Enterprise Objective Monitoring and Control Services

D112: 2022-2023 MITA IT Investment Strategy

Submitted by:

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1.0 Executive Summary

Under current regulations defined in 42 Code of Federal Regulations (C.F.R.) 433.112(b) (11) and 433.116 (b), (c), and (i), and guidance issued by the Centers for Medicare & Medicaid Services (CMS) in 2014, states are required to submit a Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) in support of their request for enhanced federal matching for their Medicaid Enterprise Systems (MES) expenditures.

As part of the CMS focus on outcomes and reducing administrative burden on State Medicaid Agencies (SMAs), CMS issued guidance in April 2022 allowing SMAs to use an alternative format for the MITA SS-A. The Puerto Rico Medicaid Program (PRMP) has chosen to select an alternative approach to its MITA SS-A for Federal Fiscal Years (FFYs) 2022–2023, to best support its strategic goals and objectives for its Medicaid program, operations, and supporting technology investments. PRMP requested support from BerryDunn in developing its new MITA SS-A approach.

PRMP's 2022–2023 MITA SS-A approach is based on the April 2022 CMS Streamlined Modular Certification (SMC) for MES Certification Guidance and the Public Sector Technology Group's (PSTG) IT Investment Toolkit developed by the Outcomes-Based SS-A Working Group in 2021 and completed in March 2022. The Outcomes-Based SS-A Working Group was a collaboration of state and vendor partners working under the structure of the CMS MITA Governance Board. The IT Investment Toolkit was submitted to CMS in March 2022 as a proposed replacement for the current SS-A. Although the IT Investment Toolkit has not replaced the current SS-A, the concepts, frameworks, and templates in the toolkit are supported by CMS as a future direction, and industry work groups continue to refine said guidance and assist in shaping the future of MITA.

PRMP's new MITA SS-A approach shifted its focus from MITA maturity ratings to current operational challenges, defined desired future system enhancement, and improvement outcomes and targets; it also reduced the overall level of effort associated with measuring MES initiatives against predefined and outdated maturity ratings. As part of the new SS-A approach, the 2023 MITA IT Investment Strategy document replaced the previous MITA 3.0 SS-A Report format. The SS-A no longer reports against the prior year, but instead focuses on the current As-Is state and the To-Be environment of the MES.

This innovative approach includes a MITA Outcomes Matrix as the foundation for determining the Puerto Rico MES maturity though outcomes-based assessments that can help provide the following strategic information:

- Describe current operational problems and risks, challenges, and limitations of existing systems and the solutions in place through the Puerto Rico MES Roadmap projects and initiatives.
- Define PRMP goals that may be impacted by the existing systems or modules and their limitations.

- Define what success looks like in the To-Be environment, and the initial MITA business process outcomes that may assist in measuring PRMP's achievement of those established goals and objectives.

The purpose of this MITA IT Investment Strategy document is to demonstrate how implementation of PRMP's strategic vision effectively meets MITA goals, objectives, and principles, as well as CMS expectations for Federal Financial Participation (FFP).

Since the 2021 MITA 3.0 SS-A Annual Update (AU) in 2022, several MITA business processes have experienced growth in PRMP as a result of the following As-Is and To-Be key enhancements:

- Integrating additional MEDITI3G interfaces with Puerto Rico state agencies such as Departamento de Hacienda, Department of Labor, and the Treasury Department
- Collaborating with Puerto Rico state agencies to adopt HIPAA standards and EDI transactions
- Increasing automation in data verification and reporting due to future MEDITI3G and MMIS Phase III releases
- Automating communication between ASES and PRMP financial systems
- Implementing an overarching vendor management process and additional procurement-related guidance
- Increasing accessibility of PRMP's Program Integrity Unit (PIU) Case Tracking information
- Collaborating with ASES on the improvement of data quality in the Transformed-Medicaid Statistical Information System (T-MSIS) file as provider edits continue to be updated in the MMIS

Additional enhancements are described in further detail in section 6.0 MITA Outcomes Matrix of this document.

This 2023 MITA IT Investment Strategy document is comprised of the following sections:

- **1.0 Executive Summary:** This section provides the PRMP an overview of MITA and the current approach that will be conducted. This section also outlines a summary of the content presented in the 2023 MITA IT Investment Strategy document.
- **2.0 Assessing the MES Environment:** This section provides an overview of the PRMP MES program goals and objectives and their alignment to CMS MITA Goals and Objectives. This section also introduces PRMP's priority projects from the MES Roadmap and assesses their alignment to the CMS MITA Goals and Objectives.

- **3.0 MES Solution Integration:** This MES Solution Integration section provides PRMP's systems and applications inventory for all MITA business areas in alignment with the MES Roadmap projects.
- **4.0 MES Data Integration:** This section provides the inventory and categorization of the MES data managed within PRMP's primary MES systems and the roles of PRMP's key data sharing partners.
- **5.0 MES Program Organizational Structure:** This section analyzes the PRMP project resources to identify gaps or discrepancies between an organization's current state and its desired future state at a high and strategic level.
- **6.0 MITA Outcomes Matrix:** This section describes the methodology behind the creation of the matrix and its alignment to both the MITA 3.0 Framework and the IT Investment Toolkit. This section also assesses the MITA business processes that have been mapped to 2022–2023 MES projects/initiatives.
- **7.0 PRMP's IT Investment Decision Approach:** This section documents PRMP's current and planned process for evaluating investment opportunities and justification, which includes a proposed To-Be MES project intake process and governance structure.
- **Appendix A: (D113) MITA Outcomes Matrix:** This section includes an attachment of the MITA Outcomes Matrix, which maps business processes to MITA-specific outcomes and metrics with language derived from the MITA 3.0 Framework Capability Matrices.
- **Appendix B: MITA Business Process Outcomes Mapping:** This section includes an attachment of the MITA Business Process Outcomes Mapping worksheet, which maps the high and medium priority MES projects to MITA business areas and processes. This worksheet also includes CMS outcomes, state-specific outcomes, and MITA outcomes mapped to MITA processes impacted by 2022-2023 MES projects/initiatives.
- **Appendix C: List of Acronyms:** This section lists the acronyms that appear throughout this document.

2.0 Assessing the MES Environment

The Medicaid Information Technology Architecture (MITA) 3.0 Framework identifies high-level goals and objectives that should be considered when modernizing the MES. Proposed PRMP MES program outcomes are then typically aligned to the overarching CMS goals and objectives. This helps the PRMP understand and validate that MES project investments are aligned and contributing to CMS Medicaid program goals and objectives.

The table below outlines the PRME Goals provided by PRMP and Administración de Seguros de Salud (ASES) leadership on the MITA Executive Visioning Session conducted on March 7, 2022. The table also outlines the MITA Goals and Objectives provided by the CMS guidance in the MITA Framework 3.0. The PRME Goals and MITA Goals and Objectives have been mapped below with priority projects from the MES Roadmap to show alignment of the PRME with CMS guidance and MITA.

Table 1: PRME and MITA Goals and MES Roadmap

PRME Goals	MITA Goals and Objectives	MES Roadmap Projects
Transform PRMP into an information-driven agency with improved program oversight, increased credibility, and modernized technology.	• Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology. • Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies.	• Medicaid Management Information System (MMIS) Phase III (Financial Management [FM]) Implementation • Medicaid Integrated Technology Initiative, 3rd Generation (MEDITI3G) (Eligibility Solution) Implementation • Centralized Provider Enrollment and Credentialing (CPEC) Procurement and Implementation • Enterprise Data Warehouse (EDW) Implementation
Increase the credibility of the PRMP within the Commonwealth and with CMS.	• Coordinate with public health and other partners; integrate health outcomes within the Medicaid community. • Provide performance measurement for accountability and planning. • Promote good practices.	• MMIS Phase III (FM) Implementation • CPEC Procurement and Implementation • Program Integrity Modernization Assessment • Enterprise Vendor Management Needs Assessment • EDW Implementation
Enhance data quality and improve data integration	• Support integration of clinical and administrative	• MEDITI3G (Eligibility Solution) Implementation

PRME Goals	MITA Goals and Objectives	MES Roadmap Projects
across the Medicaid Enterprise.	data to enable better decision-making. • Promote efficient and effective data sharing to meet stakeholder needs. • Promote secure data exchange. • Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health Care Management (CM) and program administration.	• Program Integrity Modernization Assessment • Assess Future Eligibility System Enhancements and Maintenance and Operations (M&O) Options • EDW Implementation
Maintain Compliance with Interoperability Rule.	• Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards. • Support interoperability, integration, and an open architecture. • Promote reusable components through standard interfaces and modularity.	• MMIS Needs Assessment • Health Information Exchange (HIE) Implementation
Leverage technology advancements to improve healthcare outcomes for citizens.	• Provide a beneficiary-centric focus.	• MEDITI3G (Eligibility Solution) Implementation • Assess Future Eligibility System Enhancements and M&O Options

PRME Goals	MITA Goals and Objectives	MES Roadmap Projects
Improve Medicaid eligibility determination accuracy and reduce operational costs through electronic verification and real-time eligibility processing.	• Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.	• MEDITI3G (Eligibility Solution) Implementation • Assess Future Eligibility System Enhancements and M&O Options
Simplify the Medicaid application process for citizens in Puerto Rico.	• Provide a beneficiary-centric focus. • Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.	• MEDITI3G (Eligibility Solution) Implementation • CPEC Procurement and Implementation

2.1 PRMP MES Roadmap Projects

During the development of the 2022-2023 MITA IT Investment Strategy Document, PRMP decided to include the following priority projects, which were listed in its June 2023 MES Roadmap. As the PRMP updates its MES Roadmap, additional projects may be included as part of pre-MITA assessments and included in the next MITA IT Investment Strategy Document annual update.

2.1.1 MMIS Phase III

The MMIS Phase III solution will extend the existing MMIS interchange solution with modular components being integrated, such as Business Rules Engine, Software-as-a-Service (SaaS) Electronic Data Interchange (EDI), Insight Analytics, Systems Applications and Products (SAP) BusinessObjects, and OnBase reporting tool. Additionally, the MMIS Phase III project will provide PRMP with needed improvements to financial systems reconciliation, data and information sharing between systems, claims and encounters visibility, and financial transaction and reporting timeliness.

PRMP's MMIS Phase III solution will initially and primarily focus on enhancing FM business processes through the following activities:

- Assignment of beneficiaries to rate cells to help inform the premium payment calculation
- Adjustments to premium payments in accordance with PRMP business rules, policies, and procedures
- Production and distribution of premium payments to carriers

- Validation of capitation payments accuracy to providers from the Managed Care Organizations (MCOs)
- Verification that the beneficiary was eligible for payment of the services received
- Verification of the provider's eligibility to receive the capitation payment
- Assistance as necessary with the PRMP Payment Error Rate Measurement (PERM) pilot and upcoming PERM effort
- Development and distribution of reports (CMS-37, CMS-64) for the financial-related business area
- Provide data to support the Transformed Medicaid Statistical Information System (T-MSIS) reporting

Anticipated outcomes and benefits for the MMIS Phase III solution include:

- This solution should improve core operational FM functions and improve the processing time and integration of financial data into a centralized location within the MES. This will provide PRMP with the following benefits:
    - Simplified processes in provider Financial Management
    - Reduced time to complete financial business processes
    - Timely and complete reporting of financial data to the federal government
    - Coordinated and improved accuracy and access of financial data
    - Integration of technology and business processes into a single modular FM solution
    - Enhanced visibility into premium payment rates and rate adjustments
    - Enhanced ability to reconcile premium payments to rates, capitation payments to providers, and capitation payments for beneficiary services

The following table provides the assumed strengths and challenges for the MMIS Phase III solution.

Table 2: MMIS Phase III Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the use of standards by meeting compliance thresholds for state and federal regulations using a mix of state-specific standards, Health Insurance Portability and Accountability Act of 1996 (HIPAA-)compliant transactions, and proprietary business rules.	Requires collaboration and support from external MCOs, ASES, and other sources that may not be familiar with PRMP internal processes related to access encounter, claims, and financial data.

Primary Strengths	Primary Challenges
Supports the use of analytics for decision-making and reporting to help ensure that FM processes are conducted in a consistent manner.	Requires process alignment with ASES on all related business functions related to capitation payments to providers, rate adjustments, and other FM processes.
Supports modularity with the establishment of a modular FM solution which will integrate financial data into a centralized location within the Medicaid Enterprise.	Requires development and maintenance, which can take time and increased collaboration between other intrastate agencies, carriers (MCOs), and external entities or vendors.

2.1.2 MEDITI3G

MEDITI3G is the Eligibility and Enrollment (EE) solution currently in operation for the PRMP. This EE solution is a key component of PRMP's strategy toward achieving its long-term goal of transforming PRMP into an information-driven agency with improved program oversight, increased credibility, and modernized technology. In alignment with the stated MES strategy, PRMP maintains goals to enhance data quality and improve data integration across the Medicaid Enterprise.

The MEDITI3G will implement a member EE module for the MES that provides digital-native processes for both applicants and workers. After implementation, PRMP will continue to develop enhancements and non-mandated capabilities for MEDITI3G beyond achieving federal compliance and CMS certification.

Anticipated outcomes and benefits for the MEDITI3G solution include:

- Updated application processing, resulting in reduced time and effort
- Reduced effort for eligibility workers, resulting in increased accuracy and timeliness
- Compliance with federal guidelines and CMS guidance
- Reduced staff time spent manually processing or reworking cases
- Improved eligibility determination results
- Creation of a beneficiary point of entry for beneficiary eligibility determinations and to provide enrollment-specific information

The following table provides the assumed strengths and challenges for the MEDITI3G solution.

Table 3: MEDITI3G Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the use of analytics for decision-making and reporting by providing access to data related to the beneficiary's eligibility and the eligibility	Requires continued funding for enhancements, maintenance, and operations to help ensure ongoing functionality and efficiency in the enrollment process.

Primary Strengths	Primary Challenges
category that the beneficiary has been assigned by the EE module.	
Supports automation of business results by communicating beneficiary eligibility electronically to PRMP through a modular solution.	Requires PRMP bandwidth to help ensure PRMP vision and goals align with external vendors, and to help ensure the module continues simplifying the Medicaid application process in Puerto Rico.
Supports most of the PRME Goals and Objectives and the beneficiary focus by facilitating online applications via the citizen portal and upload of scanned documents for verification by caseworkers as needed.	Ensuring current changes and fixes are not out of scope for current contract obligations to allow the new modular system to be seamlessly adopted into the current MES.

2.1.3 CPEC

The CPEC project scope focuses on reducing the administrative burden on providers in the Commonwealth through the creation of a centralized provider enrollment, screening, and revalidation process. CPEC will improve the provider enrollment experience and decrease the number of steps a provider must go through to enroll and be credentialed with PRMP. This project will reduce redundancies for the provider in the enrollment process by allowing the provider to enroll once with PRMP. This will create a streamlined, more efficient, and cost-effective enrollment solution.

CPEC will also move PRMP forward on the long-term path to interoperability and modularity as the system will contain interfaces to other key PRMP systems. CPEC will also leverage the current PEP for ongoing management and maintenance of provider information. PRMP continues to work to integrate all key systems to create an efficient, real-time MES, centered on reducing duplication of efforts among systems and possessing a strong system of internal controls and edit checks capable of helping to ensure ongoing data quality (DQ) across the enterprise.

Anticipated outcomes and benefits for the CPEC solution include:

- Reduced administrative burden on providers enrolling and credentialing with PRMP
- Improved system uptime to allow providers to access the CPEC solution in a self-service capacity
- Reduced time that it takes for providers to enroll with PRMP
- Reduced time that it takes for providers to credential with PRMP

The following table provides the assumed strengths and challenges for the CPEC solution.

Table 4: CPEC Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the PRME goal of credibility within the Commonwealth and with CMS by integrating health outcomes and reducing duplicative efforts among MCOs, ASES, providers, and other state agencies and entities.	Requires participation and coordination with MCOs on provider management processes and the verification of credentials, licenses, certifications, and skills to provide quality healthcare.
Supports automation of business results through a module that electronically reviews provider histories, confirming that no regulatory, criminal, or licensing violations exist.	Requires PRMP bandwidth to help ensure PRMP vision align with MCOs and other external entities, and to help ensure the module continues simplifying the provider enrollment and credentialing process in Puerto Rico.
Supports modularity with the establishment of a single source of truth into the MES as it relates to provider enrollment and credentialing information.	Requires process alignment with an external entity (ASES) on all related MMIS business functions.

2.1.4 EDW

In support of PRMP's MES vision, the EDW will provide a holistic view of the Commonwealth's population and serve as a single version of truth. PRMP is working to integrate multiple Medicaid Enterprise data sources into a central repository to provide self-service analytics and business intelligence, and to enable a path to achieve CMS' Triple Aim framework for enhanced experience and quality, lower cost, and improved health.

Anticipated outcomes and benefits for the EDW solution include:

- Coordinated and improved accuracy of and access to health data
- Improved timeliness and quality of provider service delivery
- Improved provider quality ratings
- Contained costs through effective use of population health analytics
- Improved accessibility of healthcare informatics data to drive informed decision-making

The following table provides anticipated strengths and challenges for the EDW solution.

Table 5: EDW Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the use of analytics for decision-making and reporting by capturing financial information from MCOs, providers, rate cell information, and information the provider sends to the MCO.	Requires development and maintenance, which can take time and increased collaboration between other intrastate agencies, carriers (MCOs), and external entities or vendors.
Supports MMIS and HIE/EDW integration to help provide an additional source of provider background information for Medicaid enrollment.	Requires continued funding for enhancements, maintenance, and operations to help ensure

Primary Strengths	Primary Challenges
	ongoing care management data accuracy and quality.
Supports compliance by providing predictive modeling and a capability to identify fraud, waste, and abuse (FWA).	Requires PRMP bandwidth to manage the project and operations to help ensure secure data exchange with stakeholders and other business partners.

2.1.5 Program Integrity Modernization

The Program Integrity Modernization solution will help PRMP determine areas for process improvement and update program integrity standard operating procedures (SOPs) and policies. This solution will assess staffing needs to help ensure the right resources are assigned to tasks. The Program Integrity Modernization will also help PRMP determine what is and is not working in the current program integrity solution to help inform system enhancements or replacement.

Anticipated Outcomes and Benefits for the Program Integrity Modernization solution include:

- Assurance that taxpayer dollars are spent on delivering quality, necessary care and preventing FWA, including:
    - Faster completion of cases
    - Improved insight into recoupment amounts
    - Assistance in identifying referrals to send to Medicaid Fraud Control Units (MFCU)
    - Compliance with federal regulations
    - Accurate and reliable data
    - Modernized program integrity SOPs and policies to help ensure compliance with the federal regulations and the State Plan
    - Increased annual recoupment of payments that are identified as FWA

The following table provides anticipated Strengths and Challenges for the Program Integrity Modernization solution.

Table 6: Program Integrity Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the PRME goal of credibility within the Commonwealth and with CMS by increasing collaboration with other agencies such as the MFCU, the Office of Inspector General (OIG), and other state agencies.	Requires completion of program integrity SOPs and policies analysis to determine updates needed to improve performance management.

Primary Strengths	Primary Challenges
Supports the use of analytics for decision-making and reporting by capturing utilization anomalies and compliance incidents through a case tracking tool.	Analysis of the current program integrity solution to help improve the process of managing compliance incidents.
Supports the improvement of process timeliness by tracking FWA incidents electronically through a case tracking tool.	Requires access to data in MMIS, MCOs, and ASES to help provide better visibility of recoupments identified as FWA.

2.1.6 Future Eligibility System Enhancements Assessment

The Future Eligibility System Enhancements Assessment will help PRMP determine any gaps in functionality or compliance within its current MEDITI3G E&E system. This assessment will analyze alternatives to the existing system and include an investment analysis to determine the most efficient way to proceed. PRMP is also working to implement remaining eligibility and enrollment system enhancements including but not limited to; Verify Lawful Presence (VLP), Citizen Portal updates, “No-Touch” application processing, and improvements to overall data quality and reporting capabilities.

Anticipated outcomes and benefits for the Future Eligibility System Enhancements Assessment include:

- Identification and documentation of gaps and functionality and/or compliance for future resolution
- A value driven investment strategy for the future of the E&E system
- Implementation of a VLP functionality
- Updates to the Citizen Portal to increase the system’s self-service capabilities
- Improved overall data quality and reporting capabilities

The following table provides anticipated strengths and challenges for the Future Eligibility System Enhancements Assessment.

