Benefits Administration	2016 As Is	1.00					
	2016 To Be	1.00					
	2020 As Is	2.26					
	2020 To Be	2.73					
PROVIDER MANAGEMENT (PM)							
Provider Information Management	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.13					
	2020 To Be	2.79					
Provider Support	2016 As Is	1.00					
	2016 To Be	1.00					
	2020 As Is	1.85					
	2020 To Be	2.77					

Level 1 – mostly manual, uncoordinated, staff intensive.

Level 2 – moving to more automation, more coordination within the agency, less staff intensive.

Level 3 – automated information collection, decision-making is automatic using standardized business rules definitions, adoption of Standards, intrastate agency/entity information exchange.



Information Architecture 2020 Results

The table below provides a quantitative summary of the Information Architecture assessment across all Business Areas.

INFORMATION ARCHITECTURE		Average	1	2	3	4	5
Data Management Strategy	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.39					
	2020 To Be	2.98					
Conceptual Data Model	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.48					
	2020 To Be	2.86					
Logical Data Model	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.48					
	2020 To Be	2.80					
Data Standards	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.34					
	2020 To Be	2.93					

Level 1 – mostly manual, uncoordinated, staff intensive.

Level 2 – moving to more automation, more coordination within the agency, less staff intensive.

Level 3 – The IA component adopts a governance process, a CDM, a LDM, enterprise modeling, the MITA Framework, and other nationally recognized standards for intrastate data exchange.



Technical Architecture 2020 Results

The table below provides a quantitative summary of the Technical Architecture assessment across all Business Areas.

TECHNICAL ARCHITECTURE		Average	1	2	3	4	5
Access & Delivery	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.30					
	2020 To Be	2.97					
Intermediary and Interface	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.48					
	2020 To Be	3.06					
Integration and Utility	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.31					
	2020 To Be	2.87					

Level 1 – mostly manual, uncoordinated, staff intensive.

Level 2 – moving to more automation, more coordination within the agency, less staff intensive.

Level 3 – The technical component utilizes an ESB to promote interoperability. Partners may be intrastate and interstate agencies, federal entities and external health care stakeholders.



Standards and Conditions 2020 Results

The table below provides a quantitative summary of the Technical Architecture assessment across all Business Areas.

		Average	1	2	3	4	5
STANDARDS AND CONDITIONS							
Business Results Condition	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.00					
	2020 To Be	2.47					
Industry Standards Condition	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.00					
	2020 To Be	2.30					
Interoperability Condition	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.00					
	2020 To Be	2.60					
Leverage Condition	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.00					
	2020 To Be	2.60					
MITA Condition	2016 As Is	2.00					
	2016 To Be	2.00					
	2020 As Is	2.00					
	2020 To Be	2.80					
Modularity Standard	2016 As Is	1.00					
	2016 To Be	2.00					
	2020 As Is	2.00					
	2020 To Be	2.57					
Reporting Condition	2016 As Is	1.00					
	2016 To Be	3.00					
	2020 As Is	2.00					
	2020 To Be	2.30					

Level 1 – low degree of alignment with the standard/condition.

Level 2 – incorporating more of the principals of the standard/condition, but alignment is not enterprise-wide.

Level 3 – at least half of the enterprise aligns with the standard/condition.



Detailed SS-A Results by Business Area

Detailed SS-A Results by Business Area

The Business Architecture (BA) is comprised of 10 Business Areas that generally apply to all state Medicaid enterprises. Each area includes several business processes. The following slides cover detailed findings and CO MITA 3.0 scoring for each business process.

The Business Areas are:

- Business Relationship Management (BR)
- Care Management (CM)
- Contractor Management (CO)
- Member Eligibility & Enrollment and Member Management (EE & ME)
- Financial Management (FM)
 - Accounts Receivable
 - Accounts Payable
 - Fiscal
- Operations Management (OM)
- Performance Management (PE)
- Plan Management (PL)
- Provider Management (PM)

For each Business Area we provide the following:

- Business Area description
- As Is and To Be findings, and
- SS-A MITA Maturity profiles for the 2016 and 2020:
 - Business Architecture by business process
 - Information Architecture by component
 - Technical Architecture by component
 - Standards and Conditions

MITA SS-A Overview: Business Processes

Business Relationship Management

BR01 - Establish Business Relationship	BR04 - Terminate Business Relationship
BR03 - Manage Business Relationship Information	BR02 - Manage Business Relationship Communication

Care Management

CM01 - Establish Case	CM05 - Perform Screening and Assessment
CM02 - Manage Case Information	CM06 - Manage Treatment Plan and Outcomes
CM03 - Manage Population Health Outreach	CM07 - Authorize Referral
CM04 - Manage Registry	CM08 - Authorize Service
CM09 - Authorize Treatment Plan	

Contractor Management

CO04 - Inquire Contractor Information	CO06 - Award Contract
CO01 - Manage Contractor Information	CO08 - Close Out Contract
CO02 - Manage Contractor Communication	CO07 - Manage Contract
CO03 - Perform Contractor Outreach	CO05 - Produce Solicitation
CO09 - Manage Contractor Grievance and Appeal	

Eligibility and Enrollment Management

EE01 - Determine Member Eligibility	EE05 - Determine Provider Eligibility
EE02 - Enroll Member	EE06 - Enroll Provider
EE04 - Inquire Member Eligibility	EE08 - Inquire Provider Information
EE03 - Disenroll Member	EE07 - Disenroll Provider

Financial Management

FM01 - Manage Provider Recoupment	FM11 - Manage Capitation Payment
FM02 - Manage TPL Recovery	FM12 - Manage Incentive Payment
FM03 - Manage Estate Recovery	FM13 - Manage Accounts Payable Information
FM04 - Manage Drug Rebate	FM14 - Manage Accounts Payable Disbursement
FM05 - Manage Cost Settlement	FM15 - Manage 1099
FM06 - Manage Accounts Receivable Information	FM16 - Formulate Budget
FM08 - Prepare Member Premium Invoice	FM17 - Manage Budget Information
FM09 - Manage Contractor Payment	FM18 - Manage Fund
FM10 - Manage Member Financial Participation	FM19 - Generate Financial Report
FM07 - Manage Accounts Receivable Funds	

Member Management

ME01 - Manage Member Information	ME02 - Manage Applicant and Member Communication
ME08 - Manage Member Grievance and Appeal	ME03 - Perform Population and Member Outreach

Operations Management

OM14 - Generate Remittance Advice	OM07 - Process Claim
OM18 - Inquire Payment Status	OM29 - Process Encounter
OM27 - Prepare Provider Payment	OM20 - Calculate Spend Down Amount
OM28 - Manage Data	OM04 - Submit Electronic Attachment
OM05 - Apply Mass Adjustment	

Performance Management

PE01 - Identify Utilization Anomalies	PE03 - Manage Compliance Incident Information
PE02 - Establish Compliance Incident	PE05 - Determine Adverse Action Incident
PE05 - Prepare REOMB	

Plan Management

PL01 - Develop Agency Goals and Objectives	PL05 - Manage Performance Measures
PL02 - Maintain Program Policy	PL06 - Manage Health Benefit Information
PL03 - Maintain State Plan	PL07 - Manage Reference Information
PL04 - Manage Health Plan Information	PL08 - Manage Rate Setting

Provider Management

PM01 - Manage Provider Information	PM02 - Manage Provider Communication
PM08 - Terminate Provider	PM07 - Manage Provider Grievance and Appeal
PM03 - Perform Provider Outreach	

MITA SS-A Overview: Business Architecture

MITA guidance identifies 6 core capabilities for assessment of each business process within the Business Architecture:

- **Timeliness of Process** – Time lapse between the initiation of a business process and attaining the desired result (e.g., length of time to enroll a provider, assign a member, pay for a service, respond to an inquiry, make a change, or report on outcomes).
- **Data Access and Accuracy** – Ease of access to data that the business process requires and the timeliness and accuracy of data used by the business process.
- **Effort to Perform; Efficiency** – Level of effort necessary to perform the business process given current resources.
- **Cost Effectiveness** – Ratio of the amount of effort and cost to outcome.
- **Accuracy of Process Results** – Demonstrable benefits from using the business process.
- **Utility or Value to Stakeholders** – Impact of the business process on individual members, providers, and state Medicaid staff.

Additionally, general business capability descriptions and some granular capability qualities are assessed for certain processes.

MITA SS-A Overview: Information Architecture

MITA guidance identifies 4 components for assessment of each business area within the Information Architecture:

Data Management Strategy (DMS) – Provides a structure for sharing Medicaid information both internally and externally. The assessment answers the following questions:

- Does business area have governance of data management?
- Does business area have common data architecture?
- Does each business area use Enterprise Modeling?
- Does business area utilize data sharing architectures?

Conceptual Data Model (CDM) – Provides a depiction of major business information objects and their relationships with each other. Provides a basis for the Logical Data Model. The assessment answers the following question:

- Does business area have CDMs?

Logical Data Model (LDM) – Provides a more detailed accounting of Medicaid enterprise information. Based upon the Conceptual Data Model. The assessment answers the following question:

- Does business area have LDMs?

Data Standards (DS) – Emphasizes standards to ensure data interoperability. The assessment answers the following question:

- Does business area use structure and vocabulary data standards to support current and emerging health data standards?

MITA SS-A Overview: Technical Architecture

MITA guidance identifies 3 components for assessment of each business area within the Technical Architecture:

Access and Delivery – Directly impacts state staff, the public, providers, and all other stakeholders. The span of coverage and access to information and services provided. The assessment reviews the following capabilities:

- web browser connectivity,
- language support,
- Customer Relationship Management (CRM), and
- forms and reports services.

Intermediary and Interface – Refers to the Enterprise Service Bus (ESB) offerings that handle the intermediary services (sometimes referred to as middleware). The interface services tie to connectivity offerings of the nearby Medicaid Enterprise entities and other external organizations that require a connection. The assessment reviews the following capabilities:

- process orchestration,
- workflow, and
- relationship management functionality.

Integration and Utility – Consists of core service components, which are generally a combination of the unique services and a set of reusable services across the Medicaid Enterprise. The assessment reviews the following:

- solution stacks,
- database access layer services,
- scalability,
- application versioning, and
- verification type utility services.

MITA SS-A Overview: Standards & Conditions

Under current CMS guidance, the number of standards or conditions and conditions continues to evolve with the changing landscape. This SS-A considers the following across the 3 architectures for each business area:

- **Modularity Standard** – Use of a modular, flexible approach to systems development.
- **MITA Condition** – Requires states to align with, and advance increasingly in, MITA maturity for business, architecture, and data.
- **Industry Standards Condition** – Ensures states' alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator (ONC) for Health Information Technology (HIT).
- **Leverage Condition** – Promotes solution sharing, leverage, and reuse of Medicaid technologies and systems within and among states.
- **Business Results Condition** – Supports accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.
- **Reporting Condition** – Requires states to produce transaction data, reports, and performance information.
- **Interoperability Condition** – Ensures seamless coordination and integration with the health insurance exchange (whether run by the state or federal government) and respective federal agency to ensure the security and privacy of sensitive data, e.g. the Internal Revenue Service (IRS) and MARS-E 2.0.