Table 7: Future Eligibility System Enhancements Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the use of analytics for decision-making and reporting by providing access to data related to the beneficiary’s eligibility and the eligibility category that the beneficiary has been assigned by the EE module.	Requires continued funding for enhancements, maintenance, and operations to help ensure ongoing functionality and efficiency in the enrollment process.

Primary Strengths	Primary Challenges
Supports automation of business results by communicating beneficiary eligibility electronically to PRMP through a modular solution.	Requires PRMP bandwidth to help ensure PRMP vision and goals align with external vendors, and to help ensure the module continues simplifying the Medicaid application process in Puerto Rico.
Supports most of the PRME Goals and Objectives and the beneficiary focus by facilitating online applications via the citizen portal and upload of scanned documents for verification by caseworkers as needed.	Requires ensuring any additional system changes and fixes are not out of scope for their current contract obligations to allow the new modular system to be seamlessly adopted into the current MES.

2.1.7 MMIS Needs Assessment for Re-Procurement

The MMIS Needs Assessment for Re-Procurement will help PRMP analyze the options for the future of the MMIS, identify gaps, and compliance issues. The current MMIS contract expires on September 30, 2024 therefore, the future of the MMIS requires a vendor that can maintain and enhance the current MMIS that is in place without significant disruption to current daily operations.

Anticipated outcomes and benefits for the MMIS Needs Enhancements for Re-Procurement include:

- Uninterrupted MMIS operations
- Maintenance of MMIS to latest version and updates
- Enhancements to current MMIS functionality for additional current and future needs
- Seamless integration into the existing MES
- Continued compliance of mandates and rules
- Cost-competitive system functionality that meets CMS requirements

The following table provides anticipated strengths and challenges for the MMIS Needs Enhancements for Re-Procurement.

Table 8: MMIS Needs Enhancements for Re-Procurement Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the use of standards by meeting compliance thresholds for state and federal regulations using a mix of state-specific standards, HIPAA-compliant transactions, and proprietary business rules.	Requires ensuring any additional system changes and fixes are not out of scope for their current contract obligations to allow the new modular system to be seamlessly adopted into the current MES.

Primary Strengths	Primary Challenges
Supports the use of analytics for decision-making and reporting of Medicaid claims and encounters.	System procurement efforts may cause delays due to the number of qualified vendors within the existing PRMP MMIS environment.
Supports modularity with the establishment of the modular FM solution and integration with other existing MES modular systems.	Requires process alignment with an external entity (ASES) on all related MMIS business functions.

2.1.8 Enterprise Vendor Management Needs Assessment

The Enterprise Vendor Management Needs Assessment will help PRMP integrate and implement existing contract and procurement management-related guidance into an overarching vendor management process. This solution will also help PRMP increase the effectiveness of vendor contract tracking and end dates allowing for more planning of vendor re-procurements and eliminating contract cliffs.

Anticipated Outcomes and Benefits for the Enterprise Vendor Management Needs Assessment include:

- Increased internal staffing capacity and expertise to manage growing vendor and contract management needs
- Improved vendor provision of quality contractually required goods and services that meet PRMP's expectations
- Institutionalizing SMC metric tracking, reporting, and analysis for improvement opportunities
- Standardizing vendor/contract templates, processes, and expectations to create alignment and efficiencies across the MES
- Establishing and enforcing clear and comprehensive vendor management policies managed under the direction of PRMP vendor management staff through SLA tracking and reporting

The following table provides anticipated Strengths and Challenges for the Enterprise Vendor Management Needs Assessment.

Table 9: Enterprise Vendor Management Needs Assessment Strengths and Challenges

Primary Strengths	Primary Challenges
Supports the PRME goal of credibility within the Commonwealth and with CMS through increased oversight and establishment of clear roles between vendors and PRMP.	Requires MES governance establishment and support to help ensure contractual requirements, including change requests, are managed to help ensure cost containment and operational efficiencies are maintained throughout the term of the vendor's contract.

Primary Strengths	Primary Challenges
Supports automation of business results through the standardization of vendor utilization of software and tools that support interoperability with existing PRMP systems.	Requires an increase in staffing capacity to support current and evolving state needs as the MES expands and additional modular components are added.
Supports the use of analytics for decision-making related to contractual service delivery quality, change request proposals, and system enhancement needs.	Requires staff training in managing contractual service-level agreements (SLAs) and key performance indicators (KPIs) or other noncompliance issues between PRMP and the MES vendor.

3.0 MES Solutions Integration

This MES Solution Integrations section describes the MES Technical Architecture (TA) by providing the systems and applications inventory currently available within the Medicaid Enterprise. The systems and applications inventory provides insight into the systems currently supporting specific MITA business areas. This can become a starting point during the initiation of a new or proposed system enhancement that is related to or will impact another MITA business area.

The systems and applications inventory can also help PRMP determine if its future system outcomes can be supported through a current system enhancement/configuration, or if a new MES system procurement is necessary.

This section also provides a current and future representation of the Puerto Rico MES Conceptual Technical Design (CTD); describes the As-Is state and To-Be environment of the main layers and systems that compose the PRME; and outlines some key potential system enhancements in the To-Be environment.

3.1 MES CTD (As-Is)

The CTD provides a high-level overview of the systems and relationships used by the Medicaid Enterprise. The CTD is a tool for verifying the completeness of the technical architecture work products supporting the MITA business processes. The SMA will extend the MES with its unique conceptual technical requirements as future modular components are designed, developed, and implemented into the MES. The CTD is also a tool to bridge the knowledge gap between Medicaid subject matter experts (SMEs), IT architects, and designers. The model provides a graphical depiction of PRMP MES systems and their relations to each other.

The CTD diagram below represents a beneficiary and provider-centric view of the PRME. The light blue boxes in the diagram represent existing PRMP technologies or services; while the orange boxes represent those technologies or services that are in-flight or currently in the implementation phase.

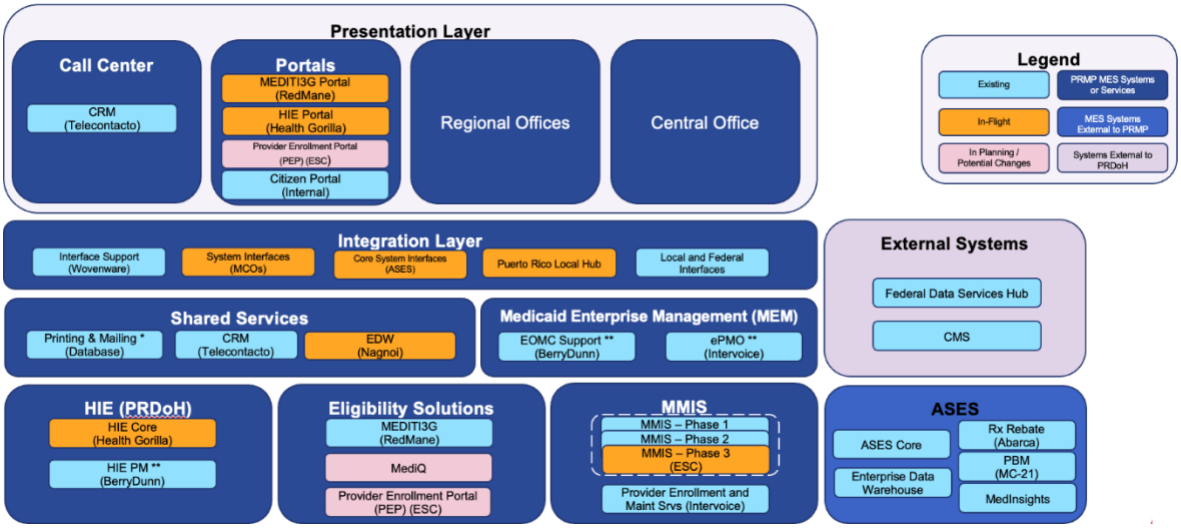
Members and providers access the program through the top layer – the portals, call centers, regional offices, or PRMP central office. An integration layer provides interface support to enhance communications between the services or solutions within the enterprise. PRMP provides printing and mailing services in support of the MES TA with a specific focus on member E&E. Shared services are systems or support services that are available for all MES programs to employ as needed.

The three primary solutions—also known as the systems of record—include a Member Eligibility Solution, MEDITI3G, supported by RedMane; an MMIS solution provided by Gainwell that currently provides case tracking, provider enrollment, and data-store-related technology in support of the MES; and the HIE, supported by Puerto Rico Department of Health's (PRDoH's) vendor, Health Gorilla, which currently provides healthcare data.

The HIE and ASES are represented because of their roles in supporting the potential of future integration of systems across PRMP and ASES. Future initiatives may also be added to the MES Roadmap to support further system interoperability, which may increase program efficiencies and reduce the risk of duplicative efforts.

Figure 1 below represents a current provider- and member-centric conceptual view of PRMP's existing MES.

Figure 1: Current (Including In-Flight) MES Conceptual Technical Design



*Business Process as a Service (BPaaS) Services Only ** MES Supporting Professional Services

3.2 MES CTD (To-Be)

PRMP has developed a plan with its Program Management Office (PgMO) to further mature its MES TA. Building upon a future provider- and member-centric conceptual approach, the following system enhancements have been incorporated into the To-Be MES CTD.

Some key potential enhancements for the MMIS Phase III To-Be environment include:

- The functionality and business processes necessary to support the validation of capitation payments to providers from MCOs
- The functionality and business processes necessary to support the production and distribution of capitation payments to MCOs including, but not limited to:
    - The receipt of an 834-transaction file from MCOs to assist in completing the capitation payment determination
    - The distribution of an 820-transaction file to MCOs and the MMIS (or an alternative solution as defined by PRMP)

- The receipt of a proprietary file for the sub-capitation payments MCOs made to providers

- The manual and automated rate adjustments currently being completed using data from the Micro Information Processing (MIP) and ASES Health Information Audit (HIA), EDW, and other applicable solutions
    - These adjustments account for rate changes, rate cell changes per member, deceased enrollees, an adjustment for high-cost high-needs (HCHN) enrollees changes, third-party liability (TPL) recoupments, and other adjustments

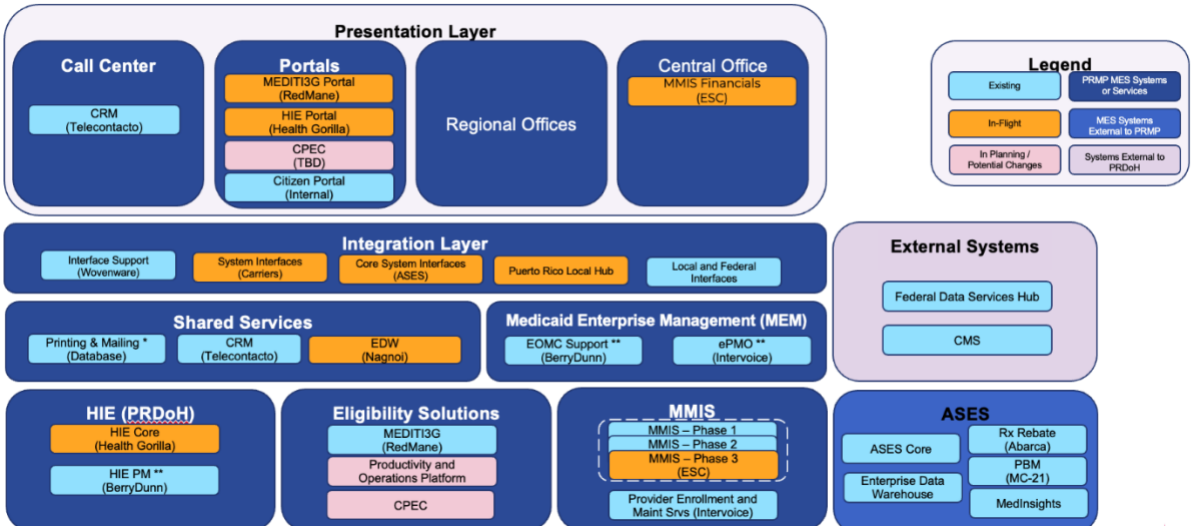
Some key potential enhancements for the MEDITI3G To-Be environment include the following:

- MMIS Electronic Data Interchange (834): Sending managed care updates and terminations to MEDITI3G from MMIS
- MMIS/ASES Daily/Recon Interface Notification Report
- Ability to have Automatic Enrollment without Caseworker intervention
- Income Information Updates for Modified Adjusted Gross Income (MAGI)/Non-MAGI
- Additional Data Requests – MEDITI3G to MMIS

CPEC has been added in the To-Be environment since it will be integrated into the existing PEP portal as part of PRMP's Eligibility Solutions. For further details on the EDW, please refer to Section 2.1.4 EDW of this document.

Figure 2 below represents the future provider-and member-centric conceptual view of PRMP's MES vision for solutions during FFY 2023–2024.

Figure 2: Future PRMP MES Conceptual Technical Design



*BPaaS Services Only ** MES Supporting Professional Services

3.3 PRME CTD Main Layers and Systems

The PRME is composed of the following main layers and systems, which support both the As-Is and To-Be TA:

- EE or MEDITI3G
- MMIS Phase III
- HIE

MEDITI3G

As-Is: On May 2021, the MEDITI3G system entered the full production state. Under the revised MEDITI3G implementation schedule, PRMP extended the implementation and stabilization period of the MEDITI3G solution through November 2022. The final CMS Certification Review for the MEDITI3G system was completed December 2022.

PRMP successfully completed the Outcomes-Based Certification (OBC) process in February 2023 for the MEDITI3G system. Full certification and Public Health Emergency (PHE) Unwinding activities have provided insight into the ongoing resource and business needs of the project.

To-Be: Due to scope changes identified by PRMP, ongoing required application maintenance and enhancements are required to resolve business needs and comply with CMS outcomes and metrics for the MEDITI3G system. The MEDITI3G solution's post-certification Design, Development, and Implementation (DDI) efforts continue with enhancements to certain functionalities of MEDITI3G. PRMP finalized a new MEDITI3G enhancement release schedule to reflect the additional functionalities that need to be released post-certification. Under the revised MEDITI3G release schedule and timeline, PRMP has planned additional releases in FFY 2023 and FFY 2024.

MMIS Phase III

As-Is: MMIS Phase I was implemented in March 2018 and certified by CMS in January 2020. Phase I included claims, encounters, and sub-capitations payments processed by MCOs. MMIS Phase II was implemented in May 2020 and received CMS certification in December 2020. Phase II included capabilities of case tracking, provider enrollment, and provider screening via the PEP. The MMIS Phase III solution is scheduled for go-live in April 2024.

To-Be: The MMIS Phase III solution will extend the existing MMIS interchange solution with modular components being integrated, such as Business Rules Engine, EDI, Software as a Service (SaaS), Insight Analytics, System Analysis Program (SAP) BusinessObjects, and OnBase reporting tool. Additionally, the MMIS Phase III project will provide PRMP with needed improvements to financial systems reconciliation and reporting, data and information sharing between systems, claims and encounters visibility, and financial transaction and reporting timeliness.

In addition to these initial focus areas for the FM area, the MMIS Phase III solution should provide PRMP with a foundational system architecture and functionalities to support the establishment of a modular FM solution.

HIE

As-Is: PRDoH acknowledges Health Information Technology (HIT) as a key component for achieving the long-term strategy of transforming PRDoH into an information-driven agency with improved program oversight, increased credibility, and modernized technology. The Health Information Technology for Economic and Clinical Health (HITECH) and MES activities being planned for FFY 2023 support the Medicaid Program to Promote Interoperability of Puerto Rico (MPPIPR) post-payment auditing, HIT and HIE program and project oversight, and implementation activities.

To-Be: PRMP plans to procure vendor services for conducting an HIT environmental scan as part of its planning efforts for the HIE. Other planning activities include the development of an HIE Roadmap; and increasing stakeholder engagement to discuss operational and system readiness, use cases, and requirements for the development of a Request for Proposal (RFP) for HIE services. PRMP is planning the continuation of HIE services is being planned for July 2024 following the expiration of the contract with current vendor.

3.4 PRME Systems Inventory

Table 10 below outlines the applications and systems inventory from the PRME for each MITA business area impacted by the current MES projects and solutions. The MITA business processes associated with each business area have been mapped to MES projects and included in Section 6.0 MITA Outcomes Matrix and Appendix B: MITA Business Process Outcomes Mapping.

Table 10: Current PRME Systems and Applications Inventory

Business Areas	Systems
CM	MMIS
	MCO Interface with MMIS
	ASES Enterprise System (ASES ES)
	MEDITI3G
EE	MEDITI3G
	MMIS
	ASES ES
	MCO Electronic Claims Management (ECM) Systems
	PEP – MMIS

Business Areas	Systems
	Puerto Rico Hub
	Federal Data Services Hub (FDSH)
	Provider Enrollment, Chain, And Ownership System (PECOS)
	Public Assistance Reporting Information System (PARIS)
	System For Award Management (SAM)
	CMS Data Exchange System (DEX)
	Local interfaces - MEDITI3G
FM	MMIS
	ASES ES
	Carriers (MCOs, MAOs, and Pharmacy Benefit Managers (PBMs)), ASES, Actuary, and Hacienda Interfaces with MMIS
	Sharefile (Citrix)
	Sage Peachtree®
	Secure File Transfer Protocol (FTP) Service
Operations Management (OM)	MMIS
	ASES ES
	MCO ECM Systems
	Sage Peachtree®
	MCO Clearinghouse Systems
	MCO Automated Voice Response (AVR) Systems
	MEDITI3G
	T-MSIS Enterprise Reporting Portal
	EDI Gateway
Performance Management (PE)	MMIS
	ASES ES
	PIU Case Tracking Tool
	ASES Comprehensive Oversight Monitoring Pool (COMP) Tool
	InSight Analytics

Business Areas	Systems
	BusinessObjects
	Surveillance and Utilization Review (SUR) Profiler
	Department of Social Services (DSS)
	Asset Verification System (AVS)
Plan Management (PL)	MMIS
	ASES ES
	InSight Analytics
	Power Business Intelligence (BI)
	BusinessObjects
	ASES COMP Tool
	Actuarial System
	MCO/Carrier systems
	MEDITI3G
Provider Management (PM)	MMIS
	ASES ES
	PEP- MMIS
	Learning Management System (LMS)-MMIS
	Sage Peachtree®
	ASES COMP tool
	MCO ECM systems
	Pharmacy/Clinical Web Portal
	Microsoft Access
Contractor Management (CO)	Sharefile (Citrix)
	Secure FTP Service
	SharePoint
	Oficina del Contralor Website
	PRDoH Website
	ASES Website

4.0 MES Data Integration

The MES Data Integration describes the MES Information Architecture (IA) by providing the categories of data being managed within PRMP's primary MES systems and the roles of PRMP's MES key data sharing partners. This information can be used as a guideline for PRMP when determining common data needs within its MES to help improve efficiencies, reduce redundancies, and strengthen the security of data used in current and future MES IT system investments.

As the MES matures, the future development of PRMP's governance structure can help support and monitor the inventory of data exchange partners, the category of shared data between systems, and the systems inventory from the MES TA. The PRMP's MES IA and TA will also provide additional transparency for CMS in understanding limitations and opportunities for additional systems development and exchanges related to Medicaid clinical data.

4.1 MES Systems and Data Categories

Table 11 below outlines PRMP's main systems and categories of data that are being stored or shared within the MES based on MITA business processes. Data categories are defined as the data being used to conduct specific MITA business processes, which have been mapped to the MES systems included in this assessment.

Table 11: MES Systems and Data Categories

MES Systems	Data Categories
MMIS	• Care management case information • Member eligibility data • Member enrollment data • Claims data • Health Plan data • Provider enrollment data • Financial information • Operations information • Program Integrity data
MEDITI3G	• Care management case information • Member eligibility data • Member enrollment data
EDW	• TBD
HIE	• Care management case information • Member enrollment data • Financial information

MES Systems	Data Categories
	• Operations information • Program Integrity data • Health Plan data • Provider data

4.2 PRMP Primary Data Sharing Partners

Table 12 below outlines the roles and descriptions of PRMP's primary MES data sharing partners and the major data exchanges that occur among these partners. The information that these data sharing partners own, manage, and maintain is critical to the operation and success of the MES IA.

Table 12: Primary Data Sharing Partners and Major Data Exchanges

Primary Data Sharing Partners	Major Data Exchanges
Providers: Physical health providers, mental and behavioral health providers, and major laboratory networks	• Providers submit enrollment applications via the PEP. • Providers submit claims to MCOs for reimbursement electronically using the Health Insurance Portability and Accountability Act of 1996 (HIPAA standard transactions and paper-based claims. • Medicaid responds to providers electronically via the PEP. • Paper is used to exchange some information with providers. • Providers receive electronic payments via Electronic Funds Transfer (EFT).
Carriers: MCOs, Pharmacies, Medicare Advantage Organizations (MAOs), and private insurance	• MCOs submit encounter data to Medicaid using the X12N 837 standard transactions. • MCOs submit encounter data no later than 90 days after the end of the quarter in which the encounters occurred.
ASES: The Puerto Rico Health Insurance Administration that manages the MCOs	• ASES is responsible for sending X12N 820 transactions to the MCOs on a monthly basis. • MMIS forwards provider and member data to the ASES ES. • ASES ES automatically captures carrier reporting data and shares it with the MMIS.

Primary Data Sharing Partners	Major Data Exchanges
	• Financial information is shared between the MMIS, People Soft, Sage Peachtree, and ASES ES. • ASES ES uses the PEP data to validate that providers are enrolled in Medicaid.
Beneficiaries: Puerto Rico residents who apply for or who receive Medicaid benefits	• Applicants submit applications directly to a caseworker. • Beneficiaries submit eligibility verifications in electronic and paper formats. • Beneficiaries receive multiple notices regarding eligibility from the Medicaid Enterprise and the MCO.
Federal Oversight: CMS, General Accountability Office (GAO), Financial Oversight and Management Board (FOMB), and U.S. Congress	• PRMP responds to request for information (RFI) and receives approval for budget initiatives.
Puerto Rico Oversight Agencies: Office of Management and Budget (OMB), GAO, Resident Commissioner, Puerto Rico Federal Affairs Administration (PRFAA), and Fiscal Agency and Financial Advisory Authority (AAFAF; its Spanish acronym)	• PRMP and ASES send and receive requests for information exchange from the Puerto Rico Oversight Agencies individually and based on business needs.
Other Puerto Rico Agencies for Eligibility Information Verification	• Eligibility information is exchanged as needed.

4.3 PRMP Data Governance

4.3.1 Data Governance Environment

Data governance is the exercise of authority, control, and shared decision-making over the management of data assets throughout the entire data life cycle. Data governance defines data management roles and responsibilities. It increases the efficiency of development projects through the identification and resolution of data issues and opportunities. PRMP is currently developing an Enterprise Data Governance structure and implementation plan to help in supporting the quality, accuracy, and completeness of MES systems data.

4.3.2 Data Governance Operations Model

PRMP has also developed a proposed Data Governance Operations Model to help them increase timeliness and improve data quality standards and decision-making. The model was drafted to facilitate effective strategy, guidance, and decision-making by the governance bodies. This type of standardized model will also help PRMP improve its ability to integrate modules into

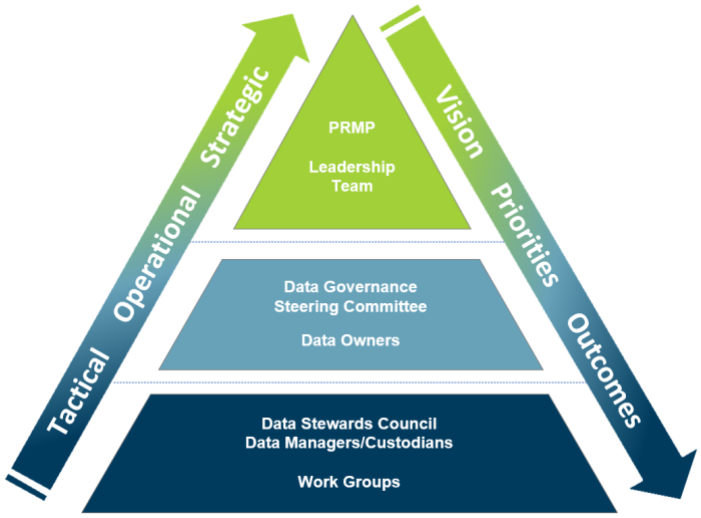
its Puerto Rico MES; standardize data formatting; and increase interoperability between modular systems.

PRMP's proposed Data Governance Operations Model currently describes the following governance bodies:

- **PRMP Leadership Team:** A governing body with the authority to establish data policy/standards.
- **Data Governance Steering Committee:** A cross-functional reviewing body that oversees the development of an organization's data governance program.
- **Data Owner(s):** The individual(s), normally a manager or director, who is responsible for data integrity, accurate reporting, and authorizing data use.
- **Data Stewards Council** (DSC): Data stewards who make recommendations about the treatment of data assets in the organization. The DSC is responsible for identifying and recommending changes to data standards and processes.
- **Data Steward/Data Custodian(s):** Individual(s) with accountability and responsibility.

Figure 3 below outlines the Data Governance Operations Model as described above.

Figure 3: Data Governance Operations Model



4.3.3 MES Data Governance Roadmap

PRMP has also created a Data Governance Roadmap that uses a phased/iterative approach. This roadmap also outlines key data governance activities based on PRMP priorities and HIE program capacity.

Figure 4 below outlines the current PRMP MES Data Governance Roadmap.

Figure 4: MES Data Governance Roadmap

PRMP's proposed next steps for the implementation of its MES Data Governance structure are as follows:

- Determine the Data Governance Operational Model
- Approve Data Governance Framework
- Identify Data Governance Lead who will champion the Data Governance Program
- Approve Data Governance Steering Committee Charter
- Establish policies and processes for data governance
- Identify and define the roles of data owners and data stewards – HIE/PRMP
- Integrate data governance into MES governance

Additional information related to PRMP's governance structure planning activities, including data governance, can be found in Section 7.2 Governance.

5.0 PRMP Organizational Structure

The Puerto Rico Medicaid Enterprise is composed of the following partner state agencies:

- Puerto Rico Department of Health (PRDoH) – The single state agency designated to administer medical assistance in Puerto Rico under Title XIX of the Social Security Act of 1935, as amended. PRDoH is accountable for helping to ensure the appropriate delivery of healthcare services under Medicaid and the Children's Health Insurance Program (CHIP) in Puerto Rico.
- PRMP – PRMP is a division of the PRDoH responsible for facilitating the processes of eligibility for Medicaid and to access health services offered to the underserved medical population and those with socioeconomic disadvantages who do not have a health plan. PRMP manages Medicaid provider enrollment, program integrity, MMIS and eligibility system vendor contracts, federal reporting, and Medicaid program policy.
- ASES – ASES, or the Puerto Rico Health Insurance Administration, was created under Act Number 72 of 1993 (Act 72), also known as the Puerto Rico Health Insurance Administration Act. ASES is a public corporation working with the PRDoH as part of the PRME. According to Act 72, ASES is responsible for implementing, administering, and negotiating "a health insurance system by means of contracts with insurers, entities and health service purveyors, which will eventually give all the residents of the island access to quality medical and hospital care, regardless of the financial condition and capacity to pay."[1] ASES and PRMP established a partnership through a Memoranda of Understanding (MOU) that has been continuously renewed over the course of the business relationship. There are also MOUs and contracts between ASES and MCOs that are dedicated to the exchange of data. ASES is also currently responsible for managing each of the contracts for the MCOs.

In 2022, PRMP engaged in an Organizational Development (OD) effort to develop a functional restructuring of its Medicaid work units to achieve efficiencies and improve performance, as a means of achieving more effective services and greater accessibility to the entire population.

As part of this effort, PRMP worked to identify areas critical to the viability of its ministerial duties, as well as those aspects that represent obstacles, challenges, or areas of opportunity that could be addressed through OD efforts.

An assessment and recommendations on OD and improvement in PRMP units was performed to determine the following:

[1] Puerto Rico Office of Management and Budget. *Puerto Rico Health Insurance Administration Act*. Puerto Rico Office of Management and Budget, June 20, 2012. Accessed September 22, 2022. http://www.presupuesto.pr.gov/Budget_2012_2013/Aprobado2013Ingles/suppdocs/baselegal_ingles/187/72-1993.pdf

- Barriers and challenges arising from the current organizational structure
- An approach PRMP can take to help achieve program goals and provide more efficient and effective services
- Plans that PRMP can use to maximize available or identify new resource needs
- A proposed overarching organization structure to help support efficient operations and MES program management activities

5.1 Barriers and Challenges

PRMP operational modernization efforts related to large systems change such as the MMIS Phase III implementation, MEDITI3G deployment, CPEC, HIE, and EDW may require the current business model to be updated by adopting new ways of providing service delivery and introducing a new organizational structure to support it. The organization's structure presents challenges such as unclear roles, responsibilities, and reporting structure; limited number of resources to meet federal Medicaid requirements; and parity gaps between employees and contracted staff. This structure may lend itself to uneven workloads, communication issues, inefficient workflows, and high staff turnover.

The core tenets of CMS' Triple Aim are improved customer service and healthcare service delivery, with a decrease in costs to the system. Without making the proposed changes, PRMP might fall short of fulfilling its mission of supporting the physical, mental, and emotional health and well-being of the most vulnerable people of Puerto Rico, which in turn allows them to contribute to the economy and society of Puerto Rico to the fullest.

5.2 Organizational Structure Improvements

To support a shift from legacy thinking to modernized and optimized operations, PRMP needs to address several points to achieve a strategic Medicaid organization that aligns MES initiatives and strategies to its organizational goals and system outcomes. PRMP may gain efficiency in achieving its MES goals by having an empowered and engaged workforce who can deliver the right service, at the right place, at the right time.

Addressing and right sizing the organization's structure and staffing model is an important first step in creating value within PRMP and enabling effective service delivery. To achieve this, PRMP may take a multi-pronged approach that includes:

- Reviewing and clearly defining position descriptions
- Ensuring job descriptions align with functional roles
- Assessing reporting structures and responsibilities
- Identifying and assessing gaps in the current organizational structure
- Recommending a new classification structure and positions needed within the organization

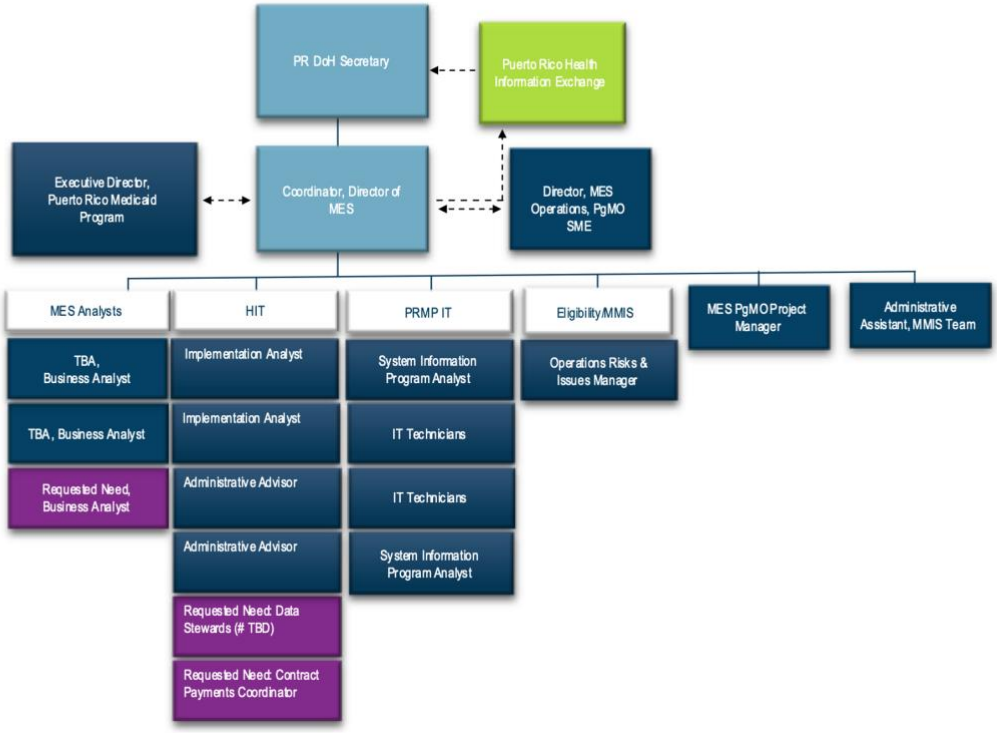
There has been a growing awareness among state government leaders that they must do more with less, and over the past several decades, there has been a growing movement within state government as a whole of investing in Lean production practices and tailoring them for state government operations. Lean systems are designed to eliminate waste and increase standardization. The way to manage a process, whether it is on an automotive production line, or an E&E function within Medicaid, is to see how it works. Processes must first be understood in their current state before they can change. The PRMP may begin to introduce and adopt Lean and Continuous Quality Improvement (CQI) tools to include Value Stream Mapping; Plan, Do, Check Act (PDCA); and 5S frameworks to align with the PRMP quality value of "We demonstrate high value in our work to ensure our results are accurate, reliable, and consistent."

The demand for service delivery to PRMP's 1.5 million beneficiaries is more critical than ever. Ensuring that the most vulnerable have dependable and timely access to healthcare services is a top priority for the PRMP. To fulfill this requirement, it is imperative that PRMP has sufficient staff to provide services to all who qualify. To address this need, PRMP may develop a comprehensive plan designed to recruit and retain top talent. This plan will be designed to enhance employee's knowledge, skills, and abilities, and may include standardized onboarding, training, yearly competencies, and professional development components. Having an expertly trained workforce is critical to sustain current operations and address future and ongoing modernization needs.

The PRMP has taken steps to leverage IT systems to transform its Medicaid program, which helps to support its mission to provide every beneficiary with a better quality of life by promoting their wellbeing and supporting access to innovative, high-quality healthcare services. It is essential for PRMP to transform legacy business operations to align with its MES modernization efforts. The current working environment and organizational structure is siloed, with little opportunity for cross-boundary collaboration. For PRMP to be driven by innovations in both IT and organizational design, it can begin performing work in automated, networked ways that improve efficiencies and provide the best services and customer experience possible. Addressing the organization's structural capacities and staffing approach may help better support existing Medicaid operations and positions the PRMP very well for future initiatives.

Below is a proposed PRMP MES Division Organizational Chart that was provided to PRMP in 2022 as part of its ongoing OD efforts. This organization chart was created to provide a resource framework to support MES operations and support PRMP's team of collaborative, supportive professionals keeping the needs and priorities of its business partners and Medicaid beneficiaries at the forefront of their work.

Figure 5: Proposed MES Division Organizational Chart



Re-examining the current operational state of PRMP is a critical step towards organizational modernization and compliance. Through further examination of the organizational structure, PRMP can help promote improved service delivery by having the correct organizational structure in place with a workforce made up of qualified staff that have been professionally trained to support the future success of its MES projects and initiatives.

5.3 Resource Management

Ensuring that the most vulnerable have dependable and timely access to health care services is a top priority for PRMP. To fulfill this requirement, PRMP must have sufficient staff to provide services to all who qualify and should consider developing a comprehensive plan designed to recruit and retain top talent. This plan could include activities designed to enhance employee's knowledge, skills, and abilities, as well as standardized onboarding, training, yearly competencies, and professional development components. Having an expertly trained workforce is critical to sustain current operations, and address future and ongoing modernization needs.

PRMP has historically relied on staff augmentation services provided through contracts with Manpower, to staff healthcare IT infrastructure projects (MMIS and EE). Manpower staff have been hired on 30-day contracts, which can be terminated at any time. This type of staffing practice can contribute to high rates of turnover and knowledge loss. In general, constant staff turnover is disruptive to overall operations, with the unintended consequence of promoting a

working environment that is unpredictable and vulnerable to uncertainty. PRMP is looking at opportunities to address this issue through competitive bidding of its staff augmentation contract. This may result in cost savings and improved operations by helping to reduce the rates of attrition and enhancing the stability of operations.

5.4 Legacy Operations and MES Modernization

PRMP has taken steps to leverage IT systems to transform its Medicaid program, which helps support its mission of providing every beneficiary with a better quality of life by promoting their well-being and supporting access to innovative, high-quality health care services. PRMP needs to transform legacy business operations to align with its MES modernization efforts. The current working environment and organizational structure are siloed, with little opportunity for cross-boundary collaboration. For PRMP to be driven by innovations in both IT and organizational design it can begin performing work in an automated, networked way that improves efficiency and provides the best services and customer experience possible. Addressing the organization's structural capacities and staffing approach may help increase support in the existing Medicaid operations and places PRMP in a better position to support the success of future initiatives.

Until a point in time when PRMP decides to move forward with the multipronged approach listed in the prior section, PRMP's new Outcomes Based Procurement (OBP) process also helps in achieving staffing efficiencies during their MES modernization. PRMP includes language within their RFPs requiring vendors to describe the business and technical resources needed to support the development, review, and approval of all project deliverables, as well as PRMP staff requests to help ensure successful completion of MES projects.

Specifically, PRMP is asking vendors to address the following staffing utilization criteria in their RFP responses:

- The key PRMP roles necessary to support project deliverables and scope of work.
- The nature and extend of PRMP support required in terms of staff roles and percentage of time available
- Assistance from PRMP staff and the experience and qualification levels of required staffing for both implementation and maintenance and operations phases

The following tables depicts the key PRMP roles that vendors have deemed necessary to support MES project deliverables for MMIS Phase III, PRMP's Enterprise Project Management Office (ePMO), and CPEC projects. As PRMP executes these projects, the below staffing models are considered.

Fundamental HIE staffing models have also been developed and presented to the PRDoH for consideration as they continue to enhance and expand the HIE initiative. The proposed staffing model includes staff for the management, oversight, and strategic planning activities as the HIE initiative continues to expand its interface opportunities across Puerto Rico health care entities.