*This SS-A uses the current CMS Scorecard provided in MECT 2.3 released in August 2018 which only includes assessment for these seven standards and conditions. These additional standards and conditions have not been assessed under this SS-A.

MITA SS-A Overview: Standards & Conditions (continued)

Additional standards and conditions added in June 2016 through State Medicaid Director Letter #16-009:

- **Modified Adjusted Gross Income (MAGI)-based System Functionality Condition** – Requires that Medicaid Eligibility and Enrollment Systems are able to adequately process MAGI-based Medicaid applications with limited mitigations and workarounds.
- **Mitigation Plan Condition** – Requires that states submit mitigation plans addressing strategies to reduce the consequences of failure for all major milestones and functionality.
- **Key Personnel Condition** – Requires that states identify their key state personnel assigned to each major project by name, role, and time commitment.
- **Documentation Condition** – Requires documentation that allows other users to operate the software so the system could be installed and operated by a variety of contractors or other users.
- **Minimization of Cost of Operation on an Alternative System Condition** – Requires that states consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems. States should also consider options beyond software that will reduce costs or promote reuse.

Business Relationship Management

Business Relationship Management (BR): Overview

The MITA Framework describes the Business Relationship Management Business Area as a collection of business processes that facilitates the coordination of standards of interoperability. This business area defines the exchange of information and Trading Partner Agreements (TPA) between the Medicaid Enterprise and its partners, including collaboration among intrastate agencies, interstate agencies, and federal agencies. These agreements contain functionality for interoperability, establishment of inter-agency Service Level Agreements (SLA), identification of the types of information exchanged, and security and privacy requirements. The Business Relationship Management business area has a common focus (e.g., data exchange standards and SLA) and is responsible for the business relationship data store.

Number of SS-A participants:

2016: 7

2020: 6

Business Relationship Management: 2020 Colorado Findings

As Is Maturity

- Development, review, and updates to agreements and contracts are manual.
- Development, review, and approval of Interagency Agreements (IAs) and waivers are still a manual process. Federal processes are slightly more automated for waivers due to a portal for amendments/renewals and submissions. IAs depend on the relationship with the other agency.
- KPI drafting and verification are manual then stored electronically and are available electronically.

To Be Advancements

- Medicaid Blue Button Project (MBBP) and the future Services Integrator (SI) will allow for more opportunities to automate reporting and pull data that is stored in various agencies throughout the Colorado Medicaid systems; as well as some projects that are under the HITECH IAPD.
- The Office of Community Living Case Management System (in progress) implementation and future planning initiatives will increase claims reviews by case managers, improved data sharing in the provider portal.
- The EPMO will be the driving force to implement standards that will improve the To Be state.

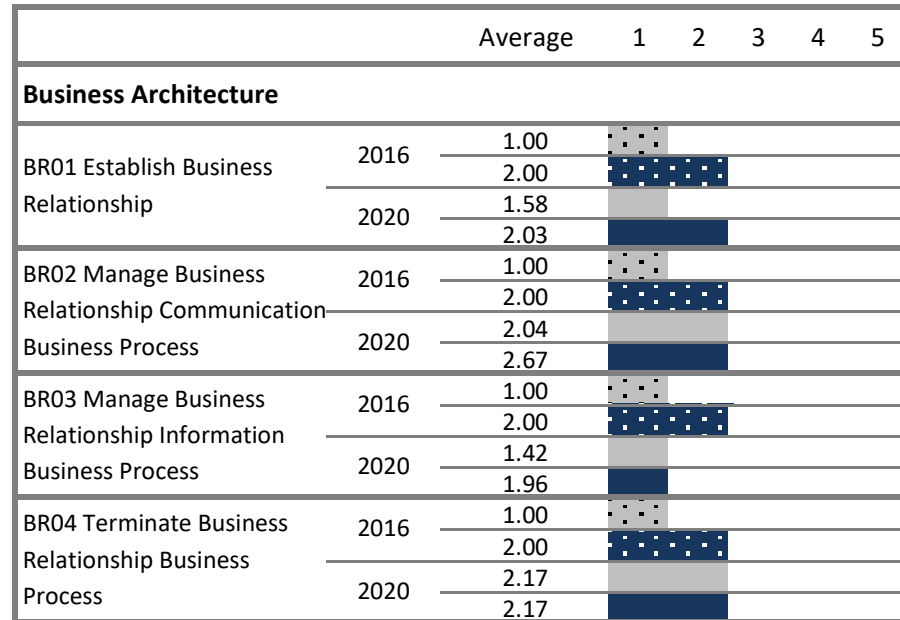
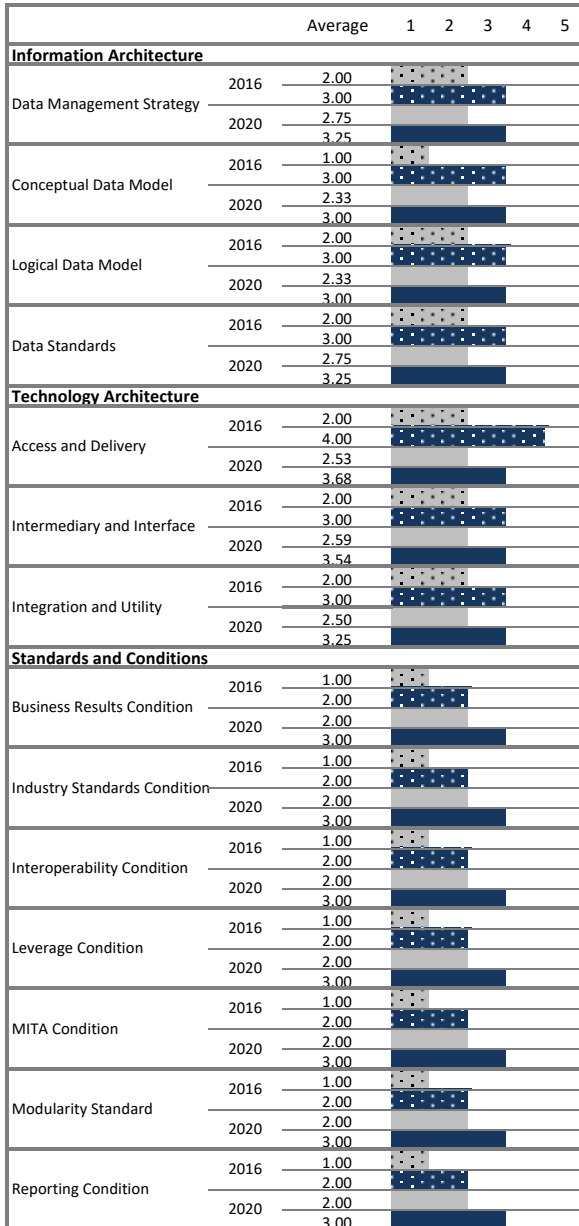
Business Relationship Management: 2020 Colorado Findings

As Is Maturity

To Be Advancements

- Improvements to Contract management processes and standards.
- Procurement of a Privacy and Security Contractor to assist with establishing and monitoring Department-wide data sharing standards and policies.

Business Relationship Management: Colorado MITA 3.0 Profile



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Care Management

Care Management (CM): Overview

The MITA Framework describes the Care Management Business Area as illustrative of the increasing shift away from the fee-for-service model of care. Care Management collects information about the needs of the individual member, plan of treatment, targeted outcomes, and the individual's health status. It also contains business processes that have a common purpose (e.g., identify members with special needs, assess needs, develop treatment plans, monitor and manage the plans, and report outcomes). This Business Area includes processes that support individual care management and population care management. Population care management targets groups of individuals with similar characteristics to promote health education and awareness. The Electronic Health Record (EHR), Electronic Medical Record (EMR), and Personal Health Record (PHR) are primary sources of individual health information from the Health Information Exchange (HIE).

Care Management includes Disease Management, Catastrophic Case Management, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Population Management, Patient Self-Directed Care Management, national health registries, and Waiver Program Case Management. The Care Management Business Area is responsible for the case management, authorizations, referrals, and treatment plans data stores. Care Management also contains business processes for authorization determination, including authorizing referrals, service, and treatment plans.

Number of SS-A participants:

2016: 18

2020: 12

Care Management: 2020 Colorado Findings

As Is Maturity

- Maturity has been gained with recent automations for vital statistics, which allow for better accessibility and accuracy of data/reporting.
- New care management reporting mechanisms have been added.
- Current social data is not available to the extent that medical data is, therefore keeping the scores lower.
- Federal processes are inefficient and cumbersome which impacts timeliness.

To Be Advancements

- The Aerial implementation will help to improve timeliness, accuracy, accessibility, along with other areas.
- In the Aerial implementation will follow the HL7 - eLTSS Standard Dataset.
- Reconfiguration of current PAR/Claims system and payment methods will substantially increase automation with more accuracy than current manual processes.
- Develop the single source of truth for member identity management and hospitals sending HIEs clinical data.
- Leverage the HIEs to make authorizations more efficient.

Care Management: 2020 Colorado Findings

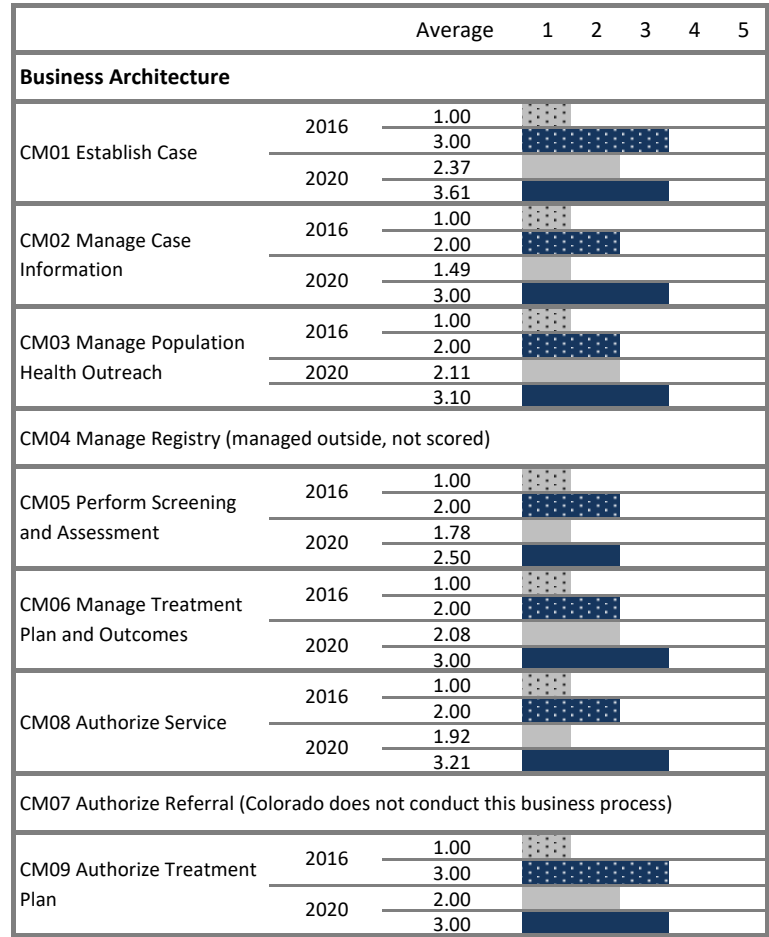
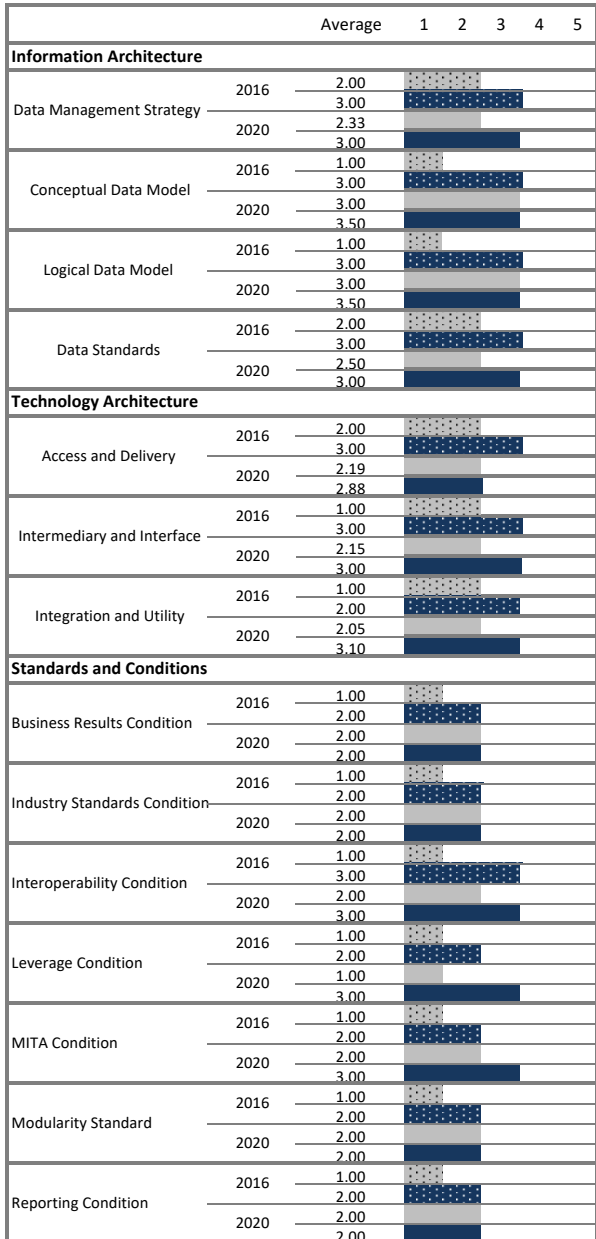
As Is Maturity

- Improvements in partnerships and working relationships have been developed with sister agencies to ensure more accurate and efficient workflows.
- Recently, HCPF stratified the enrolled populations using a dashboard created by our data analysts and populated with data from BIDM. This information is shared with the RAEs and used to identify populations that are most impactable with care coordination outreach.
- HCPF works with CDPHE on some population health concerns including sending immunization and other public health information to registries. Those registries are not totally automated.
- The same data is not always available in both EQ Health and interChange, which results in a lot of back and forth. This limits timeliness and accuracy.

To Be Advancements

- Development of APIs to connect siloed data bases with social determinate information, data standardization and normalization technology to standardize the Medical and social data, revised statutes and regulations allowing the sharing of data.
- Improvement of cross-agency strategic planning is needed.
- Leverage the health information exchange to automatically pull immunization data and other public health related data into the HIEs so that it can be sent to the public health registries and the Department's BIDM for analytics.
- Systems Integrator project will facilitate the share of data across agencies.
- Encourage providers to leverage results delivery into their EHR and single sign on services that allow providers to submit data to the HIE automatically.

Care Management: Colorado MITA 3.0 Profile



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Contractor Management

Contractor Management (CO): Overview

The MITA Framework describes the Contractor Management Business Area as accommodating a Medicaid Enterprise that manages care contracts for a variety of outsourced contracts. The Contractor Management business area has a common focus on Medicaid contractors (e.g., managed care, at-risk mental health or dental care, primary care physician), is responsible for the contractor data store, and uses business processes that have a common purpose (e.g., fiscal agent, enrollment broker, Fraud Enforcement Agency, and third-party recovery).

Number of SS-A participants:

2016: 9

2020: 7

Contractor Management: 2020 Colorado Findings

As Is Maturity

- Contract management still requires a mix of manual processes and communications, although there is some automation around standards, storage, and tracking.
- External distribution of information is largely manual.
- Much communication around contracts is performed through email or informal channels.
- The Department uses an automated way to store contracts, but the verification of the contract requires a person to manually verify information within the contract.
- Several processes still rely on manual submission of files, logs, or similar for processing.

To Be Advancements

- MMIS re-procurement and UM vendor changes will help advance MITA maturity.
- Based on current available technologies we have automated the amendment process as much as possible. Contract amendment drafting is primarily an inherently manual process (a computer cannot automatically draft contractual language to address the varying needs of an amendment) which will limit advancement much past a Level 2.
- Continued efforts to refine contractor outreach generated with automated business rules is ongoing and will improve timeliness and reduce cost in the short term.

Contractor Management: 2020 Colorado Findings

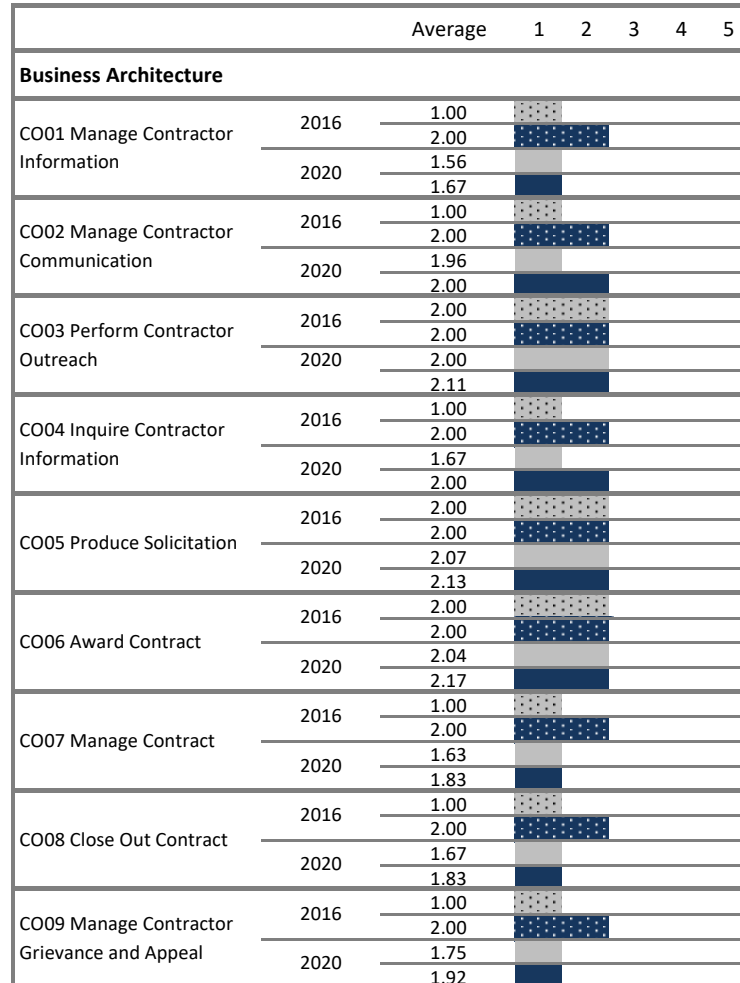
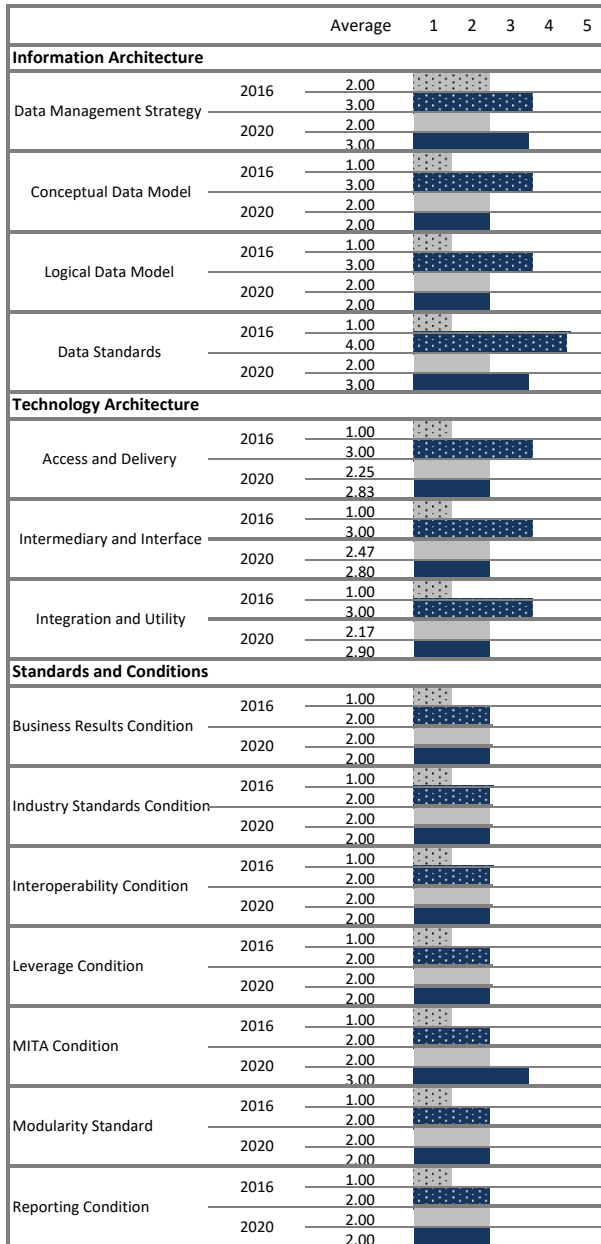
As Is Maturity

- The solicitation development process has many submission and approval steps that are fully automated to the extent possible (request routing, e-clearance approvals, document posting), but the legal drafting of the solicitation is an inherently manual process.
- The State's solicitation system does not effectively allow automated value-based evaluations that are used by the Department.
- Digital submissions do not comply with the procurement code. Currently, proposals are manually submitted on a flash drive from vendors.
- Contract management is only partially automated, relying on manual monitoring, management, and review during interim periods.