Table 13: Proposed PRMP Staff Utilization for MMIS Phase III

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
Implementation and M&O	Steering Committee Chair	• Endorse and communicate the mission, vision, and value of the project to PRMP vendors and agencies articulating expected support and alignment to project objectives • Provide project oversight, timely decisions, and approvals as/when requested to support project progress	Not applicable
Implementation and M&O	Medicaid Director	• Enable and endorse collaboration with supporting vendors and agencies (ASES, MCOs, MAOs, etc.) • Provide guidance and support to the PRMP Program and Project Manager(s) so that project deliverables are met	Not applicable
Implementation and M&O	Program Director	• Provide oversight for the Phase III solution implementation program • Provide oversight to Operations	Not applicable
Implementation and M&O	Deputy Project Manager	Provide implementation leadership and serve as single point of contact to the Executive Steering Committee (ESC) Implementation Manager	• Medicaid knowledge • Project Management
Implementation and M&O	Operations Manager	• Provide operations leadership and serve as single point of contact for the ESC Operations Manager • Make certain of readiness of PRMP for M&O Day one	• Medicaid knowledge • PRMP policies knowledge
Implementation and M&O	Medicaid and MMIS SME Business Analyst(s)	Provide Medicaid policy input and guidance during both Phase III detailed requirements definitions phase as well as the M&O phase in support PRMP's business outcomes	• Medicaid knowledge • PRMP policies knowledge

Table 14: Proposed PRMP Staff Utilization for ePMO Support

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
Planning	PRMP Financial Operational SME	PRMP financial operations staff for system requirements analysis and design	PRMP financial operations staff with experience in dealing with CMS-64 as well as MCO Capitation processing knowledge
Planning	ASES Financial Operational SME	ASES financial operations staff for system requirements analysis and design	ASES financial operations staff with experience in managing capitation rates and CMS reporting
User Acceptance Testing (UAT)	UAT Testers (4)	Participation in UAT as testers for PRMP	PRMP Operations staff familiar with the business process covered by the MMIS Phase III Project
Initiation and Implementation	Certification Lead	• Primary contact to CMS certification resource • Primary PRMP approver for all certification deliverables to CMS	Experience dealing with certification
Project Lifecycle (all phases)	PRMP Security Lead	• Required PRMP position for all certified systems and services which connect to the Federal Data Services HUB • Responsible for development and implementation of PRMP security policy, standards, and procedures in alignment with CMS Minimum Acceptable Risk Standards for Exchanges (MARS-E) • PRMP submission of monthly, quarterly, and annual security related documentation to CMS	• Experience CMS Minimal Acceptable Risk standards and NIST 800-53 • CISSP Certified

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
M&O	PRMP Security Operations Lead	• Responsible for day-to-day execution and compliance of PRMS security policies and standards • Available for access and monitoring of individuals on the project, ensuring compliance with HIPPA • Support for annual security audit requirements	• Knowledge of PRMP security policies and standards • Knowledge of HIPPA • Experience with annual security audits and requirements
Project Lifecycle (all phases)	Claims SME	PRMP approver for all related deliverables and development of polices around system changes	Experience with policy development, pricing methodology, billing practices, claims and encounter processing
Project Lifecycle (all phases)	Benefit Plan SME	PRMP approver for all related deliverables and driving the design of the benefit plans	Experience with benefit plan development

Table 15: Proposed PRMP Staff Utilization for CPEC

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
Implementation and M&O	Steering Committee Chair	• Endorse and communicate the mission, vision, and value of the project to PRMP vendors and agencies articulating expected support and alignment with project deliverables • Provide project oversight, timely decisions, and approvals as/when requested to support project progress	Not listed in vendor response
Implementation and M&O	Medicaid Director	• Enable and endorse collaboration with supporting vendors and agencies (ASES, MCOs, MAOs, and so forth)	Not listed in vendor response

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
		• Provide guidance and support to the PRMP program and project managers so that project deliverables are met	
Implementation and M&O	Program Director	• Provide oversight for the implementation program • Provide oversight to operations	Not listed in vendor response
Implementation and M&O	Project Manager	Provide implementation leadership and serve as the primary point of contact to ESC Implementation Manager	• Medicaid knowledge • Project management
Implementation and M&O	Operations Manager	• Provide operations leadership and serve as the primary point of contact to the ESC Operations Manager • Make certain of readiness of PRMP and M&O Day one	• Medicaid knowledge • PRMP data policy knowledge
Implementation and M&O	Medicaid and Policy SME Business Analyst(s)	Provide Medicaid policy input and guidance during both detailed requirements definitions phase as well as the M&O phase in support of PRMP's business outcomes	• Medicaid knowledge PRMP policies knowledge
Implementation and M&O	CMS Certification Manager	• Provide oversight for certification activities • Serve as primary point of contact to CMS	CMS IT certification standards
Implementation and M&O	MCO Integration Liaison	Facilitate communication and coordinate activities with the MCOs for the centralization of the credentialling process and build out of portal functionality	• Medicaid credentialling processes • System integration projects
Implementation and M&O	Deputy Project Manager	• Work closely with the PM to lead the organization's team • Coordinate stakeholders and activities so that the project processes are executed	• Medicaid knowledge • Project management knowledge

Table 16: Proposed PRMP Staff Utilization for HIE

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
Implementation and M&O	HIE Program Director	• Legislatively authorized to preside over HIE strategic planning, the HIE funding portfolio, and represent HIE issues to external stakeholders. • Reports to the Medicaid Director. • Represents HIE program issues to the Medicaid PgMO, PRDoH leadership, the legislature, CMS and other funders, and the health care community. • Chair of the HIE Advisory Council.	Not applicable
Implementation and M&O	HIE Portfolio Manager	Responsible for coordinating activities that advance data exchange and interoperability, tracking and representing user needs, ensuring that policies are supportive of investments and strategic plans. If distributed, roles may focus on the (1) public health, (2) intra-agency coordination, and (3) provider focused HIE services.	Institutional data management experience
Implementation and M&O	Technical Specialist	• Leads the development and oversight of the HIE systems contract(s) • Provides subject matter expertise on health IT, including technology and data management in HIE and provider endpoint environments.	• HIE program knowledge • Management of data and technology in HIE and provider environments • Technical communicati on skills
Implementation and M&O	Business Analyst	• Analyzes and develops feasible applications of data and technical components and processes to support technical innovation and use case support from the HIE • Collaborates on health IT process changes with HIE operating staff as well as with other stakeholders including provider types, Public Health, and Medicaid data and HIE users.	• Understands and applies health IT awareness to changes in workflow in support of use cases

Phase	Key PRMP Roles	Assistance from PRMP	Experience/ Qualifications
			• Process improvement knowledge
Implementation and M&O	Policy and Governance Lead	• Tracks key policy initiatives • Supports the legislative process • Supports Advisory Council and subcommittees with charter development and guidance on policy topics • Develops new and revised policies in response to legislative or use case requirements.	HIE policy knowledge and experience
Implementation and M&O	Communications Manager	• Supports the Advisory Council with regular communications on meetings and meeting content including active meeting support (call the roll, produce minutes) • Point of contact for Council members • Drafts communications for the HIE Program Director and for other members of the HIE team as needed	Technical communication development experience
Implementation and M&O	Medicaid Fiscal Administrator	• Helps to ensure that funding and the flow of funding is aligned with PRMP policies and practices for acceptable fiscal management • Provides subject matter expertise for APD development • Participates in HIE contract development • Reviews regular fiscal reporting from the HIE Operator Collaborates with PRMP fiscal staff to reflect accurate HIE data in CMS quarterly reports and forms.	• PRMP policy and practices knowledge • APD process knowledge • Federal fiscal reporting experience • Technical contract development experience

6.0 MITA Business Area Assessment

In alignment with the IT Investment Toolkit, PRMP transformed the MITA 3.0 Capability Matrices into standardized measurements that directly map to each of the CMS MITA business areas and associated processes. These new MITA-related outcomes can help give PRMP the ability to compare performance consistently across its enterprise and continue to use MITA as a strategic tool during IT investment decision-making.

The new MITA Outcomes Matrix was developed using specific performance goals provided by CMS in each of its MITA 3.0 Business Process Templates (BPT). The MITA Outcomes Matrix includes targets that were developed using the MITA 3.0 Capability Matrices language as reference for each of the MITA business processes. The targets were set at a level 3, which requires SMAs to use industry standards, permit collaboration, data sharing, and interoperability across its MES. Level 3 was selected to align to the desired To-Be scores from PRMP's previous 2021 MITA 3.0 SS-A Report.

Level 4 introduces the capability for PRMP to incorporate widespread sharing of clinical data and interstate information exchanges. Current Level 3 outcomes can be updated as PRMP continues to mature and enhance their processes. The MITA outcomes can also become part of the MES project performance dashboard and be used to help ensure that all projects within the MES that impact a MITA business process are performing at or working toward the set CMS target.

The new MITA Outcomes Matrix provides a baseline for PRMP to operationalize its MITA tools and expand upon the existing targets. This approach allows MITA outcomes to expand alongside the MES as well as the overall Puerto Rico Medicaid program enterprise.

In addition to the MITA Outcomes Matrix development, the high-and medium-priority MES projects have been mapped to MITA business areas and processes as part of this assessment. Appendix B outlines the mapping detail of MITA business processes to CMS, MITA, and PRMP-specific outcomes and MES Roadmap projects.

Table 17 below outlines the MITA business processes that were mapped to MES projects and assessed as part of this 2023 MITA IT Investment Strategy update.

Table 17: 2023 MITA Targeted Business Processes

Business Areas	Business Processes
CO	Manage Contractor Information (CO01)
	Manage Contractor Communication (CO02)
	Perform Contractor Outreach (CO03)
	Inquire Contractor Communication (CO04)
	Produce Solicitation (CO05)
	Award Contract (CO06)

Business Areas	Business Processes
	Manage Contract (CO07)
	Close Out Contract (CO08)
	Manage Contractor Grievance and Appeal (CO09)
CM	Establish Case (CM01)
	Manage Case Information (CM02)
	Manage Population Health Outreach (CM03)
	Manage Treatment Plan and Outcomes (CM06)
EE	Determine Member Eligibility (EE01)
	Enroll Member (EE02)
	Inquire Member Eligibility (EE04)
	Enroll Provider (EE06)
	Inquire Provider Information (EE08)
FM	Manage Provider Recoupment (FM01)
	Manage TPL Recovery (FM02)
	Manage Drug Rebate (FM04)
	Manage Accounts Receivable Information (FM06)
	Manage Accounts Receivable Funds (FM07)
	Manage Contractor Payment (FM09)
	Manage Capitation Payment (FM11)
	Manage Accounts Payable Information (FM13)
	Manage Accounts Payable Disbursement (FM14)
	Formulate Budget (FM16)
	Manage Fund (FM18)
	Generate Financial Report (FM19)
OM	Calculate Spend-Down Amount (OM20)
PE	Identify Utilization Anomalies (PE01)
	Establish Compliance Incident (PE02)
	Manage Compliance Incident Information (PE03)
	Determine Adverse Action Incident (PE04)
PM	Manage Provider Information (PM01)
	Manage Provider Communication (PM02)

Business Areas	Business Processes
	Perform Provider Outreach (PM03)
	Manage Provider Grievance and Appeal (PM07)
	Terminate Provider (PM08)

6.1 CO

The CO business area includes the solicitation, management, and closeout of administrative and health services contracts with state contractors. Contractors are also defined as vendors (i.e., entities that assist the state by performing prescribed work).

Medicaid Enterprise MITA Business Area Assessment

The Manage Contractor Information (CO01) and Manage Contractor Communication (CO02) processes are expected to improve in the To-Be environment with the implementation of the Enterprise Vendor Management Needs Assessment solution in the PRMP MES Roadmap. This solution will provide PRMP an overarching vendor management process to help increase accuracy when managing contractor information and when communicating or sharing contract data with vendors.

PRMP is expected to enhance the Perform Contractor Outreach (CO03) process as part of the Enterprise Vendor Management Needs Assessment solution in the MES Roadmap. This solution will help PRMP implement procurement management-related guidance, which will allow PRMP to increase accuracy in the outreach materials that are developed for prospective contractors.

Both PRMP and ASES have expressed a desire to enhance the Inquire Contractor Information (CO04) process. Both PRMP and ASES are developing a transparency tool to increase timeliness and automation when receiving inquires for contractor information. The PRMP tool is for internal and external use by individuals wanting to conduct further research of PRMP's contracts, and ASES has been developing a tool for information related to Freedom of Information Act (FOIA) requests, publishing professional services, and prior awards, among others. PRMP's transparency tool is currently being developed and is intended for all types of contracts. PRMP plans to make the new tool available to the public on its website and ASES.

The Inquire Contractor Information (CO04) process is also expected to improve with the implementation of the Enterprise Vendor Management Needs Assessment solution in the PRMP MES Roadmap. This solution will help improve the process by enhancing the existing approach toward management and communication of contracts. This solution will also help increase accuracy in the responses to contract verification requests.

PRMP is currently reviewing procurement processes and, as a result, the Produce Solicitation (CO05) process is expected to improve. PRMP is working on open bid processes and additional transparency in the contracting process as required by the Governor's new executive order for

current and future RFPs. PRMP is also following GAO report recommendations regarding competitive procurements and anticipates more RFP process improvements resulting from those report recommendations. ASES also began working on revising its contracting practices and procurement processes and has developed a workplan to address the GAO recommendations.

The Produce Solicitation (CO05) process is also expected to improve with the implementation of the Enterprise Vendor Management Needs Assessment solution in the PRMP MES Roadmap. This solution will provide PRMP procurement-management-related guidance to help increase accuracy of requirements when developing the solicitation of services. It will also assist PRMP with improvements in vendor contract tracking and end dates, allowing for more planning of vendor re-procurements and help with eliminating contract cliffs.

PRMP is looking to build a Procurement Department through reorganization efforts to support contract awards and improve the Award Contract (CO06) process. However, PRMP contracts would still need to be approved and executed by the Legal Department of PRDoH. ASES has a Procurement Manager contractor and is also working toward building a Procurement Department for RFPs and Request for Quotes (RFQs) in its workplan.

The Award Contract (CO06) process is also expected to mature with the implementation of the Enterprise Vendor Management Needs Assessment solution as part of the PRMP MES Roadmap. This solution will help improve vendor provision of quality contractually required goods and services that meet PRMP's expectations. This solution will also integrate and implement existing contract- and procurement-management-related guidance, which will help PRMP increase accuracy in the Award Contract (CO06) process when validating the information included in proposals submitted by contractors.

PRMP is revising its current methodology and looking forward to maturing its contracting division and improving the Manage Contract (CO07) process. PRMP also anticipates changes to the contract language and modifications to the contracting process for vendors. For example, in the Close Out Contract (CO08) process, PRMP will continue adding new standardized language in the contracts with requirements for the vendors in case PRMP terminates the vendor's contract prior to the contract's end date. Another clause was added allowing PRMP to cancel a contract within 30 days, based on performance. These enhancements are part of the Enterprise Vendor Management Needs Assessment solution, which will help increase accuracy when managing, updating, and closing out contracts.

PRMP is expected to enhance the Manage Contractor Grievance and Appeal (CO09) process as part of the Enterprise Vendor Management Needs Assessment solution in the MES Roadmap. This solution will help PRMP rationalize contract oversight and identify potential issues as early as possible. This solution will also help PRMP increase accuracy when managing a contractor grievance or appeal.

6.2 CM

The CM business area encompasses business processes that support the care of individuals and specific populations. This area also includes the promotion of targeted health education and awareness outreach, registries, and authorization of Medicaid services and payment.

Medicaid Enterprise MITA Business Area Assessment

The Establish Case (CM01) process is expected to mature after implementing data exchange improvements as part of upcoming HIE projects, which are currently being developed through a new HIE Roadmap. These projects will allow the tracking of patient treatment plans, health outcomes, and disease management. In addition, future MEDITI3G and MMIS Phase III releases will continue to help increase automation, data verification, reporting, and additional enhancements that might lead to opportunities for additional maturity in the MITA CM business area.

As part of the MMIS Phase III solution, PRMP plans to improve the quality of the T-MSIS Analytic File (TAF file) by collecting additional Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) data fields from the MMIS. ASES and PRMP will also collaborate on the improvement of data quality in the T-MSIS file as provider edits continue to be updated in the MMIS.

The HIE is currently in the process of creating new interfaces with the MMIS; however, PRMP is working to ensure any provider data quality issues are resolved prior to interface deployments. Once the HIE matures, PRDoH and PRMP have plans to feed clinical information from the HIE into the MMIS through an interface in support of CM workflows.

PRMP will also revise ASES contracts to require MCOs to support the CMS Patient Access and Interoperability (PAI) rule, which also includes complying with the payer-to-payer requirement. Payers are required to exchange certain patient clinical data at the patient's request, allowing the patient to take their information as they move from payer to payer to help create a cumulative health record with their current provider.

The Manage Case Information (CM02) process is expected to improve due to PRMP's plan to oversee cases using EDW data. The improvement of this process is also due to:

- Automation of carrier reporting using the Extensible Markup Language (XML) format
- Data sharing improvements between ASES and the MMIS through the ASES ES
- Electronic documentation management
- Improved communications through business rules and electronic forms
- Improved MMIS, MEDITI3G, and HIE adoption for enhanced value-based care and population health management

The Manage Population Health Outreach (CM03) process is expected to improve due to PRDoH's vision of using HIE data to feed into the EDW and MMIS, allowing both claims and

clinical data to be used to support CM workflows across all MCOs, as well as developing priorities for outreach.

The Manage Treatment Plan and Outcomes (CM06) process is expected to improve as a result of planned EDW data exchange enhancements that will help track patient treatment plans and health outcomes. Beyond these improvements, this process will also continue to benefit from the following updates:

- Automation of carrier reporting using XML format
- Data sharing improvements between ASES ES and the MMIS
- Electronic documentation management
- Improved communications through business rules and electronic forms

6.3 EE

The EE business area is divided into two categories: Member Enrollment and Provider Enrollment. This business area is responsible for the EE information of the member data store and the provider data store.

The business processes in the Member Enrollment category facilitate the determination of Medicaid eligibility for prospective members, redetermination for existing members, and enrolling and disenrolling members.

The Provider Enrollment business category and related business processes focus on the activities necessary to determine if a provider is eligible to provide services to Medicaid recipients. Provider eligibility determination helps ensure 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 business processes in this area also address the steps in the process necessary to disenroll a provider and the means to inquire about provider information.

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The Determine Member Eligibility (EE01) process is expected to improve due to the implementation of additional MEDITI3G interfaces with Puerto Rico agencies, which will increase the access and accuracy of member eligibility data. The integration of additional local interfaces such as Departamento de Hacienda, Department of Labor, and the Treasury Department have been implemented, with several more interfaces scheduled for implementation at the end of 2023 and into 2024. PRMP will also share data through queries and transactions with additional state agencies via the state hub. In addition, further system enhancements to reduce manual caseworker verification tasks may also improve processing timeliness.

The Enroll Member (EE02) process To-Be environment is expected to improve due to carriers sending 834-transaction files, containing member enrollment information, directly to the MMIS

as part of the MMIS Phase III solution. This direct sharing of data between systems increases data accuracy by reducing the risk of manual data entry during the integration of member enrollment status and MCO assignment data.

The Enroll Member (EE02) process is also expected to improve as:

- More interfaces automate member and provider verification data sources
- PRMP collaborates with other agencies to adopt HIPAA standards and EDI transactions
- Data integration within the MES and data sharing with the HIE/EDW

The Inquire Member Eligibility (EE04) process is expected to improve as the MCO contracts require providers to verify member eligibility. MCOs are responding to HIPAA X12 270 Eligibility/Benefit Request transactions with X12 271 Eligibility/Benefit Response transactions. Providers can also verify member eligibility through a lookup tool on the Medicaid website. The lookup tool feeds member eligibility information updates from MEDITI3G.

The Enroll Provider (EE06) process is expected to improve as PRMP is planning to update MCO contracts to help ensure that:

- Providers not enrolled through PEP are not eligible for payment for Medicaid services
- Provider enrollment tasks performed by PEP are not duplicated by the MCOs

The Enroll Provider (EE06) process is also expected to improve as part of the CPEC solution in the MES Roadmap. The CPEC solution will help reduce the administrative burden on providers enrolling and credentialing with PRMP, increase the number of accurate edits applied to provider enrollment assignments, and reduce the amount of time it takes for providers to enroll with PRMP. As part of the new MCO contracts, effective January 2023, a new agreement was established stating that the providers must be enrolled through PEP to participate in the Medicaid program. In the To-Be environment, PRMP will also have direct agreements to exchange eligibility information with the MCOs through a direct interface with the MMIS.

PRMP is also expected to enhance the Inquire Provider Information (EE08) business process as part of the CPEC solution, will further automate the review of provider histories and information to confirm that no regulatory, criminal, or licensing violations exist. As part of the To-Be environment, PRMP is expecting a synergy between the PEP and the new CPEC solution as provider enrollment data is integrated into a single provider portal.

6.4 FM

The FM business area is a collection of business processes to support the payment of providers, MCOs, and other agencies; this area also supports the receipt of payments from other insurers, providers, and member premiums and financial participation. These processes share a common set of payment-and receivables-related data. The FM business area is responsible for the financial data store and is supported by multiple financial systems and the MMIS.

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The Manage Provider Recoupment (FM01) process has improved due to automation of carrier reporting and the ability of the ASES ES to automatically capture the data and share it with the MMIS. The MMIS uses HIPAA standard X12 transactions to exchange data with the carriers; PRMP and ASES have no plans to implement direct payer-to-payer payments as they are made by carriers. The process will be further improved with MMIS Phase III due to the added automation of data sharing across systems, superior infrastructure for data governance, and the ability to process data through the use of business rules. The expected To-Be environment is for the MMIS to receive the 834-transaction files directly from the MCOs for PRMP to verify the accuracy of payments and calculate these payments in the MMIS.

The future vision for MMIS TPL capabilities in the Manage TPL Recovery (FM02) process includes implementation and automation of payer-to-payer coordination of benefits (COB). As mentioned in the Establish Case (CM01) process, PRMP will require MCOs to support the CMS PAI rule in the MCO contracts, which also includes complying with the payer-to-payer requirement.

For the Manage Drug Rebate (FM04) process, it is anticipated that Puerto Rico will join the Medicaid Drug Rebate Program (MDRP) in 2024. CMS, PRMP, and the PBM will continue conducting meetings to help prepare for this initiative. The MITA SS-A analysis suggests that improving the accessibility of data and automated reporting processes and tools will help support efficiency gains within the Manage Drug Rebate (FM04) process.

MMIS Phase III plans to enhance several financial processes, including the Manage Accounts Receivable Information (FM06), Manage Accounts Receivable Funds (FM07), and Manage Contractor Payment (FM09). Recommended actions for improvements include, but are not limited to:

- Increased use of HIPAA-compliant standard transactions
- Increased communication and integration between the MMIS, People Soft, Sage Peachtree®, carriers, and ASES ES
- Increased use of MITA, industry, and national standards for information exchange
- Increased process automation and standardization
- Increased automation of information collection and implementation of decision support using standardized business rules
- Increased intrastate information exchange
- Increased collaboration with other intrastate agencies to adopt national standards and to develop and share reusable business services

The Manage Capitation Payment (FM11) process is planning to undergo improvements during the MMIS Phase III by continuing to focus on enhancing capitation payments in accordance with

PRMP business rules, policies, and procedures, as well as production and distribution of capitation payments to carriers.[2] The MMIS Phase III is also focusing on increasing automation of capitation payment adjustments. As part of the MMIS Phase III, the actuary will assign a risk factor to individual members to help manage the Per Member Per Month (PMPM). The risk factor will be used as the criterion to pay the capitation rates to the MCO. The MMIS Phase III will also enhance the validation of capitation payments from the MCOs to the providers. In addition, Phase III introduces true 820 transactions between the MMIS and carriers.[3]

As part of the To-Be environment of the Manage Capitation Payment (FM11) process, the MMIS is expected to be the source of truth to allow PRMP to approve services and capitation payments. PRMP is currently exchanging 835s and 837s with MCOs. The To-Be vision will allow PRMP to validate, generate payments, and conduct the check balance through the MMIS.