To Be Advancements

- Continued automation efforts are being made to improve efficiency, timeliness, and cost.
- Procurement & Contracting is leading a project to accept digital submissions of solicitation responses in compliance with the procurement code, which will automate the process in a way to maximize efficiency.
- The implementation of a Department-run program will remove the need for manual transfer of information related to contractor grievances and appeals.

Contractor Management: Colorado MITA 3.0 Profile



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Member Eligibility and Enrollment & Member Management

Member Eligibility and Enrollment & Member Management (EE & ME): Overview

The MITA Framework describes the Eligibility and Enrollment Management Business Area as a collection of business processes involved in the activity for determination of eligibility and enrollment for new applicants, redetermination of existing members, enrolling new providers, and revalidation of existing providers. The Provider Enrollment Business Category and related business processes focus on patient safety and fraud prevention through functions such as determining screening level (i.e., limited, moderate, or high) for provider verifications. These processes share a common set of provider-related data for determination of eligibility, enrollment, and inquiry to provide services. The Eligibility and Enrollment Management Business Area is responsible for the eligibility and enrollment information of the member data store as well as the provider data store. The member related processes in this Business Area are under development in MITA Framework 3.0.

The MITA Framework describes the Member Management Business Area as a collection of business processes involved in communications between the Medicaid Enterprise and the prospective or enrolled member and actions that the agency takes on behalf of the member. This business area is responsible for managing the member data store, coordinating communications with both prospective and current members, outreach to current and potential members, and dealing with member grievance and appeals issues.

These processes are under development in the MITA Framework 3.0, and Colorado utilized the draft framework for this process in anticipation of the formal release of the supplement.

Number of SS-A participants:

2016: 23

2020: 17

Member Eligibility and Enrollment & Member Management (EE & ME): 2020 Colorado Findings

As Is Maturity

- Automated member enrollment via PEAK and through CBMS allows tracking on member eligibility and actions taken on a case.
- Disenrollment is determined on eligibility end dates but requires a manual process for real time processing.
- Delivery of of manual data with a mix of automation is required.
- An automated process with the State Marketplace, which can track members/cases for accuracy.
- Eligibility information exchange using X12 national standard is fully automated.

To Be Advancements

- Consider expanding Artificial Intelligence (AI) opportunities to improve processes.
- The Services Integrator will support advancements by facilitating data sharing with other organizations/programs and expanding the use of real-time interfaces (i.e. Social Security, Medicare or Franchise Tax Board).
- Continue to automate member eligibility business rules decision-making.
- Implement systematic quality control processes within the eligibility system and hiring a contractor to map out eligibility processes from end to end to identify gaps and opportunities.
- Continue to improve systems by looking at interfaces that can enhance the member enrollment process.

Member Eligibility and Enrollment & Member Management (EE & ME): 2020 Colorado Findings

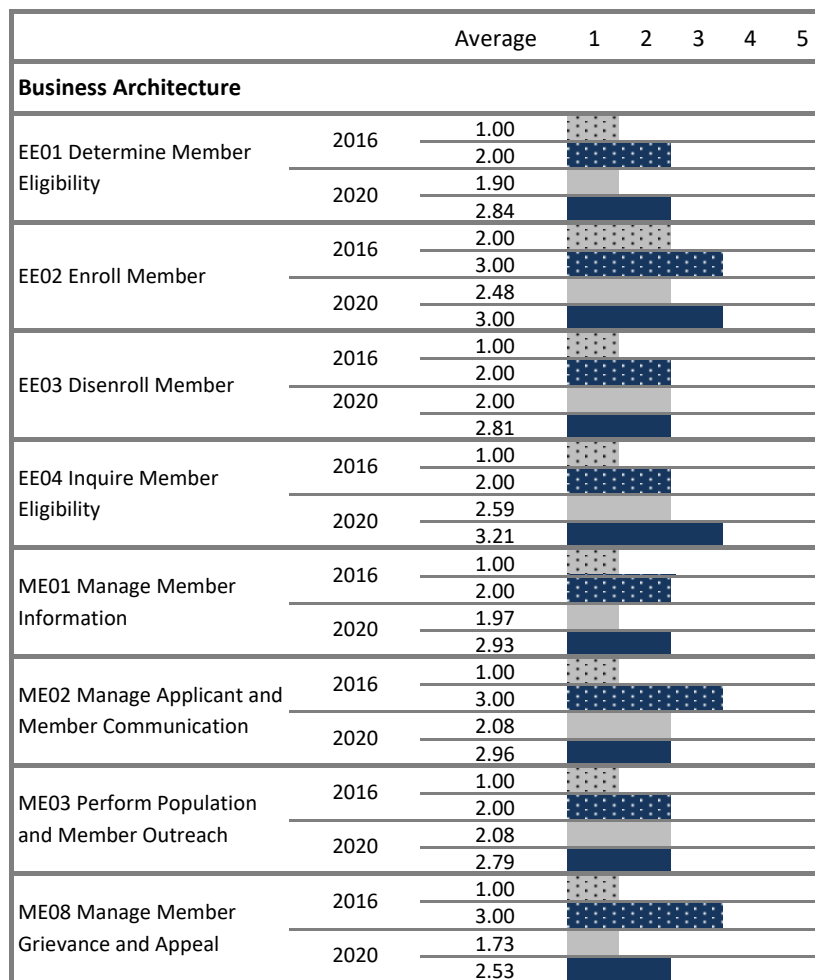
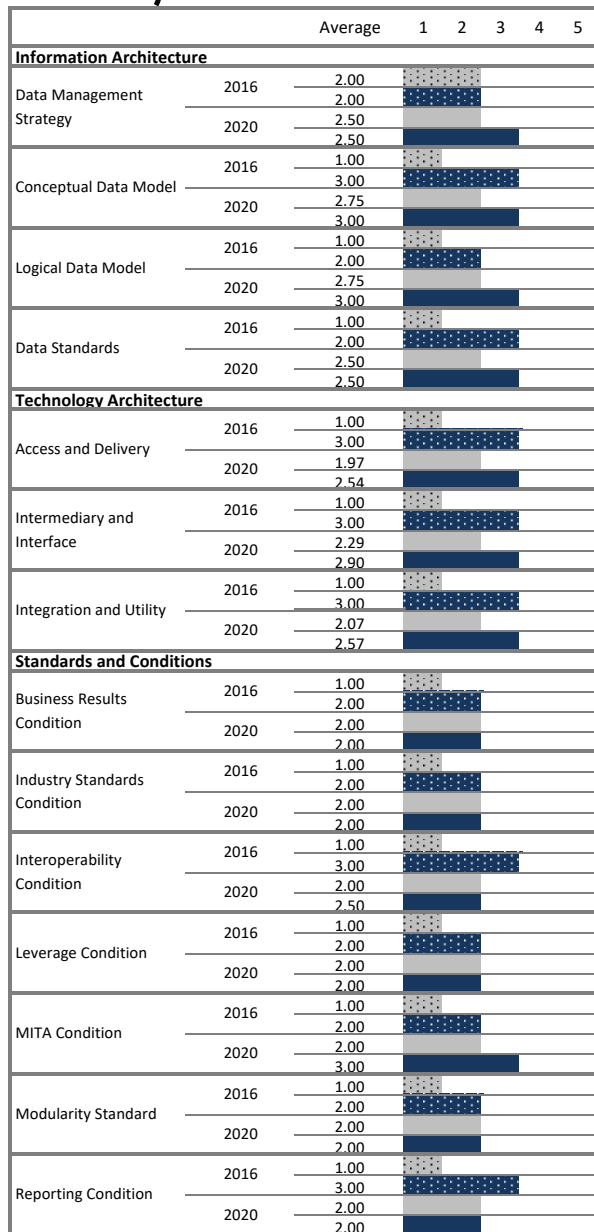
As Is Maturity

- Member information is sometimes different between systems depending on timing. Data sharing standards are not yet well-defined or well-enforced.
- Member communications are often paper-based, with high return rates and a lot of confusion.
- Outreach program utilizes Salesforce-based Member Relationship Management system to track outreach efforts around benefits, referrals to providers and community resources. All interactions are documented.
- Data uploads have been manual or semi-manual.

To Be Advancements

- Improved reconciliations between interChange and CBMS, automation of PARIS and date-of-death projects, and centralized return mail center will help improve MITA maturity.
- Interfaces such as the Equifax work number will automate income information for members.
- Provide better opportunities to communicate with members in a consistent, efficient, and streamlined and easy-to-understand manner.
- Provide appeals guidance on our website, direct link with Office of Administrative courts and Salesforce to automate the appeals tracking.

Member Eligibility and Enrollment & Member Management (EE & ME): Colorado MITA 3.0 Profile



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Financial Management

Financial Management (FM): Overview

The MITA Framework describes the Financial Management business area as including the Accounts Receivable, Accounts Payable, and Fiscal Management subprocesses. This business area is a collection of business processes that support the payment of providers, managed care organizations, other agencies, insurers, and Medicare premiums. These processes support the receipt of payments from other insurers, providers, and member premiums and financial participation. They share a common set of payment- and receivables-related data. The Financial Management business area is responsible for the financial data store.

Number of SS-A participants:

2016: 72

2020: 54

Financial Management – Accounts Receivable Management: 2020 Colorado Findings

As Is Maturity

- The Accounts Receivable process appears reasonably automated.
- Hyland OnBase Case Investigation Management has been implemented, however, not all capabilities are functional in the system.
- SCR 42883 improved the explanation of automatic system generated Account Receivables in the Provider's Remittance Advice. There is still a manual Accounts Receivable component, especially in cases of fraud.
- There is still a lot of manual work in TPL functions despite some additional automation functionality after COMMIT. Most TPL functions are performed by the TPL vendor. However, those performed in-house still require manual intervention and verification.

To Be Advancements

- The Department is seeking a possible web-based case tracking and management solution that will replace Hyland OnBase.
- The Department is continually integrating reconciliation processes within the systems that should improve automation capabilities.
- Establishing a Cost Control unit to enforce deadlines for recoupments and improve timeliness.
- TPL has a number of projects on the horizon to further automate processes in interChange, BIDM, and CBMS.
- Ultimately, the Department is working towards being able to pay all payments for administrative activities out of one system. At that time, the processes should be more automated.