Additionally, PRMP will further facilitate collaboration and data exchanges between carriers, and other health care entities as needed. Timeliness will be improved through closer integration with source data, the reduction of file transfers, improved data validation processes required in the MMIS, and other enhancements to technology. MMIS Phase III will also improve data access and accuracy by eliminating manual validation tasks and incorporating standardized business rules.

MMIS Phase III plans to enhance several financial processes, including the Manage Accounts Payable Information (FM13) process. Additional recommended actions for improvements include:

- Increasing overall process automation and standardization
- Increasing use of MITA, industry, and national standards for information exchange
- Increasing collaboration with other intrastate agencies to adopt national standards and to develop and share reusable business services
- Increasing automation of information collection and implementation of decision support using standardized business rules
- Increasing intrastate information exchange
- Increasing integration and communication between PeopleSoft and the MMIS

Although the MMIS Phase III may enhance several financial processes, including the Manage Accounts Payable Disbursement (FM14). This process could further improve by prioritizing automation initiatives, improving integration of financial system communications between ASES and PRMP, and implementing standardized business rules, to help reduce errors and improve

[2] Ibid.
[3] Ibid.

accuracy. Implementation of KPIs can also help improve timeliness by developing a goal of no more than one week to complete a financial business process cycle.

For the Formulate Budget (FM16) process to improve, the following actions are necessary to facilitate predictive modeling and expenditure forecasting:

- Reducing dependence on proprietary systems and data
- Implementing a Commercial Off-the-Shelf (COTS) or SaaS Decision Support System solution
- Collaborating closely with other intrastate agencies to exchange data using HIPAA-compliant transactions and EDI to help reduce validation time and increase data reliability
- Automating communication between ASES and PRMP financial systems
- Improving analytics and decision support capability for the ASES ES supporting the MMIS

The Manage Fund (FM18) process is planned to undergo improvements with the introduction of COTS and SaaS solutions. These types of solutions will help support MMIS efficiency by increasing automation of MMIS financial functions. PRMP expects to increase its ability to access reporting and decision-making information through MMIS Phase III enhancements.[4] Further integration of the MMIS and ASES ES, including integration of financial reporting structures, may increase data reliability and timeliness in support of improvements within this process.

The Generate Financial Report (FM19) process is planned to undergo various improvements during the MMIS Phase III. Those improvements include increasing the use of standards and automation to reduce end-to-end processing times and expanding access to readily available data for decision support. Confidence in data integrity can be improved through the development of KPIs to measure the accuracy of the financial reporting process. Making enhanced system data quality projects a priority may also strengthen the trust in and the quality of data across the Medicaid Enterprise. By enhancing the development and distribution of reports (CMS-37, CMS-64) and integrating automated reporting from the MMIS Phase III, PRMP may see additional improvements in the accuracy and timeliness of federal reporting.[5]

6.5 OM

The OM business area is critical to Medicaid program administration and the collection and transmission of data.

[4] Ibid.
[5] Ibid.

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PRMP is currently working to improve the Calculate Spend-Down Amount (OM20) process by defining the correct calculations for determining an individual's Medicaid spend-down obligation. Once correct spend-down calculations are defined and business rules are integrated into the MEDITI3G eligibility system, this process is expected to improve.

6.6 PE

The PE business area focuses on identifying, monitoring, and investigating unusual activity or utilization.

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The Identify Utilization Anomalies (PE01) process has improved due to the increased accessibility of PRMP's PIU Case Tracking information and the implementation of the ASES COMP tool. PRMP's Case Tracking area generates reports to exchange FWA data; utilization anomalies; and case management data with the MFCU, OIG, , and other law-enforcing agencies. The ASES COMP tool identifies red flags for abnormalities by area utilization, claims, and encounters, among others; ASES generates reports that are exchanged with the MMIS. This process will also improve due to the new functionality related to meeting PERM requirements, which are to be incorporated into the MMIS Phase III solution. The MMIS Phase III solution is expected to improve the system's ability to produce necessary data, requirements, and reporting in support of PERM.

PRMP is also conducting research to further implement a 3G asset verification source system based on the products that other states are using for identifying utilization anomalies and FWA. The purpose of implementing an asset validation source system will allow PRMP to exchange data directly through interfaces with other state agencies, such as the Department of Treasury and local financial institutions, for the purpose of validating the liquidity of beneficiaries and providers.

PRMP is also developing a D-III initiative to help the PIU ensure anti-fraud, quality control, and integrity. The D-III is an inner agency cell that will consist of resource officers for public safety, staff from the Department of Treasury, and intelligence officers. PRMP will collaborate with ASES and providers to analyze data, regionalize the tendencies, and identify areas of fraud. ASES is also participating with PRMP in a tactical-level operation for investigations in collaboration with MFCU, State Department of Justice (DOJ), Federal Bureau of Investigation (FBI), Department of Transportation (DOT), and OIG.

PRMP will also be focusing on conducting an effective outreach effort into several regions to help target various program integrity issues. The outreach will be directed to professional associations, providers, and other Medicaid stakeholders as identified.

The EDW will also help improve the accuracy of the Identify Utilization Anomalies (PE01) process by providing predictive modeling as an out-of-the-box capability that can identify FWA. The EDW will also capture financial information from MCOs and providers, rate cell information,

and provider information kept by the MCOs. PRMP will also be able to capture useful information from the MCO payments through the HIE and EDW.

PRMP is expected to enhance the Establish Compliance Incident (PE02) business process as part of the Program Integrity Modernization Assessment. This assessment will assist PRMP in identifying referrals to send to MFCU and reduce the time of the end-to-end process for establishing a compliance incident.

The Manage Compliance Incident Information (PE03) process is expected to improve as part of the Program Integrity Modernization Assessment by assisting PRMP with improving the timeliness of managing compliance incidents cases and providing accurate and reliable case data to other agencies. PRMP has also increased collaboration with other agencies such as the OIG and is working to expand interfaces with more agencies and regional information hubs.

PRMP also expects to enhance the Determine Adverse Action Incident (PE04) business process as part of the Program Integrity Modernization Assessment. This assessment will help PRMP reduce the time of determining adverse actions and increase the accuracy when determining dispositions and closure of incidents.

6.7 PM

The PM business area focuses on managing provider information, outreach, and communication, as well as terminations, grievances, and appeals when necessary.

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PRMP is expected to enhance the Manage Provider Information (PM01) business process as part of the CPEC solution. This solution will help PRMP manage all Medicaid provider's enrollment, credentialing, and other related activities. This solution will also help improve timeliness when validating provider information for authorized external parties.

The Manage Provider Communication (PM02) process is expected to improve due to HIE expansion and adoption, which will improve provider data accuracy and communication management. The expansion incorporates additional data sources to build longitudinal health records for all of Puerto Rico's health systems (e.g., hospitals, community clinics, urgent care centers). Continued data expansion will support provider-sourced clinical data and allow providers to manually enter data into public health registries. PRMP's goal is to onboard as many small clinics and physicians as possible and begin onboarding outpatient services. PRMP will communicate with providers using PEP data and will continue enhancing the Provider Lookup Tool through the PEP (new interface). The CPEC solution in the MES Roadmap will also help PRMP reduce the time it takes to respond to provider communication requests.

PRMP is expected to enhance the Perform Provider Outreach (PM03) business process as part of the CPEC solution by developing a provider communication plan as part of the activities in the To-Be environment for this solution. The CPEC solution and the provider communication plan will help increase the accuracy of materials for prospective provider outreach and helps

reduce the time it takes to review outreach materials or communications and evaluate the efficacy of the communication.

PRMP is also expected to enhance the Manage Provider Grievance and Appeal (PM07) and the Terminate Provider (PM08) business processes as part of the CPEC solution by helping PRMP prioritize provider groups and/or specific documentation needed to help increase accuracy and timeliness when determining grievance and appeals decisions. The CPEC solution will also help PRMP increase accuracy when determining and notifying a provider of their removal from the Medicaid program.

6.8 Business Relationship Management (BR)

The BR business area includes four business processes. These processes include activities related to contractual agreements and the exchange of information required to establish and maintain business relationships with business and trading partners. PRMP enters into a variety of business relationships with intrastate agencies, MCOs, and other administrative vendors. This business area describes the types of relationships; how the relationships are established, maintained, and terminated; and how data is exchanged among partners.

The assessment of these business processes showed improvement in the BR business area in the 2020 MITA 3.0 SS-A.

The following BR business processes were assessed in the 2020 MITA 3.0 SS-A:

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

PRMP shares information with business partners using Secure FTP, and information is de-identified to help ensure the security of any Protected Health Information (PHI). All business partners are required to comply with HIPAA and all state and federal regulations, which include those established within the PRMP Data Governance Plan.

PRMP will continue working to determine which specific data points and metrics the PRME should measure to reflect achievement of business priorities or avoidance of risk most effectively. Standard KPIs define the data exchange requirements, security protocols, and privacy requirements being used when a business relationship is established with intrastate agencies and vendors.

Formal communications are signed by the PRDoH Executive Director and managed through the PRDoH Communications Area. Communication plans are standard across all PRMP vendors and forwarded to CMS for approval. Communication plans are internal to the agency and are available upon request.

In most cases, the business relationship terminates once the contract expires, and the vendor is not rehired. Upon contract termination, the vendor must provide any contractually required data to PRMP via a transition plan, which varies on a case-by-case basis.

Future MES objectives include further defining and documenting PRMP and PRDoH's policies and procedures to support BR management and the Medicaid Enterprise. Policy areas to be addressed include the following:

- PRMP Desk-Level Procedure (DLP) documents: Allow PRMP staff and its business partners the ability to align according to standardized processes. This supports formalized and coordinated processes that increase productivity and transparency, and reduce the risk of errors, compliance incidents, and the appearance of unfair or unethical partnership awards or terminations.
- Identification and description of open interfaces: Providing open interfaces helps to create and maintain long-term, effective, and efficient business relationships. The removal of unnecessary barriers to Medicaid data allows business partners to work more efficiently and increases the success rate of the projects and initiatives they have been contracted to perform. It also can reduce manual efforts and the amount of time spent by Medicaid staff in gathering, formatting, and sending data to business providers.

PRMP is also increasing the use of KPIs during the development of Trading Partner Agreements (TPAs), Memoranda of Understanding (MOU) with other agencies, and EDI agreements with providers and carriers. Currently, PRMP is using SLAs to help ensure the timeliness of a vendor's response to inquiries and increasing the use of vendor solutions that offer configurable data management capabilities.

Increased use of KPIs and SLAs in new contracts and renewals, MOUs, and other data exchange agreements will help increase the maturity of BR business processes. PRMP has committed to implement stronger vendor engagement and strategic planning processes, especially for healthcare delivery contracts, by utilizing RFIs or other mechanisms to identify current challenges, innovations, and opportunities.

6.9 PL

The PL business area focuses on program oversight and monitoring, policy maintenance, and rate setting.

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The assessment of some these business processes showed improvement in the PL Business Area as part of the 2020 MITA 3.0 SS-A AU and the 2021 MITA 3.0 SS-A AU. PRMP continues using several systems and tools to conduct processes within the PL Business Area, such as Insight Analytics, Power BI, and BusinessObjects; ASES utilizes COMP tool. The COMP tool collects information and identifies anomalies from utilization, claims, and encounters, among others.

The PL area has potential to improve through additional automation of processes for program oversight and monitoring, which allow PRMP to make additional data-driven decisions. The PL area is also expected to improve due to the increased use of electronic methods to accomplish tasks.

Additionally, improvements are also expected due to collaboration between PRMP and ASES to develop and share reusable business services and their vision to use the MMIS as the sole source of truth. As part of those improvements, the PL will further mature once the MMIS begins to manage the rate scores of memberships and the contracted actuaries begin utilizing information from the MMIS to develop the rate scores.

7.0 PRMP's IT Investment Decision Approach

PRMP's IT Investment Decision Approach describes the current and proposed process for evaluating investment opportunities and justification, including the formal MES project intake process and the required procurement activities. The PRMP's proposed MES program governance is also described as part of PRMP's IT Investment Decision Approach.

7.1 Project Intake Process Overview

As part of PRMP's IT Investment Decision Approach, PRMP requires their ePMO and supporting vendors to follow industry best practices and cohere to lessons learned from previous internal projects, other government entities, and industry leading groups. Also, following project life cycle best practices assists in prioritization, portfolio management, and reduction of overall project cost, among other benefits. A properly defined project intake process is also crucial for following project life cycle best practices.

A formal project intake process is considered a key practice for successful program management (PgM). A project intake process determines how project requests are submitted, the details and documents that are required, and the criteria for project approvals and prioritization into the overarching MES program. It also provides a process to collect, and process needs from business users while encouraging collaboration and communication across the Medicaid enterprise.

One of PRMP's goals in its PgM Roadmap is to enhance strategic planning and procurement of MES projects. One of the activities that may support that goal is to build out and implement a formal project intake process. The project intake process information described in this section is a potential approach, which may be revisited in Federal Fiscal Year (FFY) 2024.

As part of the project intake process being considered by PRMP, standardized project intake forms will be developed to help project decision makers (governance members) quickly assess potential projects and prioritize them with current MES goals and objectives. These intake forms are essential in the initiation phase of a project's life cycle and help to improve overall efficiency. The project intake forms also serve as part of a standardized approach of presenting proposed projects to the Executive Steering Committee (ESC). The project intake form may include, but is not limited to, the following fields:

- Project name
- Project type
- Project purpose and objectives
- Impacted MITA business areas
- Estimated costs
- Estimated timeline

- Estimated project Level of Effort (LOE)
- Proposed stakeholders
- Estimated number and type of resources
- Estimated LOE for project stakeholders

The following describes the steps of an efficient project intake process that PRMP's PgMO may choose to employ:

1. Requestor identifies the business need for an MES project.
2. Requestor fills out a standardized project intake form.
3. Requestor completes a market analysis and includes the findings as part of the project intake form.
4. Requestor forwards the completed project intake form with the market analysis to PRMP's to PgMO for review and scheduling for the proposed project to be presented to the ESC.
5. PgMO reviews form and works to complete pages 1 and 2 of the initiatives slide deck for that project based on information received.
6. PgMO reviews project and documents results for the following attributes:
    a. Alignment with MES Roadmap
    b. Options for viable solutions
    c. Procurement timelines
    d. How the project fits with existing MES priorities
    e. Availability of funding vs. required funding
    f. Alignment with the MES mission and vision
    g. Alignment with PRMP enterprise goals
    h. Project outcomes—Will the proposed project outcomes demonstrate defined benefits that are aligned upwardly to PRMP enterprise goals and the MES mission and vision?
7. A packet of information is prepared for the next scheduled ESC meeting to assist members in considering the approval or disapproval of the proposed project based upon the above factors.

Once the project has passed through a project intake process, it will be presented to a formal governance body for approval and project prioritization. The next section (7.2 Governance) will

further describe PRMP's current and proposed MES governance structure and its authority and responsibilities.

7.2 Governance

Governance is the body of authority and accountability that defines and controls the outputs, outcomes, and benefits from MES programs and projects. Governance should include a structured project intake approach to determine which business requests or proposals should move forward as projects. It also helps ensure that all stakeholders are properly involved and that the project is adequately resourced.

Governance can empower PRMP staff and vendors to execute their responsibilities by defining delegated limits of authority and establishing effective escalation routes for items such as resource needs, risks and issues, scope and schedule changes, and reporting.

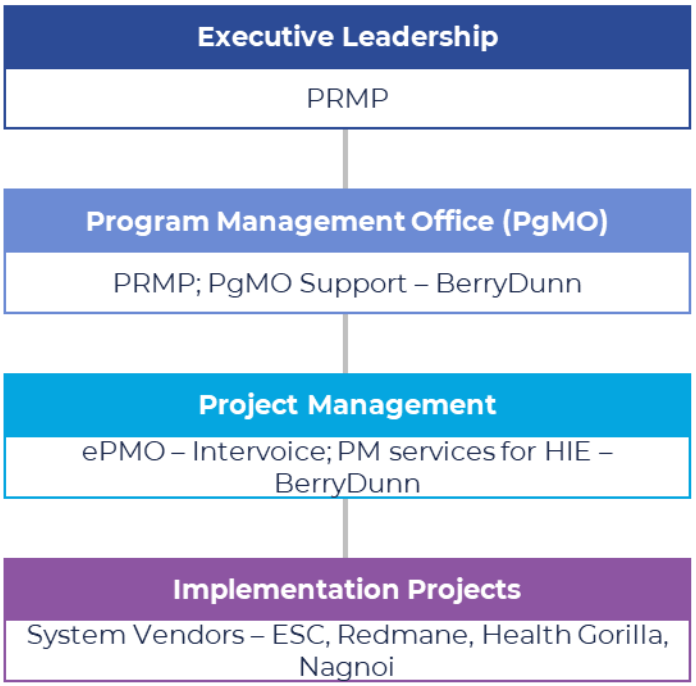
Governance clarifies the roles and responsibilities of the teams involved and how they work together. Enterprise Governance Implementation has been identified as a priority in PRMP's MES. PRMP Enterprise Governance implementation activities include designing and initiating/rechartering the program governance structure to include all MES Program areas aligned with MITA. This will also include a Data Governance Group, Enterprise Architecture Group, and Business Operations Group.

7.2.1 PRMP MES Governance Structure, Entities, and Responsibilities

The PRMP Executive Leadership is currently serving as the ESC and is responsible for approving projects, managing resources, resolving high-priority risks and issues, and formally accepting the project completion. The PgMO is responsible for establishing and maintaining PgM standards and best practices, providing daily program management operations, monitoring and mitigation of cross-project, and high-priority risks and issues, and program level decisions and action items. The ePMO reports on a day-to-day basis to the PRMP PgMO Director and/or their designee and other PRMP PgM resources. The ePMO is expected to employ consistent PM standards across vendors, monitor and mitigate project specific risks and issues, and provide daily project management operations.

Figure 6 below outlines PRMP's the current MES Governance Structure including PRMP and vendor support.

Figure 6: Current MES Governance Structure

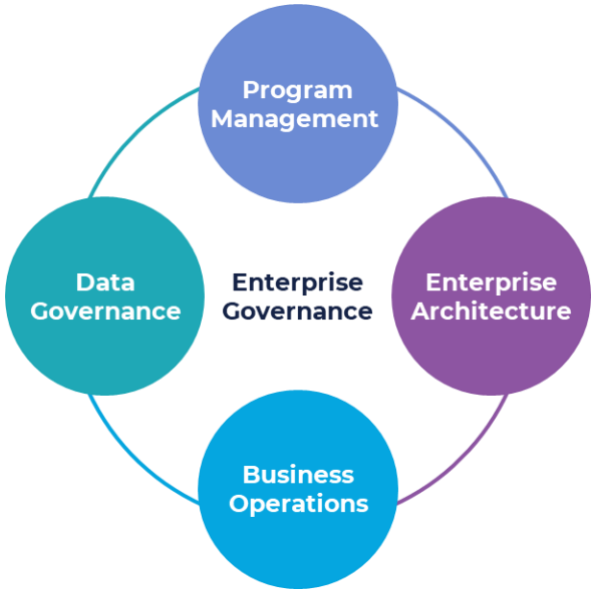


7.2.2 MES Governance Focus Areas

PRMP has developed a plan for its MES governance that includes four areas of focus. Each area has its assigned roles and responsibilities that have been defined to provide strategic direction and overall decision-making for PgM initiatives.

Figure 7 below provides a high-level view of the focus areas that comprise the enterprise governance.