Financial Management – Accounts Receivable Management: 2020 Colorado Findings

As Is Maturity

- SCR 43115 improved the data interface between interChange and the State's financial system.
- Process to request Account Receivables is still based on paper and email. Tracking of Account Receivables is done via manual look up within interChange.

To Be Advancements

Financial Management

Accounts Payable Management: 2020 Colorado Findings

As Is Maturity

- The process for paying invoices requires manual intervention. The unique funding streams require someone to review an invoice line by line to ensure that the appropriate deliverable are being paid from the correct funding stream.
- Medicare buy-in and Health Insurance Buy-In reflect hybrid manual/automatic processes.
- Some incentive payments are fully automated, based on metrics calculated in the BIDM. Other metrics are calculated outside of the MMIS infrastructure and must be paid manually.
- Because of automated process, staffing levels are lower (HDCO applies here).
- A lot is manual but there is a lot of automation that goes through the provider's EHR.

To Be Advancements

- SCRs currently submitted will increase internal controls.
- There is the potential for an alternative payment model that relies on electronic clinical quality measures (HDCO automatically includes extra CQMs).
- Automation to help providers from having to enter data. Quality will improve but 90% will be difficult to obtain.

Financial Management – Accounts Payable Management: 2020 Colorado Findings

As Is Maturity

- The interChange expenditure process does operate as a content management system to allow supporting documentation to be attached.
- The interChange has the ability to hold payments, however Staff must manually look for held payments.

To Be Advancements

Financial Management – Fiscal Management: 2020 Colorado Findings

As Is Maturity

- Most of the processes to produce the budget are a mix of manual and automatic. For example, analysts must manually produce documentation on approved budget actions, which then gets loaded into the Performance Budgeting System. This system allows for automatic report generation and quality checks across agencies.
- New systems and functionality have been added but the State may not be using them to their full potential due to lack of training.

To Be Advancements

- The budget formulation process will always have a significant amount of manual intervention. However, automation around communication could affect the accuracy and accessibility of information and the satisfaction of stakeholders.
- The Budget Division is making an effort to make information from the budget process more easily accessible and easy to interpret. There is a plan to redo some of the lengthy budget narratives into easier-to-follow summaries.
- As the Services Integrator and Medicaid Blue Button Project (MBBP) is implemented, functionality will be increasingly automated.

Financial Management – Fiscal Management: 2020 Colorado Findings

As Is Maturity

- The infrastructure built by the Department within the interChange and BIDM has improved our federal reporting and claiming of federal funds.
- For the Recovery Audit Contractor (RAC), calculation of contingency fee as well as FFP for claims is automated; however, staff manually compile data to run calculations.
- Configuration of coding is complex and time consuming. Access changes to allow for delegation of duties are hard to get done.
- End-to-end financial reporting is more automated after the interChange and BIDM system implementations.

To Be Advancements

- Improve training and utilization of existing tools may help.
- The Department is working to pay and track all expenditure out of a single system. Once implemented, managing budget information should be very much automated.
- SCRs are in process to allow Generally Accepted Accounting Principles (GAAP) reporting.
- The Department is actively working on ensuring the fund codes are working properly through transmittals and SCRs. As more consistent results are received, there will be more accurate and timely reporting on the front end.

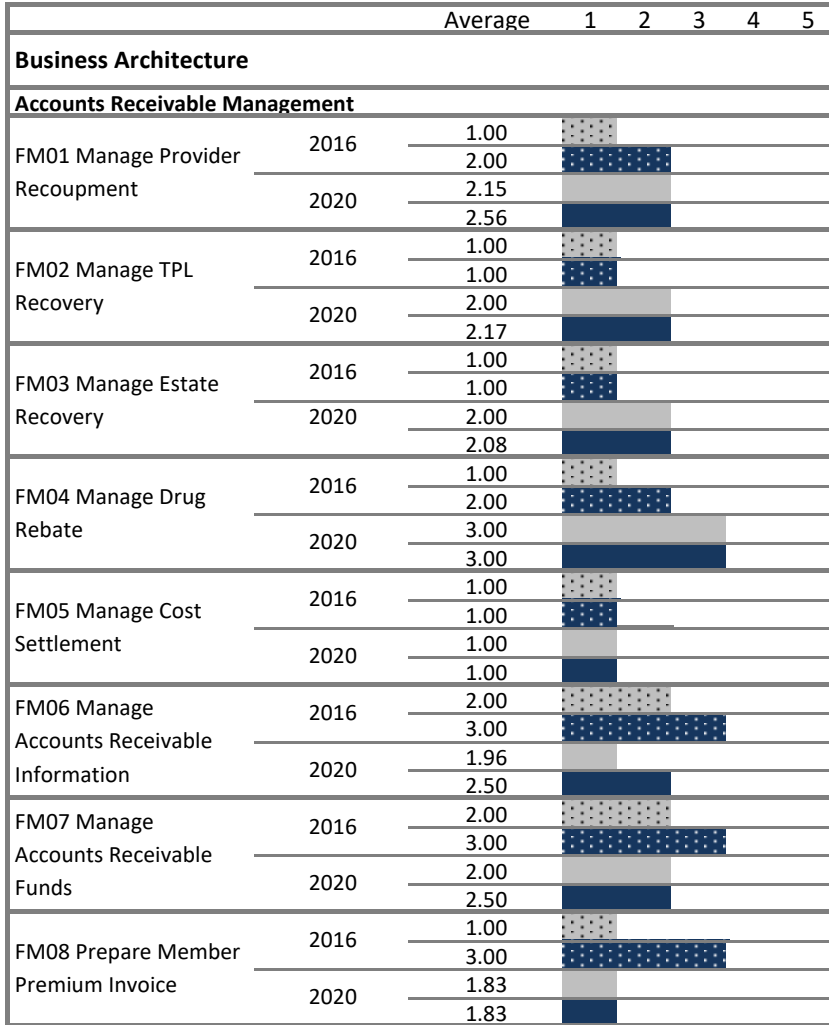
Financial Management – Fiscal Management: 2020 Colorado Findings

As Is Maturity

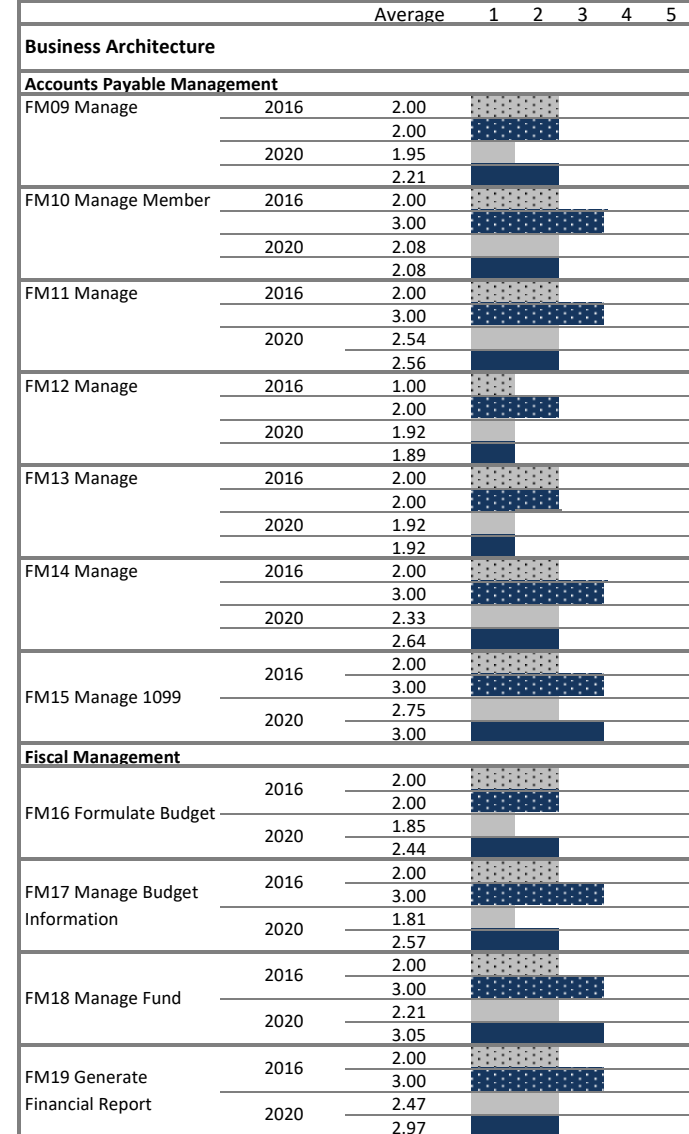
To Be Advancements

- The development of a process to access FFP tables within BIDM.
- Implementing a revised recovery Case Management System that can calculate contingency fee on multiple claims in a user-friendly way.
- As the new reporting layer improves, it will be easier to produce reports more quickly and efficiently.
- The Finance Office is becoming more involved in SCRs that could have potential impact to Fund Codes which will make the process more efficient instead of finding out about Fund Code gaps when they default.
- CMS is upgrading their financial system so states will be able to upload their data for federal reporting instead of data entering and Department staff are working on ways to automate the remaining manual workarounds.

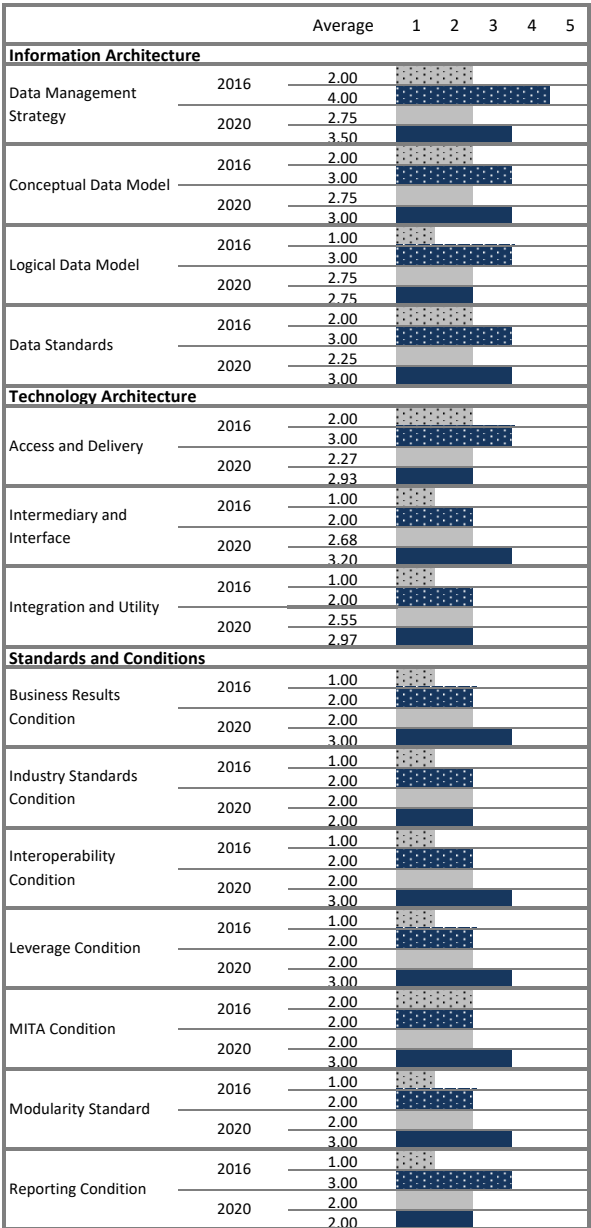
Financial Management: Colorado MITA 3.0 Profile



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Financial Management: Colorado MITA 3.0 Profile (continued)



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Operations Management

Operations Management (OM): Overview

The MITA Framework describes the Operations Management Business Area as a collection of business processes that manage claims and prepare premium payments. This business area uses a specific set of claims-related data and includes processing (i.e., editing, auditing, and pricing) a variety of claim types, including professional, dental, institutional, drug, and encounters, as well as sending payment information to the provider. All claims processing activity incorporates compatible methodologies of the National Correct Coding Initiative (NCCI). The Operations Management business area is responsible for the claims data store.

Number of SS-A participants:

2016: 17

2020: 14

Operations Management: 2020 Colorado Findings

As Is Maturity

- The attachment process has improved with the implementation of the interChange. However, manual intervention is still necessary.
- At this point, providers are not allowed to submit an attachment after the claim has been submitted.
- There is some part of the process that will always be manual (i.e., loading HCPC codes) and some that are automated. This dependency affects timeliness.
- Automation of claims processing has improved, but manual intervention is still required for correct claims adjudication.

To Be Advancements

- Improvements in document processing and interfaces with stakeholders should allow increased automation.
- Adoption of the 275 transaction set that streamlines and reduces costs will help improve MITA maturity.
- Claims Xten Implementation.

Operations Management: 2020 Colorado Findings

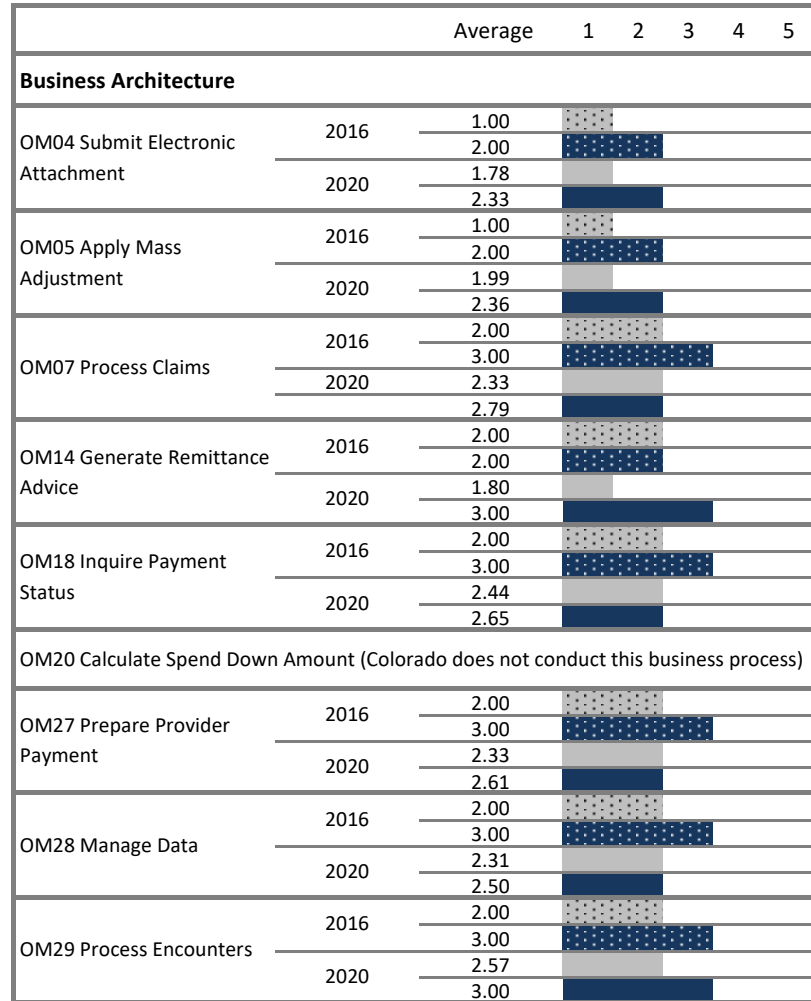
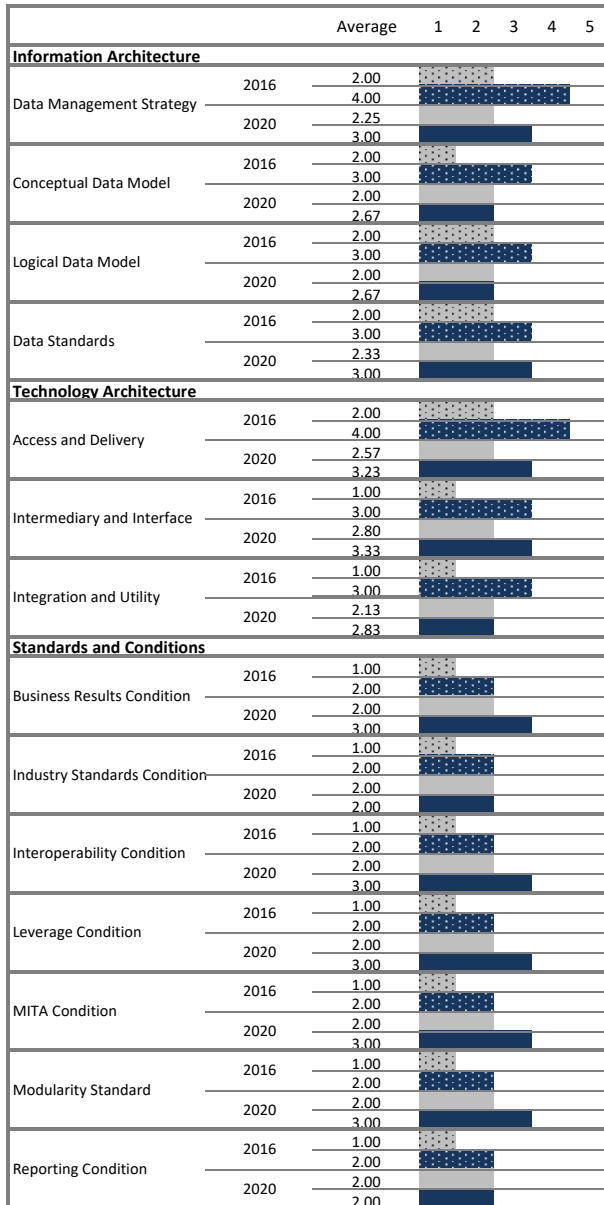
As Is Maturity

- Encounter processing is not efficient.
- Capitations payments and reporting are automated but there still some manual intervention to adjust rates or fix errors.
- The data availability in the reporting layers has improved with the addition of Bridge data. It is efficient and accurate.
- While the process is mostly automated, there are still inaccuracies in data that require staff to manually adjust before the data can be used for research and evaluation of health care activities.
- Colorado's data does not allow for easy Intrastate information exchange.

To Be Advancements

- There is an Encounter Project taking place to help bridge the gaps in the interChange system.
- Pushing out new Cognos reporting features to the CMAs will be very beneficial, as it will show the status of suspended PPAs. With the implementation of Aerial, this may be improved as well.
- Re-procurement of the MMIS will improve the MITA maturity level.

Operations Management: Colorado MITA 3.0 Profile



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Performance Management

Performance Management (PE): Overview

The MITA Framework describes the Performance Management Business Area as a collection of business processes involved in the assessment of program compliance (e.g., auditing and tracking medical necessity and appropriateness of care, quality of care, patient safety, fraud and abuse, erroneous payments, and administrative anomalies). This business area uses information about an individual provider or member (e.g., demographics, information about the case itself such as case manager ID, dates, actions, and status, and information about parties associated with the case) and uses this information to perform functions related to utilization and performance. The Performance Management Business Area is responsible for the business activity and compliance data stores.

Number of SS-A Participants:

2016: 5

2020: 10

Performance Management: 2020 Colorado Findings

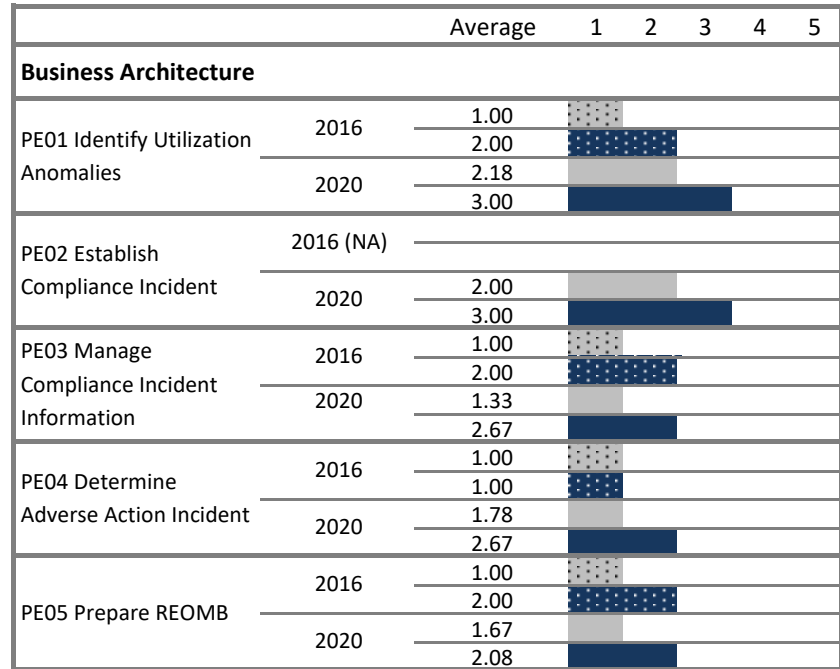
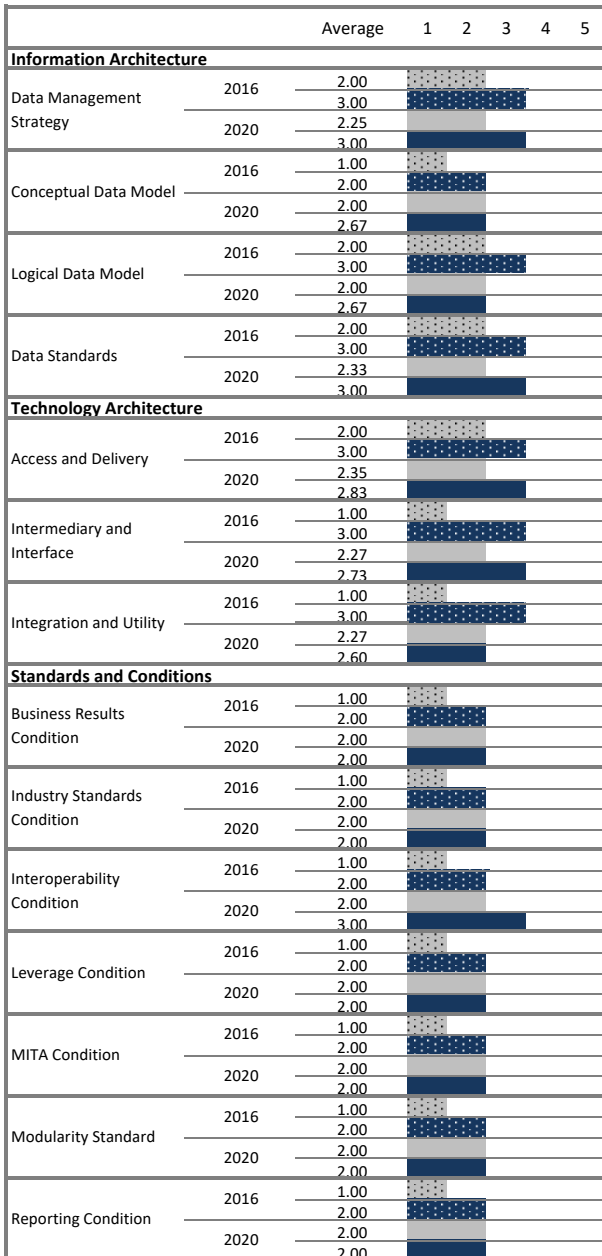
As Is Maturity