Figure 7: MES Governance Focus Areas



Program Management: Project and program managers are part of the program management focus area and work to standardize program-related governance and supports by sharing resources, methods, and tools. Program management governance helps to support successful program management through the following outputs:

- A unified culture
- Creation or improvement of organizational progress through IT project life cycle management
- Management of enterprise level projects, programs, and portfolios
- Promotion and fostering of change though pragmatic organizational change management
- Achievement of financial and strategic goals

Enterprise Architecture: Enterprise architects and business process modelers are responsible for defining, planning, designing, and implementing the overall structure of the PRMP IT systems, requirements, business processes, and infrastructure. Their primary goal is to help ensure PRMP's technology and business strategies are aligned and support the enterprise mission, vision, and values.

Business Operations: Business operations focuses on improving efficiency, effectiveness, and overall performance of core operations. It is responsible for developing documentation, describing business processes and process requirements, modeling business processes, and managing policy and compliance. This governance area also maintains the documentation it develops.

Data Governance: Data governance is the exercise of authority, control, and shared decision-making over the management of data assets throughout the entire data life cycle. Data governance defined data management roles and responsibilities. Data governance increases the efficiency of development projects through the identification and resolution of data issues and opportunities. Data governance increases the quality, accuracy, and completeness of data.

7.2.3 MES Governance Activities

Below are some key PRMP's governance accomplishments, in progress activities and upcoming plans for FFY 2024.

FFY2020-2023 Accomplishments:

- PgMO structure, roles and responsibilities, processes artifacts
- PgMO and MES Roadmap development
- Outcomes Management Plan (OMP) development
- PgMO plan aids for standardized vendor onboarding and management

- Program level risk, action item, issue, and decision logs
- Key performance indicators and certification metrics management plan
- Procurement management plan
- MES Investment management strategy

FFY2024 In Progress Activities:

- OMP implementation and elaboration
- Enterprise data governance plan and implementation
- Role-specific enterprise performance dashboards
- Standardized project health reporting template

Upcoming Activities (FFY2024+)

- Project intake process enhancements
- Project prioritization toolkits (logs, index calculator, desk level procedure documents, etc.)
- MES market research and alternative analysis desk level procedure documents
- Standardized project health reporting implementation
- Annual PgMO plan aid updates

Appendix A: (D113) MITA Outcomes Matrix

This section includes the FY2023 SOW Deliverable (D113) MITA Outcomes Matrix as an attachment within the 2022-2023 MITA IT Investment Strategy Document. The Matrix maps business processes to MITA-specific outcomes and metrics with derived language from the MITA 3.0 Framework Capability Matrices.

MITA Outcome Reference #	MITA Business Area: Care Management/Establish Case (CM01)	
	Item	**Description**
CM01-M1	Desired Outcome	Reduce time of the end-to-end process for establishing a case.
	Process	Establish Case
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end-to-end process?
	MITA Capability Level	3
	Proposed Metric	Time to complete process =___days
	Proposed Measure Calculation(s)	Number of days to establish a case including assigning a care manager; selecting a program; establishing a treatment plan; identifying and confirming provider; and preparing information for communication.
	Proposed Target	The business process completes in seven (7) business days or less.
CM01-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of a members needs assessment.
	Process	Establish Case
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Metric	Accuracy of needs assessment = __%
	Proposed Measure Calculation(s)	Number of accurate needs assessments conducted.
	Proposed Target	Accuracy of the Establish Case process is 99% or higher.
CM01-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the establish case process.
	Process	Establish Case
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of establishing case = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the establish case process.
	Proposed Target	State Medicaid Agency (SMA) automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	MITA Business Area: Care Management/Manage Case Information (CM02)	
	Item	**Description**
CM02-M1	Desired Outcome	Reduce time of the end-to-end process for managing case information.
	Process	Manage Case Information
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete process =___days
	Proposed Measure Calculation(s)	Number of days to confirm delivery of services and compliance with the plan.
	Proposed Target	Process completes, on the average, within seven (7) business days.
CM02-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of revisions made to treatment plans.
	Process	Manage Case Information
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = __%

	Proposed Measure Calculation(s)	Percentage accuracy of treatment plan revisions.
	Proposed Target	Accuracy of the Manage Case Information process is 99% or higher.
CM02-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Manage Case Information process.
	Process	Manage Case Information
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is this business process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Metric	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps performed when managing a case.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Care Management/Manage Registry (CM04)**	
CM04-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of member health outcome information stored in registry.
	Process	Manage Registry
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = __%
	Proposed Measure Calculation(s)	Percentage accuracy of the member health outcome information in registry.
	Proposed Target	Accuracy of the Manage Registry process is 99% or higher.
CM04-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Manage Registry process.
	Process	Manage Registry
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is this business process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Metric	Automation of managing registry = __%
	Proposed Measure Calculation(s)	Number of manual steps performed when managing the registry.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Care Management/Perform Screening and Assessment (CM05)**	
CM05-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for performing screening and assessments.
	Process	Perform Screening and Assessment
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end to end business process?
	MITA Capability Level	3
	Proposed Measure	Timeliness to complete process = within __ days
	Proposed Measure Calculation(s)	Number of days that it takes to perform screening and notifying member of applicable services based on screening and assessment.
	Proposed Target	The business process completes in thirty (30) business days or less.
	Item	**Description**
	Desired Outcome	Increase accuracy of determining applicable service needs when performing screenings and assessments.
	Process	Perform Screening and Assessment
	MITA Business Capability Quality	**Accuracy of Information**

CM05-M2	MITA Capability Question	How accurate is the information used in this process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___%
	Proposed Measure Calculation(s)	Number of accurate decisions when determining applicable service needs.
	Proposed Target	Accuracy of the Perform Screening and Assessment process is 99% or higher.
CM05-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Performing Screening and Assessment process.
	Process	Perform Screening and Assessment
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is this business process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Metric	Automation of performing screening and assessment = __%
	Proposed Measure Calculation(s)	Number of manual steps performed in performing screening and assessment.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Care Management/Authorize Referral (CM07)**	
CM07-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for authorizing referrals.
	Process	Authorize Referral
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end to end business process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process: e.g., Real Time response = within __ seconds, Batch Response = within __ hours
	Proposed Measure Calculation(s)	Number of seconds or hours that it takes to receive a referral request and sending alert of authorization determination.
	Proposed Target	The process requires five (5) minutes or less for routine requests. More complex requests may require thirty (30) minutes to review documentation.
CM07-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy in the approval of referrals between providers for payment based on state policy.
	Process	Authorize Referral
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate are referral authorizations approved or denied?
	MITA Capability Level	3
	Proposed Measure	Accuracy with which referral authorizations are approved or denied = ___%
	Proposed Measure Calculation(s)	Percentage of accuracy in the authorization of a referral response to the referring provider and the consulting provider.
	Proposed Target	Improving accuracy to 99% or higher.
CM07-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Manage Treatment Plan and Outcome process.
	Process	Authorize Referral
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is this business process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Metric	Automation of authorize referral = __%
	Proposed Measure Calculation(s)	Number of manual steps performed when authorizing referrals.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Care Management/Authorize Service (CM08)**	

	Item	Description
CM08-M1	Desired Outcome	Reduce time of the end-to-end process for authorizing services.
	Process	Authorize Service
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end to end business process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process: e.g., Real Time response = within __ seconds, Batch Response = within __ hours
	Proposed Measure Calculation(s)	Number of seconds or hours that it takes to receive a pre-approved and post-approved service request.
	Proposed Target	Process completes in less than 60 seconds.
	Item	**Description**
CM08-M2	Desired Outcome	Increase accuracy in the approval of referrals after review, staff approval, modification, denials, or suspensions for additional information of the service requests.
	Process	Authorize Service
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information used in this business process?
	MITA Capability Level	3
	Proposed Measure	Accuracy with which service authorizations are approved or denied = __%
	Proposed Measure Calculation(s)	Percentage of accuracy in the service response to the authorized provider, notification to member, and requesting provider of service authorization determination.
	Proposed Target	Process accuracy of 95% or higher.
	Item	**Description**
CM08-M3	Desired Outcome	Increase automation of the Authorize Service process.
	Process	Authorize Service
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is this business process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Metric	Automation of authorize service = __%
	Proposed Measure Calculation(s)	Number of manual steps performed when authorizing services.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Care Management/Authorize Treatment Plan (CM09)**	
	Item	**Description**
CM09-M1	Desired Outcome	Reduce time of the end-to-end process for authorizing treatment plans.
	Process	Authorize Treatment Plan
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end to end business process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process: e.g., Real Time response = within __ seconds, Batch Response = within __ hours
	Proposed Measure Calculation(s)	Number of hours that it takes for provider or care manager to receive request for Treatment Plan and send alert to notify member, care manager, and provider of authorization determination.
	Proposed Target	Process completes in less than 16 hours (business hours).
	Item	**Description**
CM09-M2	Desired Outcome	Increase accuracy the SMA uses to the Authorize Treatment Plans primarily in the care coordination setting.
	Process	Authorize Treatment Plan
	MITA Business Capability Quality	**Accuracy of Information**

CM09-M2	MITA Capability Question	How accurate is the information used in this business process?
	MITA Capability Level	3
	Proposed Measure	Accuracy with which the SMA approves treatment plan = __%
	Proposed Measure Calculation(s)	Percentage of accuracy of approving and receiving an authorize treatment plan request.
	Proposed Target	Improving accuracy to 95% or higher.
CM09-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Authorize Treatment Plan process.
	Process	Authorize Treatment Plan
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is this business process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Metric	Automation of authorize treatment plan = __%
	Proposed Measure Calculation(s)	Number of manual steps performed when authorizing treatment plans.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.

MITA Outcome Reference #	MITA Business Area: Contractor Management/Manage Contractor Grievance and Appeals (CO09)	
	Item	**Description**
CO09-M1	Desired Outcome	Reduce time of the end-to-end process for managing contractor grievances and appeals.
	Process	Manage Contractor Grievance and Appeals
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the process end-to-end?
	MITA Capability Level	3
	Proposed Measure	Time to complete process: normal grievance/appeal = __days; second appeal = __ days; expedited appeal = __hours
	Proposed Measure Calculation(s)	Number of days that it takes to process grievance and appeal once received.
	Proposed Target	Duration of process is forty-five (45) business days or less.
CO09-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy when logging grievance or appeals and disposition determination.
	Process	Manage Contractor Grievance and Appeals
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate are the decisions in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of decisions = __%
	Proposed Measure Calculation(s)	Number of accurate decisions in the grievance and appeals process.
	Proposed Target	Improving accuracy to 99% or higher.
	Proposed Target	Accuracy of the Manage Contractor Grievance and Appeals process is 99% or higher.
CO09-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the manage contractor grievance and appeals process.
	Process	Manage Contractor Grievance and Appeals
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the manage contractor grievance and appeals process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Contractor Management/Produce Solicitation (CO05)**	
	Item	**Description**
CO05-M1	Desired Outcome	Reduce time of the end-to-end process for producing solicitations.
	Process	Produce Solicitation
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the process end-to-end?
	MITA Capability Level	3
	Proposed Measure	Time to complete process = ___ months; ___ weeks
	Proposed Measure Calculation(s)	Number of months that it takes to produce solicitation.
	Proposed Target	The process on average requires less than three (3) months for completion.
	Item	**Description**
	Desired Outcome	Increase the accuracy of requirements when developing the solicitation of services.
	Process	Produce Solicitation
	MITA Business Capability Quality	**Accuracy of Information**

CO05-M2	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___ %
		Number of accurate requirements in the solicitation process.
	Proposed Target	Accuracy of the Produce Solicitation process is 99% or higher.
CO05-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the producing solicitation process.
	Process	Produce Solicitation
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the producing solicitation process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Contractor Management/Award Contract (CO06)**	
CO06-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for awarding contracts.
	Process	Award Contract
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the process end-to-end?
	MITA Capability Level	3
	Proposed Measure	Time to complete process = ___ months; ___ weeks
	Proposed Measure Calculation(s)	Number of months that it takes to award contract.
	Proposed Target	The business process completes in three (3) months or less.
CO06-M2	**Item**	**Description**
	Desired Outcome	Increase the accuracy of the information included in proposals submitted by contractors.
	Process	Award Contract
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___ %
	Proposed Measure Calculation(s)	Number of accurate and complete proposals received.
	Proposed Target	Accuracy of the Award Contract process is 99% or higher.
CO06-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the award contract process.
	Process	Award Contract
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the award contract process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Contractor Management/Manage Contract (CO07)**	
	Item	**Description**
	Desired Outcome	Increase automation of the manage contract process.
	Process	Manage Contract

CO07-M3	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the manage contract process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Contractor Management/Close-out Contract (CO-08)**	
	Item	**Description**

MITA Outcome Reference #	MITA Business Area: Performance Management/Identify Utilization Anomalies (PE01)	
	Item	**Description**
PE01-M1	Desired Outcome	Reduce time of the end-to-end process for identifying utilization anomalies.
	Process	Identify Utilization Anomalies
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process = within __ hours, ___ minutes
	Proposed Measure Calculation(s)	Number of hours that it takes to identify cases of utilization anomalies or unacceptable behavior.
	Proposed Target	Standard, large volume processes require 24 hours or less. SMA executes a review in 60 seconds or less per request.
PE01-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of identifying utilization anomalies.
	Process	Identify Utilization Anomalies
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate are the decisions in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of decisions = __%
	Proposed Measure Calculation(s)	Number of accurate utilization anomalies identified.
	Proposed Target	Accuracy of the Identify Utilization Anomalies process is 99% or higher.
PE01-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the identify utilization anomalies process.
	Process	Identify Utilization Anomalies
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the identify utilization anomalies process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Performance Management/Establish Compliance Incident (PE02)**	
	Item	**Description**
PE02-M1	Desired Outcome	Reduce time of the end-to-end process for establishing compliance incident.
	Process	Establish Compliance Incident
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process = e.g., ___ days, ___ hours or ___ minutes
	Proposed Measure Calculation(s)	Number of minutes that it takes to make information available when establishing incident and notifying corresponding agencies.
	Proposed Target	Making information available within 15 minutes or less 100% of the time.
	Item	**Description**
	Desired Outcome	Increase accuracy when determining appropriate action to take when establishing compliance incidents.
	Process	Establish Compliance Incident

PE02-M2	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate are the decisions in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = __%
	Proposed Measure Calculation(s)	Number of accurate compliance incidents established.
	Proposed Target	Accuracy of the Establish Compliance Incident process is 99% or higher.
PE02-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the establish compliance incident process.
	Process	Establish Compliance Incident
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the establish compliance incident process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Performance Management/Manage Compliance Incident (PE03)**	
PE03-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end to end process for managing compliance incidents.
	Process	Manage Compliance Incident
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process = e.g., ___ days, ___ hours or ___ minutes
	Proposed Measure Calculation(s)	Number of days, hours or minutes that it takes to review an incident once received.
	Proposed Target	Making information available within less time specified by law or regulation* (Note: This will vary by incident).
PE03-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy when determining disposition and closure of incident.
	Process	Manage Compliance Incident
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate are the decisions in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = __%
	Proposed Measure Calculation(s)	Number of accurate disposition and closure determinations.
	Proposed Target	Accuracy of the Manage Compliance Incidents process is 99% or higher.
PE03-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the provider manage compliance incident process
	Process	Manage Compliance Incident
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the manage compliance incident process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Performance Management/Prepare REOMB (PE05)**	
	Item	**Description**

PE05-M1	Desired Outcome	Reduce time of the end to end process of preparing REOMB.
	Process	Prepare REOMB
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete process: e.g., Batch Responses = within __ hours
	Proposed Measure Calculation(s)	Number of days, hours or minutes that it takes to review an incident once received.
	Proposed Target	Making information available within less time specified by law or regulation.
PE05-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of information included in the REOMB.
	Process	Prepare REOMB
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate are the decisions in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = __%
	Proposed Measure Calculation(s)	Number of accurate REOMB.
	Proposed Target	Accuracy of the Prepare REOMB process is 99% or higher.
PE05-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the provider prepare REOMB process.
	Process	Prepare REOMB
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the terminate provider process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Performance Management/Determine Adverse Action Incident (PE04)**	
PE04-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process of determining adverse action incident.
	Process	Determine Adverse Action Incident
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the request and receipt process?
	MITA Capability Level	3
	Proposed Measure	Time lag between request for documents and receipt = __ Days, __ Hours
	Proposed Measure Calculation(s)	Number of hours or minutes that it takes to receive the adverse action incident information.
	Proposed Target	Making information available within 15 minutes or less 100% of the time.
PE04-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy when determining disposition and closure of incident.
	Process	Determine Adverse Action Incident
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = __%
	Proposed Measure Calculation(s)	Number of accurate disposition and closure determinations.
	Proposed Target	Accuracy of the Determine Adverse Action Incident process is 99% or higher.

	Item	Description
PE04-M3	Desired Outcome	Increase automation of the determine adverse action incident process.
	Process	Determine Adverse Action Incident
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the determine adverse action incident process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.

MITA Outcome Reference #	MITA Business Area: Provider Management/Terminate Provider (PM08)	
	Item	**Description**
PM08-M1	Desired Outcome	Reduce time of the end-to-end process for terminating providers.
	Process	Terminate Provider
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete termination process = within __ days
	Proposed Measure Calculation(s)	Number of days it takes to complete a provider termination request.
	Proposed Target	Process meets threshold or mandated requirements for timeliness.
	Item	**Description**
PM08-M2	Desired Outcome	Increase accuracy when notifying a provider of their removal from the Medicaid program.
	Process	Terminate Provider
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___%
	Proposed Measure Calculation(s)	Number of accurate changes to provider information.
	Proposed Target	Accuracy of the Terminate Provider process is 99% or higher.
	Item	**Description**
PM08-M3	Desired Outcome	Increase automation of the provider termination process.
	Process	Terminate Provider
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the terminate provider process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Provider Management/Manage Provider Communication (PM02)**	
	Item	**Description**
PM02-M2	Desired Outcome	Increase accuracy of validating that the information submitted is correct and complete.
	Process	Manage Provider Communication
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of communications = __%
	Proposed Measure Calculation(s)	Number of accurate forms of communication.
	Proposed Target	Accuracy of the Manage Provider Communication process is 99% or higher.
	Item	**Description**
PM02-M3	Desired Outcome	Increase automation of the manage provider communication process.
	Process	Manage Provider Communication
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of communications delivered electronically.

	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Provider Management/Manage Provider Grievance and Appeal (PM07)**	
PM07-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for managing provider grievances and appeals.
	Process	Manage Provider Grievance and Appeal
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete process: normal grievance/appeal = __days; second appeal =__days; expedited appeal =__hours
	Proposed Measure Calculation(s)	Number of days it takes to complete the grievance and appeals process.
	Proposed Target	Grievance and appeals process is complete in 45 days or less.
PM07-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of grievance and appeals decisions.
	Process	Manage Provider Grievance and Appeal
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of decisions = __%
	Proposed Measure Calculation(s)	Number of accurate grievance and appeal decisions.
	Proposed Target	Accuracy of the Manage Provider Grievance and Appeals process is 99% or higher.
PM07-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the grievance and appeals process.
	Process	Manage Provider Grievance and Appeal
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the grievance and appeals process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Provider Management/Perform Provider Outreach (PM03)**	
PM03-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for performing provider outreach.
	Process	Perform Provider Outreach
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete process of developing outreach materials = __ days
	Proposed Measure Calculation(s)	Number of days to review outreach materials or communications and evaluate the efficacy of the communication.
	Proposed Target	Develop outreach materials in less than twenty-one (21) business days.
PM03-M3	**Item**	**Description**
	Desired Outcome	Increase automation of perform provider outreach process.
	Process	Perform Provider Outreach
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?

	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the perform provider outreach process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.

MITA Outcome Reference #	MITA Business Area: Eligibility and Enrollment/Determine Provider Eligibility (EE05)	
	Item	**Description**
EE05-M1	Desired Outcome	Reduce time of the end-to-end process for determining provider eligibility.
	Process	Determine Provider Eligibility
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end-to-end business process?
	MITA Capability Level	3
	Proposed Measure	Time to complete eligibility process = within __ days
	Proposed Measure Calculation(s)	Number of days it takes to determine provider eligibility.
	Proposed Target	Provider eligibility determinations are made in four (4) hours or less.
EE05-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of edits made to provider information during the eligibility process.
	Process	Determine Provider Eligibility
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information used in this business process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___%
	Proposed Measure Calculation(s)	Number of accurate edits applied during the determination of a provider's eligibility.
	Proposed Target	Accuracy of the Determine Provider Eligibility process is 99% or higher.
EE05-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the determine provider eligibility process.
	Process	Determine Provider Eligibility
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of determining provider eligibility = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the determine provider eligibility process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Eligibility and Enrollment/Enroll Provider (EE06)**	
	Item	**Description**
EE06-M1	Desired Outcome	Reduce time of the end-to-end process for enrolling providers.
	Process	Enroll Provider
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end-to-end business process?
	MITA Capability Level	3
	Proposed Measure	Time to complete enrollment process = within __ days
	Proposed Measure Calculation(s)	Number of days it takes to complete provider enrollment assignments.
	Proposed Target	99% of Provider enrollment assignments are made in near real time.
EE06-M2	**Item**	**Description**
	Desired Outcome	Improve the accuracy of edits made to provider enrollment assignments.
	Process	Enroll Provider
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information used in this business process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___%

	Proposed Measure Calculation(s)	Number of accurate edits applied to provider enrollment assignments.
	Proposed Target	Accuracy of the Enroll Provider process is 99% or higher.
EE06-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the enroll provider process.
	Process	Enroll Provider
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of enrolling providers = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the enroll provider process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Eligibility and Enrollment/Disenroll Provider (EE07)**	
EE07-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for disenrolling providers.
	Process	Disenroll Provider
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end-to-end business process?
	MITA Capability Level	3
	Proposed Measure	Time to complete disenrollment process = within __ days
	Proposed Measure Calculation(s)	Number of days it takes to correctly disenroll a provider.
	Proposed Target	99% of provider disenrollments are competed in near real time.
EE07-M2	**Item**	**Description**
	Desired Outcome	Improve the accuracy of edits made during the disenroll provider process.
	Process	Disenroll Provider
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information used in this business process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of information = ___%
	Proposed Measure Calculation(s)	Number of accurate edits applied during the disenroll provider process.
	Proposed Target	Accuracy of the Disenroll Provider process is 99% or higher.
EE07-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the disenroll provider process.
	Process	Disenroll Provider
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of disenrolling providers = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the disenroll provider process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Eligibility and Enrollment/Inquire Provider Information (EE08)**	
EE08-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for inquiring provider information.
	Process	Inquire Provider Information
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is this end-to-end business process?
	MITA Capability Level	3

	Proposed Measure	Time to verify provider information and generate response information: e.g. Real time response = within __ seconds; Batch response = within __ hours
	Proposed Measure Calculation(s)	Number of hours it takes to verify provider information and provide a response.
	Proposed Target	99% of provider information verification occurs in near real-time.
EE08-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy of provider eligibility and enrollment verification responses.
	Process	Inquire Provider Information
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information used in this business process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of responses __%
	Proposed Measure Calculation(s)	Percentage of information within a provider verification that is accurate.
	Proposed Target	Accuracy of the Inquire Provider Information process is 99% or higher.
EE08-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the inquire provider information process.
	Process	Inquire Provider Information
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of inquire provider information = ____%
	Proposed Measure Calculation(s)	Number of manual steps in the inquire provider information process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.

MITA Outcome Reference #	MITA Business Area: Financial Management/Manage Provider Recoupment (FM01)	
FM01-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for managing provider recoupment
	Process	Manage Provider Recoupment
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete provider recoupment process: e.g., Real Time response = within ___seconds, Batch Response = within ___hours
	Proposed Measure Calculation(s)	Number of seconds or hours that it takes to manage the determination and recovery of overpayments to providers.
	Proposed Target	Making information available within less time than specified by threshold or mandated requirements* (Note: This will vary by incident).
FM01-M2	**Item**	**Description**
	Desired Outcome	Increase accuracy when determining the recovery amount of overpayments to providers.
	Process	Manage Provider Recoupment
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of overpayment amounts recovered from providers = ___ %
	Proposed Measure Calculation(s)	Number of accurate provider recoupments.
	Proposed Target	Accuracy of the Manage Provider Recoupment process is 99% or higher.
FM01-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Manage Provider Recoupment process.
	Process	Manage Provider Recoupment
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the provider recoupment process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	MITA Business Area: Financial Management/Manage Contractor Payment (FM09)	
FM09-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for managing contractor payment.
	Process	Manage Contractor Payment
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete the process: e.g., Real Time response = within ___seconds, Batch Response = within ___ hours
	Proposed Measure Calculation(s)	Number of seconds or hours that it takes to complete activities necessary to reimburse contractors for services rendered based on an executed contract.
	Proposed Target	Process timeliness improves through use of automation. Timeliness exceeds legal requirements.
	Item	**Description**
	Desired Outcome	Increase accuracy of reimbursements to contractors for services rendered.

FM09-M2	Process	Manage Contractor Payment
	MITA Business Capability Quality	**Accuracy of Information**
	MITA Capability Question	How accurate is the information in the process?
	MITA Capability Level	3
	Proposed Measure	Accuracy of payments = __%
	Proposed Measure Calculation(s)	Number of accurate payments made to contractors.
	Proposed Target	Accuracy of the Manage Contractor Payment process is 99% or higher.
FM09-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Manage Contractor Payment process.
	Process	Manage Contractor Payment
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the Manage Contractor Payment process.
	Proposed Target	SMA automates process to the full extent possible within the intrastate.
MITA Outcome Reference #	**MITA Business Area: Financial Management/Generate Financial Report (FM19)**	
FM19-M1	**Item**	**Description**
	Desired Outcome	Reduce time of the end-to-end process for generating financial reports.
	Process	Generate Financial Report
	MITA Business Capability Quality	**Timeliness of Process**
	MITA Capability Question	How timely is the end-to-end process?
	MITA Capability Level	3
	Proposed Measure	Time to complete process: e.g., Real Time response = within __ seconds, Batch Response = within __ hours
	Proposed Measure Calculation(s)	Number of hours or days it takes to generate on demand reports on financial and/or program information.
	Proposed Target	The generation of the financial report generally takes less than one (1) business day.
FM19-M2	**Item**	**Description**
	Desired Outcome	Increase the accuracy when defining the report attributes or data elements necessary to produce the report.
	Process	Generate Financial Report
	MITA Business Capability Quality	How accurate are the decisions in the process?
	MITA Capability Question	**Accuracy of Information**
	MITA Capability Level	3
	Proposed Measure	Accuracy of decisions = ___%
	Proposed Measure Calculation(s)	Number of accurate decisions when developing the financial report.
	Proposed Target	Accuracy of the Generate Financial Report process is 99% or higher.
FM19-M3	**Item**	**Description**
	Desired Outcome	Increase automation of the Generate Financial Report process.
	Process	Generate Financial Report
	MITA Business Capability Quality	**Process Automation**
	MITA Capability Question	Is the process primarily manual or automatic?
	MITA Capability Level	3
	Proposed Measure	Automation of process is = ___%
	Proposed Measure Calculation(s)	Number of manual steps in the Generate Financial Report process.

	Proposed Target	SMA automates process to the full extent possible within the intrastate.

Appendix B: MITA Business Process Outcomes Mapping

This section will include an attachment of the MITA Business Process Outcomes worksheet, which maps the high- and medium-priority MES projects to MITA business areas and processes. This worksheet will also include CMS outcomes, state-specific outcomes, and MITA outcomes mapped to MITA processes impacted by 2022-2023 MES projects/initiatives.

Business Area	ID	Business Process	Include in 2022 MITA	MMIS Phase III	EDW	HIE	MEDITI3G	CPEC	Program Integrity Modernization	Future Eligibility System Enhancements Assessment	MMIS Needs Assessment for Re-Procurement	Enterprise Vendor Management Needs Assessment
Care Management	CM01	Establish Case	x	x			x				x	
	CM02	Manage Case Information	x	x	x	x					x	
	CM03	Manage Population Health Outreach	x		x	x						
	CM06	Manage Treatment Plan Outcomes	x		x	x						
Eligibility and Enrollment Management	EE01	Determine Member Eligibility	x				x			x		
	EE02	Enroll Member	x	x	x	x	x			x	x	
	EE04	Inquire Member Eligibility	x	x			x			x	x	
	EE06	Enroll Provider	x	x				x			x	
	EE08	Inquire Provider Information	x	x				x			x	
Financial Management	FM01	Manage Provider Recoupment	x	x	x	x			x		x	
	FM02	Manage TPL Recovery	x	x	x	x					x	
	FM04	Manage Drug Rebate	x	x							x	
	FM06	Manage Accounts Receivable Information	x	x							x	
	FM07	Manage Accounts Receivable Funds	x	x							x	
	FM09	Manage Contractor Payment	x	x							x	
	FM11	Manage Capitation Payment	x	x					x		x	
	FM13	Manage Accounts Payable Information	x	x							x	
	FM14	Manage Accounts Payable Disbursement	x	x							x	
	FM16	Formulate Budget	x		x	x						
	FM18	Manage Fund	x	x							x	
	FM19	Generate Financial Report	x	x							x	
Operations Management	OM20	Calculate Spend-Down Amount	x				x					
Performance Management	PE01	Identify Utilization Anomalies	x	x	x	x			x		x	
	PE02	Establish Compliance Incident	x						x			
	PE03	Manage Compliance Incident Information	x						x			
	PE04	Determine Adverse Action Incident	x						x			
	PM01	Manage Provider Information	x					x				

Business Area	ID	Business Process	Include in 2022 MITA	MMIS Phase III	EDW	HIE	MEDITI3G	CPEC	Program Integrity Modernization	Future Eligibility System Enhancements Assessment	MMIS Needs Assessment for Re-Procurement	Enterprise Vendor Management Needs Assessment
Provider Management	**PM02**	Manage Provider Communication	x		x	x		x				
	PM03	Perform Provider Outreach	x					x				
	PM07	Manage Provider Grievance and Appeal	x					x				
	PM08	Terminate Provider	x					x				
Contractor Management	**CO01**	Manage Contractor Information	x									x
	CO04	Inquire Contractor Information	x									x
	CO02	Manage Contractor Communication	x									x
	CO03	Perform Contractor Outreach	x									x
	CO09	Manage Contractor Grievance and Appeal	x									x
	CO05	Produce Solicitation	x								x	x
	CO06	Award Contract	x								x	x
	CO07	Manage Contract	x									x
	CO08	Close Out Contract	x									x

MES Business Areas	PRMP Current Status	Outcomes Lists
1115 or Waiver Support Systems	Not in use	
Asset Verification System	Not in use	
Claims Processing	Not In use	https://cmsgov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Claims%20Processing/
Decision Support System & Data Warehouse	In use	https://cmsgov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Decision%20Support%20System%20&%20Data%20Warehouse/
Electronic Visit Verification (EVV)	Not in use	
Eligibility and Enrollment	In use	https://cmsgov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Eligibility%20and%20Enrollment/
Encounter Processing System (EPS) & Managed Care System	In use	MES Certification Repository: Encounter Processing System (EPS) & Managed Care System (cmsgov.github.io)
Financial Management	In use	https://cmsgov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Financial%20Management/
Health Information Exchange (HIE)	Not in use	
Long Term Services & Supports (LTSS)	Not in use	
Member Management	Not in use	
Pharmacy Benefit Management (PBM) & Point of Sale (POS)	Not in use	
Prescription Drug Monitoring Program (PDMP)	Not in use	
Program Integrity	In use	https://cmsgov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Program%20Integrity/
Provider Management	In use	https://cmsgov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Provider%20Management/
Third Party Liability (TPL)	Not in use	

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	PRMP State Specific Outcomes Financial/MMIS Phase III
PR.1	The Commonwealth reduces the time it takes to complete financial business processes
PR.2	The Commonwealth provides timely and complete reporting of financial data to the federal government
PR.3	The Commonwealth coordinates and improved the accuracy and access of financial data

Reference #	PRMP State Specific Outcomes Eligibility
PRMP EE.1	Complete records of eligibility determinations (approvals and denials), including a record or documentation of verifications conducted are automatically maintained in the system
PRMP EE.2	Individuals who apply for Medicaid on the basis of disability using a multi-benefit application receive determinations within 90 days and all other applicants receive an eligibility determination within 45 days.
PRMP EE.3	Individuals personal identifiable information (PII) and personal health information (PII) are protected and shared only for authorized used as consented to by the individual.

Reference #	PRMP State Specific Outcomes CPEC
PRMP.1	The Commonwealth reduces administrative burden on providers enrolling and being credentialed through the PRMP.
PRMP.2	The Commonwealth improves system uptime to allow providers to access the CPEC system in a self-service capacity.
PRMP.3	The Commonwealth reduces the amount of time it takes for providers to enroll with PRMP.
PRMP.4	The Commonwealth reduces the amount of time it takes for providers to credential with PRMP

The state outcomes are those defined by CMS for PI

MMIS Phase III				
BP Number	**MITA Business Process Name**	**MITA Outcome Reference #**	**PRMP State Outcome Reference #**	**CMS Outcome Reference #**
CM01	Establish Case	CM01-M1; CM01-M2; CM01-M3		
CM02	Manage Case Information	CM02-M1; CM01-M2; CM01-M3		
FM01	Manage Provider Recoupment	FM01-M1:FM01-M2:FM01-M3	PR.1; PR.2	FM1
FM02	Manage TPL Recovery	FM02-M1:FM02-M2:FM02-M3	PR.1; PR.2; PR.3	FM6
FM04	Manage Drug Rebate	FM04-M1:FM02-M2:FM02-M3	PR.1; PR.2; PR.3	FM7
FM06	Manage Accounts Receivable Information	FM06-M1:FM06-M2:FM06-M3	PR.1; PR.2; PR.3	FM6
FM07	Manage Accounts Receivable Funds	FM07-M1:FM07-M2:FM07-M3	PR.1; PR.2; PR.3	FM6
FM09	Manage Contractor Payment	FM09-M1:FM09-M2:FM09-M3	PR.1; PR.2; PR.3	FM2
FM11	Manage Capitation Payment	FM11-M1:FM11-M2:FM11-M3	PR.1; PR.2; PR.3	FM4
FM13	Manage Accounts Payable Information	FM13-M1:FM13-M2:FM13-M3	PR.1; PR.2; PR.3	FM2
FM14	Manage Accounts Payable Disbursement	FM14-M1:FM14-M2:FM14-M3	PR.1; PR.2; PR.3	FM8
FM18	Manage Fund	FM18-M1:FM18-M2:FM18-M3	PR.1; PR.2; PR.3	FM8
FM19	Generate Financial Report	FM19-M1:FM19-M2:FM19-M3	PR.1; PR.2; PR.3	FM8
PE01	Identify Utilization Anomalies	PE01-M1:PE01-M2:PE01-M3	The state outcomes are the same as those defined by CMS	CP2; FM5; PBM9; PI1; PI2; PI3; PI4; PI5; PI6; PI7; PI8; PI9; PI10; PI11; PI12; PM11; PM17; PM18

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	PRMP State Specific Outcomes
PR.1	The Commonwealth reduces the time it takes to complete financial business processes
PR.2	The Commonwealth provides timely and complete reporting of financial data to the federal government
PR.3	The Commonwealth coordinates and improved the accuracy and access of financial data

Reference #	CMS Outcomes/Financial Management
FM.1	The system calculates FFS provider payment or recoupment amounts, as well as value-based and alternative payment models (APM), correctly and initiates payment or recoupment action as appropriate.
FM.2	The system pays providers promptly via direct transfer and electronic remittance advice or by paper check and remittance advice if electronic means are not available.
FM.3	The system supports the provider appeals by providing a financial history of the claim along with any adjustments to the provider's account resulting from an appeal.
FM.4	The system accurately pays per member/per month capitation payments electronically in a timely fashion. Payments account for reconciliation of withholds, incentives, payment errors, beneficiary cost sharing, and any other term laid out in an MCO contract.
FM.5	The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider.
FM.6	The state recovers third party liability (TPL) payments by:
FM.7	The system processes drug rebates accurately and quickly.
FM.8	State and federal entities receive timely and accurate financial reports (cost reporting, financial monitoring, and regulatory reporting), and record of all transactions according to state and federal accounting, transaction retention, and audit standards.
FM.9	The system tracks that Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household does not exceed an aggregate limit of five percent of the family's income. If the beneficiaries at risk of reaching the aggregate family limit, the system tracks each family's incurred premiums and cost sharing without relying on beneficiary documentation.

Reference #	CMS Outcomes/Program Integrity
CP2	The system performs comprehensive validation of claims and claims adjustments, including validity of services.
FM5	The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider.
PBM9	The system supports the identification of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, or prescribing or billing practices indicating

PI1	System can check member record to ensure the member on the claim was enrolled in the Medicaid program and the benefit was covered at the time of service. Membership enrollment records the system is checking against are updated daily.
PI2	System provides a method for identifying suspected inappropriate services and incorrect billing. *Applicable to CP, E&E, MM
PI3	System can verify with beneficiaries whether services billed by providers were received.
PI4	System can suspend Medicaid payments in whole or in part to providers for whom the agency has determined there is a credible allegation of fraud and is conducting an investigation and other activities, including provide notice of suspension; referrals to MFCU; and documentation and record retention.
PI5	System can perform provider lock-in for identified members responsible for fraudulent activity, or that have utilized services in excess of what is medically necessary (as defined by state guidelines), and can send notice to the impacted member and the appropriate provider. *Applicable to PM
PI6	System can recover improper payments by: (a) Tracking repayments and outstanding amounts due at an individual transaction level as well as aggregating by provider, time period (b) Supporting electronic transfer back to the state (c) Temporarily limiting future payments to provider(s) who have an outstanding recovery balance.
PI7	System can complete the required independent certified audit of Disproportionate Share Hospital (DSH) payments for each Medicaid State Plan rate year using payment and utilization information.
PI8	System can reject claims for items or services that were ordered or referred that do not contain a National Provider Identifier. *Applicable to CP
PI9	System can support activities conducted by Medicaid RACs can including review all claims submitted by providers of items or services for which payment has been made to identify underpayments and overpayments and recoup overpayments as necessary.
PI10	System can refer all cases of suspected provider fraud to the state's Medicaid Fraud Unit and provide access to Case Tracking as applicable.
PI11	System can sample and review active cases, including negative cases, to determine eligibility errors in accordance with the state's MEQC pilot planning document.
PI12	System can submit following information to CMS for among other purposes, estimating improper payments in Medicaid and CHIP, that include, but are not limited to: (1) Adjudicated fee-for-service or managed care claims information, or both, on a quarterly basis, from the review year; (2) Upon request from CMS, provider contact information that has been verified by the state as current; (3) All medical, eligibility, and other related policies in effect, and any quarterly policy updates; (4) Current managed care contracts, rate information, and any quarterly updates applicable to the review year; (5) Data processing systems manuals; (6) Repricing information for claims that are determined during the review to have been improperly paid; (7) Information on claims that were selected as part of the sample, but changed in substance after selection, for example, successful provider appeals; (8) Adjustments made within 60 days of the adjudication dates for the original claims or line items, with sufficient information to indicate the nature of the adjustments and to match the adjustments to the original claims or line items; (9) Case documentation to support the eligibility review, as requested by CMS; (10) A corrective action plan for purposes of reducing erroneous payments in FFS, managed care, and eligibility; and (11) Other information that the Secretary determines is necessary for these purposes.
PM11	A state user can assign and screen all applications by a risk categorization of limited, moderate, or high for a provider at the time of new application, re-enrollment, or re-validation
PM17	A state user can report required information about fraud and abuse to the appropriate officials.
PM18	The system, or a state user, can suspend payment to providers in cases of fraud.

EDW				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
CM02	Manage Case Information	CM02-M1; CM02-M2; CM02-M3	DSS/DW1; DSS/DW2	
CM03	Manage Population Health Outreach	CM03-M1; CM03-M2; CM03-M3	DSS/DW1; DSS/DW2	
CM06	Manage Treatment Plan Outcomes	CM03-M1; CM03-M2; CM03-M3	DSS/DW1; DSS/DW2	
EE02	Enroll Member	EE02-M1; EE02-M2; EE02-M3	DSS/DW1	PRMP EE.1; PRMP EE.2;PRMP EE.3
FM01	Manage Provider Recoupment	FM01-M1; FM01-M2; FM01-M3	DSS/DW1	PR.1; PR.2
FM02	Manage TPL Recovery	FM02-M1; FM02-M2; FM02-M3	DSS/DW1	PR.1; PR.2; PR.3
FM16	Formulate Budget	FM16-M1; FM16-M2; FM16-M3	DSS/DW1	PR.1; PR.2; PR.3
PE01	Identify Utilization Anomalies	PE01-M1; PE02-M2; PE02-M3	DSS/DW1	
PM02	Manage Provider Communication	PM02-M1; PM02-M2; PM02-M3	DSS/DW1	
PM03	Perform Provider Outreach	PM03-M1; PM03-M2; PM03-M3	DSS/DW1	

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	PRMP State Specific Outcomes
PR.1	The Commonwealth reduces the time it takes to complete financial business processes
PR.2	The Commonwealth provides timely and complete reporting of financial data to the federal government
PR.3	The Commonwealth coordinates and improved the accuracy and access of financial data

Reference #	CMS Decision Support System & Data Warehouse
DSS/DW1	The system supports various business processes' reporting requirements
DSS/DW2	The solution includes analytical and reporting capabilities to support key policy decision making

Reference #	PRMP State Specific Outcomes
PRMP EE.1	Complete records of eligibility determinations (approvals and denials), including a record or documentation of verifications conducted are automatically maintained in the system
PRMP EE.2	Individuals who apply for Medicaid on the basis of disability using a multi-benefit application receive determinations within 90 days and all other applicants receive an eligibility determination within 45 days.
PRMP EE.3	Individuals personal identifiable information (PII) and personal health information (PII) are protected and shared only for authorized used as consented to by the individual.