- For HCBS utilization purposes, reporting tools have been developed for case managers and Department staff. These are a mix of both manual and automatic. So far, stakeholders seem to approve.
- There has been a move to more automation and more coordination within the agency.
- Hyland OnBase Case Tracking Management system has been implemented; however, full functionality has not been achieved.
- Automation has helped but is still very staff intensive to ensure compliance, which leads to not being as efficient and not as timely. Coordination of staff needs improvement.
- The creation and use of reports help drive utilization and compliance.
- EOBs (MITA REOMBs) are very confusing to clients and advocate groups and often requires additional time from staff to provide clarity.
- EOBs are randomly selected through automation.

To Be Advancements

- There will always be some level of manual intervention required to support these processes.
- Aerial's implementation will help continue the momentum gained from Tableau reporting on BIDM data and claims data received from Bridge.
- Automated information collection, decision making being using business rules and interfaces.
- Decide if PEAK or the member portal is the best avenue to help push information to the members.
- Expansion of member engagement through the Department, OeHI, programs, Medical Service Boards, or advocacy groups.

Performance Management: Colorado MITA 3.0 Profile



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Plan Management

Plan Management (PL): Overview

The MITA Framework describes the Plan Management Business Area as including the strategic planning, policymaking, monitoring, and oversight business processes of the agency. This business area is responsible for the primary data stores (e.g., Medicaid State Plan, health plans and health benefits) as well as performance measures, reference information, and rate setting data stores. The business processes includes a wide range of planning, analysis, and decision-making activities. These activities include service needs and goals, health care outcome targets, quality assessment, performance and outcome analysis, and information management.

As the Medicaid Enterprise matures, Plan Management benefits from immediate access to information, addition of clinical records, use of nationally recognized standards, and interoperability with other programs. The Medicaid Program is moving from a focus on daily operations (e.g., number of claims paid) to a strategic focus on how to meet the needs of the population within a prescribed budget.

Number of SS-A participants:

2016: 18

2020: 21

Plan Management: 2020 Colorado Findings

As Is Maturity

- The development of these goals and processes are necessarily a mix of manual and automated.
- The process is not standardized and requires a lot of time and resources.
- The process lacks communication and transparency.
- The current process is a mix of manually identifying and updating policies and well as some systematic processes in place to track and maintain decisions and policy changes.
- Changing program policy business rules occurs in interChange and all changes have an audit trail.
- However, access to the reasons for changes is a mix of automatic and manual work. Staff manually communicate with stakeholders to make them aware of fixes or alterations.
- Transmittals and SCR processes are inefficient and staff intensive.

To Be Advancements

- New procurements of the MMIS and decision support system.
- New rTrace software for traceability will help improve accuracy, accessibility, and efficiency.
- There are several initiatives for systematic alignment of goals and strategies and implementing governance and decisions being made to prioritize projects based on agency goals.
- Website improvements and defining clear processes will help increase MITA maturity.
- HR initiatives to retain staff to improve the Department ability to maintain the historical knowledge needed to address change efficiently.
- The new care/case management system, Aerial, and the new project traceability tool will help improve maturity.

Plan Management: 2020 Colorado Findings

As Is Maturity

- CMS has/is implementing a new system for managing State Plan Amendments. This new system has more automation than the traditional paper formats. However, prompts from CMS to update parts of the State Plan are still manual.
- interChange has automated processes and interfaces with external vendors.
- Processes will always require a mix of manual and automated processes.
- The COMMIT project now allows the Department to manage benefit packages more efficiently.
- The Department now has many benefit plans to allow different coverage.

To Be Advancements

- Work is being done to automate the encounter data submissions.
- The enhancements with BIDM will help move the MITA level.
- Greater investment in staffing levels to better support this business process.
- CareAnalyzer will have HEDIS certified measures to handle measures in an automated and verified way.

Plan Management: 2020 Colorado Findings

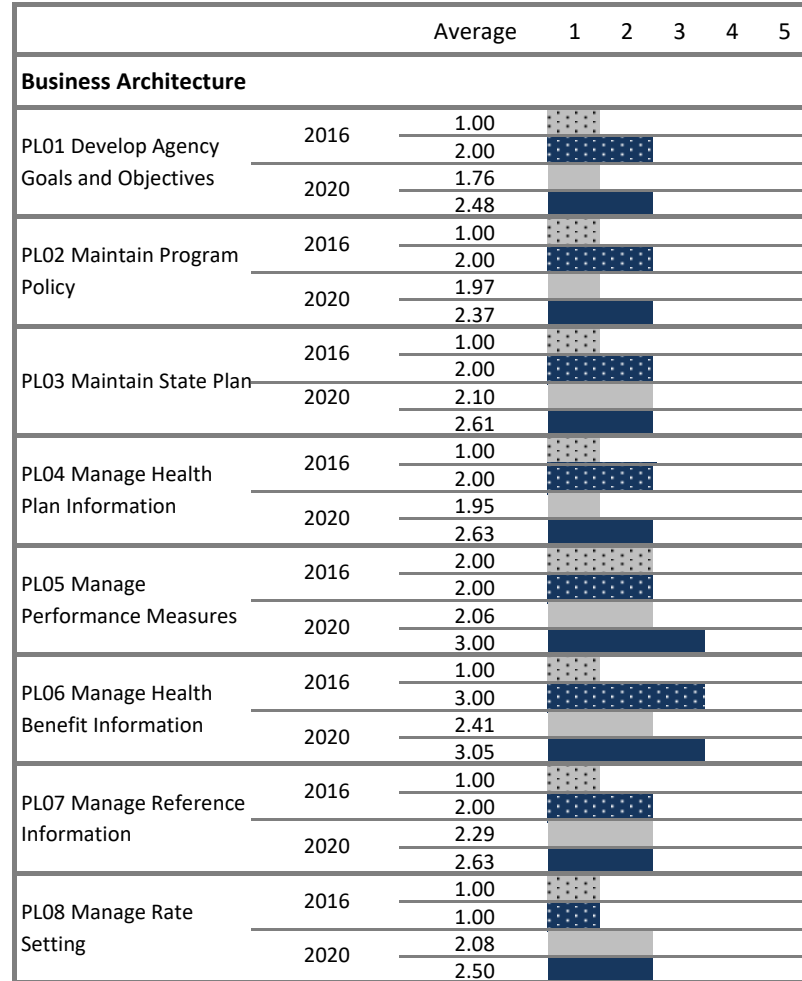
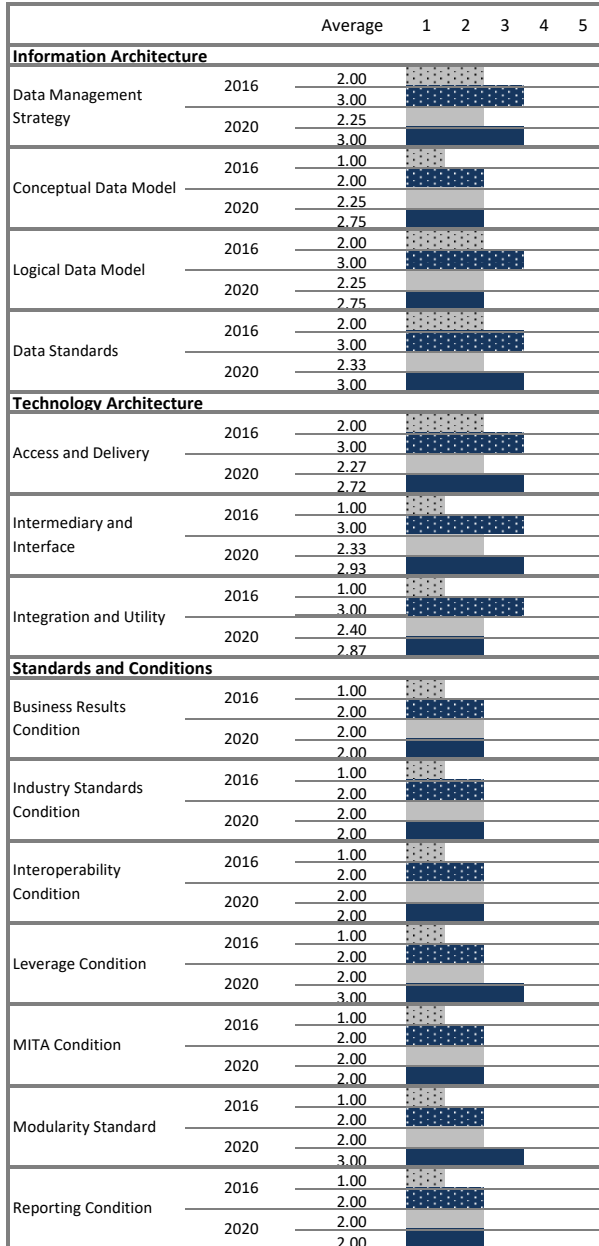
As Is Maturity

- This business process requires manual management and is subject to factors outside the Department's control (i.e., stakeholder engagement).
- The configuration of the COMMIT systems helps meet the MITA maturity level 2, with the addition of other processes that became automated.
- The Rate Review Process is excellent but under resourced, meaning not enough outcomes can be achieved in a timely manner leading to some dissatisfaction with the process.

To Be Advancements

- New Utilization Management vendor, clinical acuity tools, and case management tools.
- Development of sweeps/audits to make sure all codes have correct info across the fee schedule, prior authorizations, and benefit managers.
- Adding extra resourcing to the MPRRAC process to support further analysis and more timely recommendations.
- Improvement to update efficiencies of the capitation rate payments.

Plan Management: Colorado MITA 3.0 Profile



2016 As Is [Patterned] 2016 To Be [Dotted] 2020 As Is [Grey] 2020 To Be [Dark Blue]

Provider Management

Provider Management (PM): Overview

The MITA Framework describes the Provider Management Business Area as a collection of business processes involved in communications between the Medicaid Enterprise and the prospective or enrolled provider and actions that the agency takes on behalf of the provider. Business processes focus on terminating providers, communications with providers, dealing with provider grievances and appeals issues, and performing outreach services to providers. The Provider Management Business Area is responsible for the provider data store.

Number of SS-A participants:

2016: 17

2020: 14

Provider Management: 2020 Colorado Findings

As Is Maturity

- Implementation of interChange has increased automation, timeliness, and efficiency in many areas.
- Most of the process is automated, but reviews are still conducted manually. Providers are not satisfied with timeliness.
- Again, the accuracy of the information is poor. While it is easy to send communication to specific providers types, the listed contact information is often incorrect and thus the intended audience never receives the communication.
- Electronic communication and use of easily updated online resources have greatly enhanced communication capability.

To Be Advancements

- The vendor is implementing lean processes and changes to the system to improve maturity.
- Improvements in provider screening mechanisms will make the system more efficient in identifying eligibility issues.
- Continue to implement upgrades to system and to provider materials to reduce potential for errors. Enhance integration data from other agencies, i.e., licenses, insurance, tax IDs, etc.
- Improvements in fiscal agent auditing and enrollment interface will increase automation and efficiency.

Provider Management: 2020 Colorado Findings

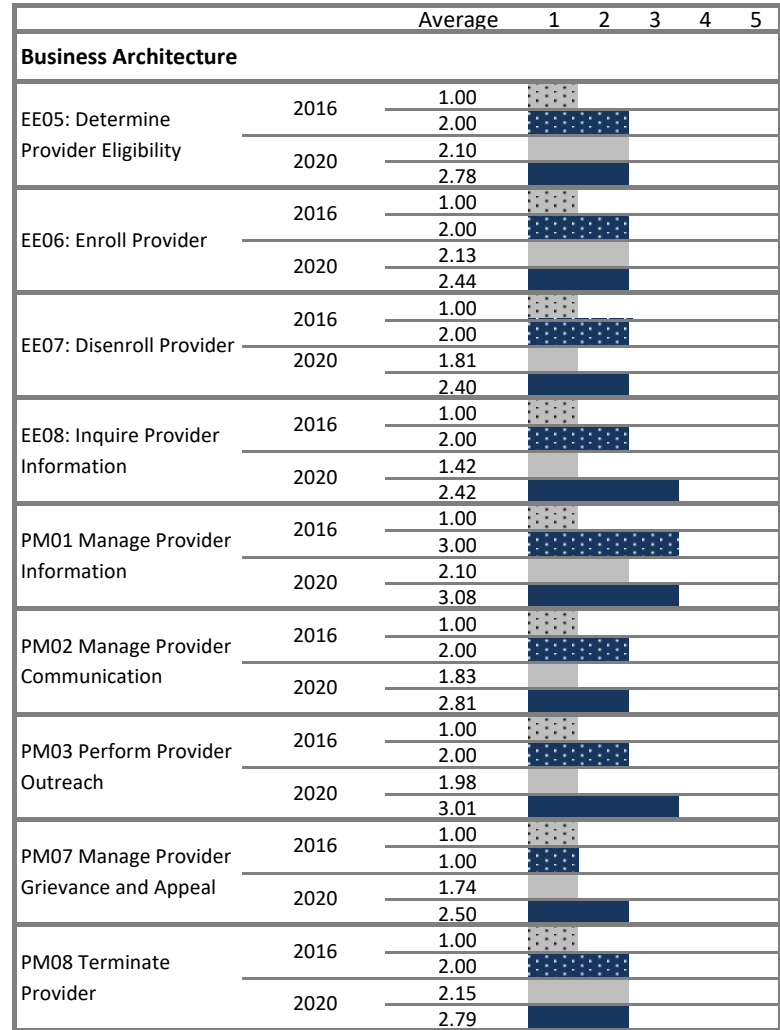
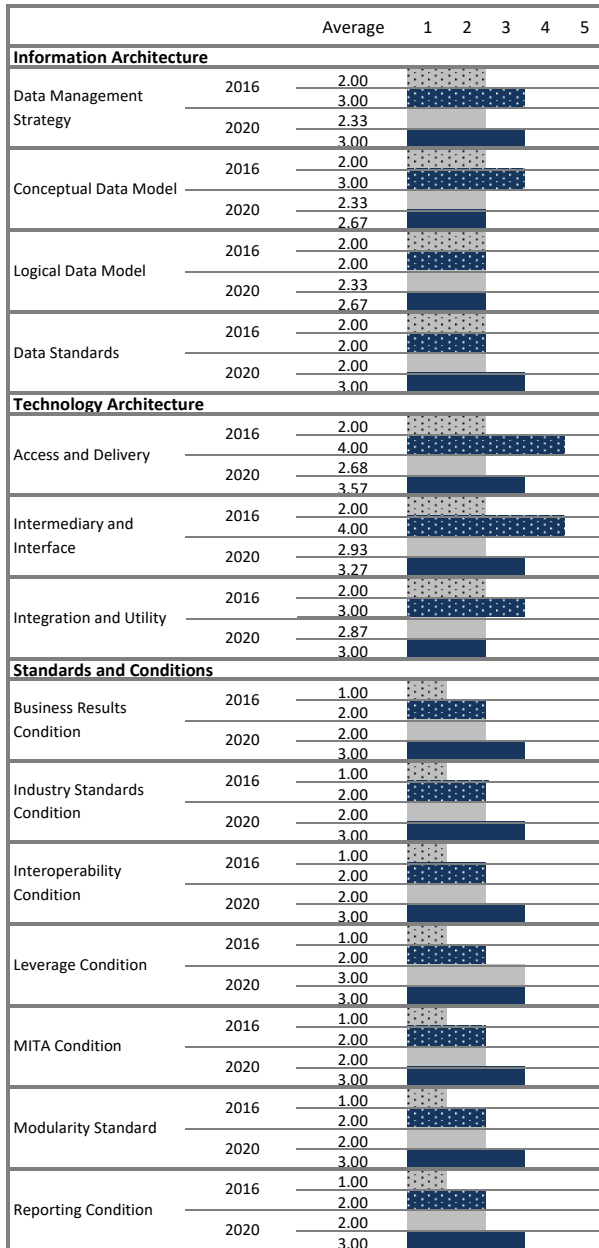
As Is Maturity

- Information can be transmitted securely and electronically but manual intervention is still a large part of each appeal process.
- Hyland OnBase Case Management Tracking System has been implemented, but full functionality has not been achieved. Additionally, provider terminations are performed in conjunction with the AG's Office, which requires manual processes in order to coordinate work.
- Colorado interChange has enhanced data and reporting capabilities and enrollment auditing.
- Use of Lexis Nexis and implementation of a DORA interface.
- Continuing improvement of provider escalations, it just will not be done via automation.

To Be Advancements

- Further improvements in the LexisNexis process and reporting.
- Improvements in the fiscal agent interface should allow greater automation.
- Some degree of manual involvement will always be necessary.
- Automation planned for the next 3-5 years between interChange and BIDM will improve provider information management.
- Use of automated outreach (e.g. Constant Contact) will continue to improve provider outreach capability.

Provider Management: Colorado MITA 3.0 Profile



2016 As Is [Pattern] 2016 To Be [Pattern] 2020 As Is [Pattern] 2020 To Be [Pattern]

Summary

As demonstrated in the detailed results, Colorado's overall maturity level has grown since 2016. The COMMIT implementation has allowed for increased automation, improved intrastate communication, and enhanced data and reporting capabilities. But there is still work that needs to be done to move to a MITA rating of Level 3 or above, which require much faster timeliness, consistent Intrastate communication, and high levels of efficiency and accuracy.

- **What Colorado is missing:**

- Information exchange with Intrastate agencies on an Enterprise level.
 - Some processes exchange with intrastate agencies but not all.
- Accuracy levels are rarely considered at 90% or higher.
 - An example from Manage Case Information satisfaction of stakeholders, which requires a 95% or higher satisfaction for Level 4 or 90% or higher satisfaction for Level 3.
- Timeliness.
 - Current timeliness levels do not reach Level 3 or above requirements. Although automation has occurred, there is still manual intervention required in most areas which decreases the speed of the end-to-end process.
- Standardization.
 - Most business process accuracy levels do not meet Level 3 or above requirements. Although automation and standardization has occurred, manual intervention does not allow decision- making to obtain an accuracy rating of 99% or higher.

Summary (continued)

- **Focus areas that will help grow Colorado's MITA maturity level:**
 - Colorado's 2020 MITA SS-A survey results show that SMEs anticipate the Enterprise to continue to grow in maturity through Level 2 to Level 3 with the continued development of existing projects or implementation of future initiatives, such as the Aerial implementation and MMIS reprocurement.
 - Improved timeliness. Higher MITA maturity levels require faster response times. Opportunity exists for the Department as they continue to pursue initiatives that improve the speed and ease of data sharing.
 - Improved automation where possible and improved accuracy. This refers to not only increased automation but also accurate automation. Automation is only effective if the data transferred is accurate and does not require manual adjustment to correct it.
 - Training. Ensure full and efficient use of systems and programs by providing effective training to staff to continue to reinforce use of new systems and business processes designed to improve the overall Enterprise operations and MITA maturity.
 - Increased Intrastate data sharing and collaboration. Foster data exchange with other State Agencies such as DORA licensure, Department of Family Services, and Department of Public Health and Environment within the confines of HIPAA standards.
 - Standardization. Review business processes that are a Level 2 or below for opportunities to implement standard business rules definition to standardize decision-making to obtain an accuracy rating of 99% or higher.
 - As Colorado grows their MITA maturity level on the above areas, and increased efficiency is seen, 'Satisfaction of Stakeholders with the process' will improve in tandem.