HIE				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
CM02	Manage Case Information	CM02-M1; CM02-M2; CM02-M3	None. There are no CMS-Required outcomes for HIE. As such, for an HIE system to be certified states will need to create or reuse State-Specific Outcomes which target state-specific problems and derive Medicaid program benefits. □	
CM03	Manage Population Health Outreach	CM03-M1; CM03-M2; CM03-M3		
CM06	Manage Treatment Plan Outcomes	CM06-M1; CM06-M2; CM06-M3		
EE02	Enroll Member	EE02-M1; EE02-M2; EE02-M3		PRMP EE.1 PRMP EE.2 PRMP EE.3
FM01	Manage Provider Recoupment	FM01-M1; FM01-M2; FM01-M3		PR.1; PR.2;
FM02	Manage TPL Recovery	FM02-M1; FM02-M2; FM02-M3		PR.1; PR.2; PR.3
FM16	Formulate Budget	FM02-M1; FM16-M2; FM16-M3		PR.1; PR.2; PR.3
PE01	Identify Utilization Anomalies	PE01-M1; PE01-M2; PE01-M3		CP2 FM5 PBM9 PI1 PI2 PI3 PI4 PI5 PI6
PM01	Manage Provider Information	PM01-M1; PM01-M2; PM01-M3		PRMP.1 PRMP.2 PRMP.3 PRMP.4
PM02	Manage Provider Communication	PM02-M1; PM02-M2; PM02-M3		PRMP.1 PRMP.2 PRMP.3 PRMP.4
PM03	Perform Provider Outreach	PM03-M1; PM03-M2; PM03-M3		PRMP.1 PRMP.2 PRMP.3 PRMP.4

MITA				
MITA 1	Timeliness			
MITA 2	Accuracy			
MITA 3	Automation			

Reference #	**PRMP State Specific Outcomes**			
PR.1	The Commonwealth reduces the time it takes to complete financial business processes			
PR.2	The Commonwealth provides timely and complete reporting of financial data to the federal government			
PR.3	The Commonwealth coordinates and improved the accuracy and access of financial data			

Reference #	**PRMP State Specific Outcomes/Eligibility**			
PRMP EE.1	Complete records of eligibility			
PRMP EE.2	Individuals who apply for Medicaid on the			
PRMP EE.3	Individuals personal identifiable information (PII) and personal health information (PII) are protected and shared only for authorized used as consented to by the individual.			

Reference #	**PRMP State Specific Outcomes**			
PRMP.1	The Commonwealth reduces administrative burden on providers enrolling and being credentialed through the PRMP.			
PRMP.2	The Commonwealth improves system uptime to allow providers to access the CPEC system in a self-service capacity.			
PRMP.3	The Commonwealth reduces the amount of time it takes for providers to enroll with PRMP.			
PRMP.4	The Commonwealth reduces the amount of			

CMS-Required Outcomes				
N/A				

MEDITI3G				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
CM01	Establish Case	CM01-M1; CM01-M2; CM01-M3		
EE01	Determine Member Eligibility	EE01-M1; EE01-M2; EE01-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9;EE10;EE11;EE12;EE13;EE14;EE15;EE16; EE17;EE18; EE19; EE20;EE21;EE22;EE23 EE24;EE25;EE26;EE27	PRMP EE.1; PRMP EE.2; PRMP EE.3
EE02	Enroll Member	EE02-M1; EE02-M2; EE02-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9;EE10;EE11;EE12;EE13;EE14;EE15;EE16; EE17;EE18; EE19; EE20;EE21;EE22;EE23 EE24;EE25;EE26;EE27	PRMP EE.1; PRMP EE.2; PRMP EE.3
EE04	Inquire Member Eligibility	EE04-M1; EE04-M2; EE04-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9;EE10;EE11;EE12;EE13;EE14;EE15;EE16; EE17;EE18; EE19; EE20;EE21;EE22;EE23 EE24;EE25;EE26;EE27	PRMP EE.1; PRMP EE.2; PRMP EE.3
OM20	Calculate Spend-Down Amount	OM20-M1; OM20-M2; OM20-M3	EE4	PRMP EE.1; PRMP EE.2; PRMP EE.3

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	PRMP State Specific Outcomes
PRMP EE.1	Complete records of eligibility determinations (approvals and denials), including a record or documentation of verifications conducted are automatically maintained in the system
PRMP EE.2	Individuals who apply for Medicaid on the basis of disability using a multi-benefit application receive determinations within 90 days and all other applicants receive an eligibility determination within 45 days.
PRMP EE.3	Individuals personal identifiable information (PII) and personal health information (PII) are protected and shared only for authorized used as consented to by the individ

Reference #	CMS Outcomes
EE1	The eligibility system receives, ingests, and processes the single streamlined applications, including a multi-benefit application if applicable; change of circumstances; renewal forms; and any supporting documentation requested by the state (including telephonic signatures) from individuals, for all Medicaid eligibility groups and CHIP through online via multiple browsers, mail (paper), phone, and in-person (ex via kiosk) applications to support eligibility determination for all Insurance Affordability Programs (Federal Health Insurance Exchange (Exchange), state Medicaid or CHIP, State-Based Marketplace (SBM), Basic Health Program (BHP).
EE2	Individuals experience a user-friendly, dynamic online application, such that subsequent questions are based upon prior answers.
EE3	Individuals eligible for automatic Medicaid eligibility are promptly enrolled. (e.g. SSI recipients in 1634 states, receives state supplemental payment, deemed newborns). Note: the requirement for automatic enrollment in Guam, Puerto Rico, and the U.S. Virgin Islands is only for the following: individuals receiving cash assistance under a state plan for OAA, AFDC, AB, APTD, or AABD, and deemed newborns.

EE4	The state maintains and utilizes automated rules (in both human and machine-readable format) to correctly calculate income and household composition based on MAGI and non-MAGI rules at application and renewal. Example business rules include - - Subtract 5 percentage points off FPL for applicable family size - Setting income thresholds for each eligibility category - Calculation of spend-down amount for medically needy, if applicable.
EE5	The eligibility system uses automated interfaces with electronic data sources to enable real-time or near real-time, no manual touch eligibility determinations. The data sources include (but are not limited to) SSA, DHS directly or via the Federal Data Services Hub (FDSH), state quarterly wage data, data from financial institutions for asset verification, Renewal and Redetermination Verification (RRV) service through the HUB, Public Assistance Reporting Information System (PARIS) to verify Medicaid coverage in other states.
EE6	Individuals who apply for Medicaid based on disability receive an eligibility determination within 90 days and all other applicants receive an eligibility determination within 45 days.
EE7	Individuals are enrolled for up to 90 days if pending verification of citizenship or immigration status, if otherwise eligible. (reasonable opportunity period (ROP))
EE8	Individuals are enrolled pending verification of Social Security Number (SSN) if otherwise eligible.
EE9	Individuals receive system-generated timely automated (versus manual) eligiblity notices and request for additional information for eligiblity determination as
EE10	Individuals receive electronic notices and alerts as applicable via their preferred mode of communication (e.g., email, text that notice is available in online account)
EE11	Following an eligiblity determination, the system promptly sends the beneficiary information to MMIS to complete enrollment into the appropriate delivery system
EE12	The system receives Presumptive Eligibility (PE) applications from all approved entities in an automated manner and facilitates eligibility termination if no full Medicaid application is received by the end of the month following the month of PE determination.
EE13	The system uses electronic data sources to confirm eligibility, wherever possible, to facilitate ex-parte renewals.
EE14	If ex-parte renewal can not be completed, the system can automatically generate pre-populated renewal forms and distribute those forms via individuals' preferred communication mode.
EE15	The system applies an automated eligibility hierarchy that places an individual in the most advantageous group for which they are eligible at initial application and
EE16	The system uses automed business rules to assign accurate eligibility categories for all the mandatory and relevant optional eligiblity groups at initial application and renewal.
EE17	Incarcerated individuals receive timely access to inpatient services and receive a timely and accurate eligibility determination upon release
EE18	Individuals whose coverage is limited to emergency services due to immigration status receive timely and accurate eligibility determination.
EE19	Individuals receive timely and accurate determinations of eligibility for the 3 months prior to the date of application if the individual would have been eligible and received Medicaid covered services
EE20	Individuals are promptly enrolled with the accurate effective date of eligibility in accordance with the approved State Plan
EE21	In states that have integrated eligibility sstem with human services programs, the system is able to pend application form one program without having to do so for Medicaid or CHIP programs, if needed
EE22	The state maintains a coordinated eligibility and enrollment process with all insurance affordability programs by supporting bi-directional exchange for application-related data and adjudication status with all relevant insurance affordability programs (FFE, CHIP, SBE if applicable, BHP if applicable).
EE23	FOR FFE DETERMINATION STATES: Account Transfer information for individuals applying at the FFE from a determination state is automatically ingested by the system and the state promptly enrolls individuals determined eligible by the FFE, or SBE if applicable.
EE24	FOR FFE ASSESSMENT STATES: Account Transfer information for individuals applying at the FFE from an assessment state is automatically ingested by the system and the state conducts only the remaining verifications necessary to complete the determination process for individuals assessed as potential eligible by the FFE, or SBE if applicable.
EE25	The system receives and responds to requests from the FFE in real-time to confirm whether an individual applying for coverage through the FFE currently has Minimum Essential Coverage through Medicaid or CHIP.
EE26	Persons with disabilities or with Limited English Proficiency (LEP) are able to submit a single streamlined application with any necessary assistance (e.g. TTY for the hearing impaired for phone applications and language assistance for persons with LEP).
EE27	Beneficiaries and applicants can submit an appeal against an adverse action via multiple channels (E.g., online, phone, mail, in person) and the appeal can easily be accessed by necessary state staff and applicants

Program Integrity Modernization				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
FM01	Manage Provider Recoupment	FM01-M1; FM01-M2; FM01-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;PM18	PR.1; PR.2
FM11	Manage Capitation Payment	FM11-M1; FM11-M2; FM11-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;PM19	PR.1; PR.2: PR.3
PE01	Identify Utilization Anomalies	PE01-M1; PE01-M2; PE01-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;PM20	The state outcomes are the same as those defined by CMS
PE02	Establish Compliance Incident	PE02-M1; PE02-M2; PE02-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;PM21	The state outcomes are the same as those defined by CMS
PE03	Manage Compliance Incident Information	PE03-M1; PE03-M2; PE03-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;PM22	The state outcomes are the same as those defined by CMS
PE04	Determine Adverse Action Incident	PE04-M1; PE04-M2; PE04-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;PM23	The state outcomes are the same as those defined by CMS

Reference #	PRMP State Specific Outcomes
PR.1	The Commonwealth reduces the time it takes to complete financial business processes
PR.2	The Commonwealth provides timely and complete reporting of financial data to the federal government
PR.3	The Commonwealth coordinates and improved the accuracy and access of financial data

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	CMS Outcomes/Program Integrity
CP2	The system performs comprehensive validation of claims and claims adjustments, including validity of services.
FM5	The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider.
PBM9	The system supports the identification of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, or prescribing or billing practices indicating abuse or excessive utilization among physicians, pharmacists and individuals receiving benefits by enabling the collection of pharmacy data to be used in retrospective drug utilization reviews.
PI1	System can check member record to ensure the member on the claim was enrolled in the Medicaid program and the benefit was covered at the time of service. Membership enrollment records the system is checking against are updated daily.
PI2	System provides a method for identifying suspected inappropriate services and incorrect billing.
PI3	System can verify with beneficiaries whether services billed by providers were received.
PI4	System can suspend Medicaid payments in whole or in part to providers for whom the agency has determined there is a credible allegation of fraud and is conducting an investigation and other activities, including provide notice of suspension; referrals to MFCU; and documentation and record retention.
PI5	System can perform provider lock-in for identified members responsible for fraudulent activity, or that have utilized services in excess of what is medically necessary (as defined by state guidelines), and can send notice to the impacted member and the appropriate provider. *Applicable to PM
PI6	System can recover improper payments by: (a) Tracking repayments and outstanding amounts due at an individual transaction level as well as aggregating by provider, time period (b) Supporting electronic transfer back to the state (c) Temporarily limiting future payments to provider(s) who have an outstanding recovery balance.
PI7	System can complete the required independent certified audit of Disproportionate Share Hospital (DSH) payments for each Medicaid State Plan rate year using payment and utilization information.
PI8	System can reject claims for items or services that were ordered or referred that do not contain a National Provider Identifier.

PI9	System can support activities conducted by Medicaid RACs can including review all claims submitted by providers of items or services for which payment has been made to identify underpayments and overpayments and recoup overpayments as necessary.
PI10	System can refer all cases of suspected provider fraud to the state's Medicaid Fraud Unit and provide access to Case Tracking as applicable.
PI11	System can sample and review active cases, including negative cases, to determine eligibility errors in accordance with the state's MEQC pilot planning document.
PI12	System can submit following information to CMS for among other purposes, estimating improper payments in Medicaid and CHIP, that include, but are not limited to (1) Adjudicated fee-for-service or managed care claims information, or both, on a quarterly basis, from the review year; (2) Upon request from CMS, provider contact information that has been verified by the state as current; (3) All medical, eligibility, and other related policies in effect, and any quarterly policy updates; (4) Current managed care contracts, rate information, and any quarterly updates applicable to the review year; (5) Data processing systems manuals; (6) Repricing information for claims that are determined during the review to have been improperly paid; (7) Information on claims that were selected as part of the sample, but changed in substance after selection, for example, successful provider appeals; (8) Adjustments made within 60 days of the adjudication dates for the original claims or line items, with sufficient information to indicate the nature of the adjustments and to match the adjustments to the original claims or line items; (9) Case documentation to support the eligibility review, as requested by CMS; (10) A corrective action plan for purposes of reducing erroneous payments in FFS, managed care, and eligibility; and (11) Other information that the Secretary determines is necessary for these purposes.
PM11	A state user can assign and screen all applications by a risk categorization of limited, moderate, or high for a provider at the time of new application, re-enrollment, or re-validation of enrollment. A state user can adjust a provider's risk level due to payment suspension or moratorium.
PM17	A state user can report required information about fraud and abuse to the appropriate officials.
PM18	The system, or a state user, can suspend payment to providers in cases of fraud.

CPEC				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
EE06	Enroll Provider	EE06-M1; EE06-M2; EE06-M3	PM.1; PM.2 PM.3 PM.4 PM.5 PM.6 PM.7 PM.8 PM.9 PM.10 PM.11 PM.12 PM.13 PM.16	PRMP.1; PRMP.2; PRMP.3; PRMP.4
EE08	Inquire Provider Information	EE08-M1; EE08-M2; EE08-M3	PM.1; PM.2 PM.3 PM.4 PM.5 PM.6 PM.7 PM.8 PM.9 PM.10 PM.11 PM.12 PM.13 PM.14 PM.15 PM.16 PM.17 PM.18 PM.19 PM.20 PM.22	PRMP.1; PRMP.2; PRMP.3; PRMP.4
PM01	Manage Provider Information	PM01-M1; PM01-M2; PM01-M3	PM.1;PM.2;PM.3;PM.4;PM.5;PM.6;PM.7;PM8 PM.9;PM.10;PM.11;PM.12;PM.13;PM.14;PM. 15;PM.16;PM.17;PM.18;PM.19;PM.20;PM.21	PRMP.1; PRMP.2; PRMP.3; PRMP.4
PM02	Manage Provider Communication	PM02-M1; PM02-M2; PM02-M3	PM.1;PM.2;PM.3;PM.4;PM.5;PM.6;PM.7;PM8 PM.9;PM.10;PM.11;PM.12;PM.13;PM.14;PM. 15;PM.16;PM.17;PM.18;PM.19;PM.20;PM.22	PRMP.1; PRMP.2; PRMP.3; PRMP.4
PM07	Manage Provider Grievance and Appeal	PM07-M1; PM07-M2; PM07-M3	PM.1;PM.2;PM.3;PM.4;PM.5;PM.6;PM.7;PM8 PM.9;PM.10;PM.11;PM.12;PM.13;PM.14;PM. 15;PM.16;PM.17;PM.18;PM.19;PM.20;PM.23	PRMP.1; PRMP.2; PRMP.3; PRMP.4
PM08	Terminate Provider	PM08-M1; PM08-M2; PM08-M3	PM.4;PM.5;;PM8PM.9;PM.10; PM13; PM.15; PM.16;PM.17;PM.18;PM.19;PM.20;PM.24	PRMP.1; PRMP.2; PRMP.3; PRMP.4
PM03	Perform Provider Outreach	PM03-M1; PM03-M2; PM03-M3	PM.1;PM.2;PM.3;PM.4;PM.5;PM.6;PM.7;PM8 PM.9;PM.10;PM.11;PM.12;PM.13;PM.14;PM. 15;PM.16;PM.17;PM.18;PM.19;PM.20;PM.25	PRMP.1; PRMP.2; PRMP.3; PRMP.4

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	PRMP State Specific Outcomes
PRMP.1	The Commonwealth reduces administrative burden on providers enrolling and being credentialed through the PRMP.
PRMP.2	The Commonwealth improves system uptime to allow providers to access the CPEC system in a self-service capacity.
PRMP.3	The Commonwealth reduces the amount of time it takes for providers to enroll with PRMP.
PRMP.4	The Commonwealth reduces the amount of time it takes for provders to credential with PRMP

Reference #	CMS Outcomes
PM.1	A provider can initiate, save, and apply to be a Medicaid provider.
PM.2	A state user can view screening results from other authorized agencies (Medicare, CHIP, and other related agencies) to approve provider if applicable.
PM.3	A state user can verify that any provider purporting to be licensed in a state is licensed by such state and confirm that the provider's license has not expired and that there are no current limitations on the provider's license ensure valid licenses for a provider.
PM.4	The system tracks the provider enrollment period to ensure that the state initiates provider revalidation at least every five years.
PM.5	A state user (or the system, based on automated business rules) must terminate or deny a provider's enrollment upon certain conditions (refer to the specific regulatory requirements conditions in 42CFR455.416).
PM.6	After deactivation, a provider seeking reactivation must be re-screened by the state and submit payment of associated application fees before their enrollment is reactivated.
PM.7	A provider can appeal a termination or denial decision, and a state user can monitor the appeal process and resolution including nursing homes and ICFs/IID.

PM.8	A state user can manage information for mandatory pre-enrollment and post-enrollment site visits conducted on a provider in a moderate or high-risk category.
PM.9	A state user can view the status of criminal background checks, fingerprinting, and site visits for a provider as required based on their risk level and state law.
PM.10	The system checks appropriate databases to confirm a provider's identity and exclusion status for enrollment and reenrollment and conducts routine checks using federal databases including: Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), and the Excluded Parties List System (EPLS). Authorized users can view the results of the data matches as needed.
PM.11	A state user can assign and screen all applications by a risk categorization of limited, moderate, or high for a provider at the time of new application, re-enrollment, or re-validation of enrollment. A state user can adjust a provider's risk level due to payment suspension or moratorium.
PM.12	The system can collect application fees. A state user ensures any applicable application fee is collected before executing a provider agreement
PM.13	A state user can set CMS and state-imposed temporary moratoria on new providers or provider types in six-month increments.
PM.14	A state user can determine network adequacy based upon federal regulations and state plan.
PM.15	A state user, and/or the system, can send and receive provider sanction and termination information shared from other states and Medicare to determine continued enrollment for providers.
PM.16	The system can generate relevant notices or communications to providers to include, but not limited to: application status, requests for additional information, re-enrollment termination, investigations of fraud, suspension of payment in cases of fraud.
PM.17	A state user can report required information about fraud and abuse to the appropriate officials.
PM.18	The system, or a state user, can suspend payment to providers in cases of fraud.
PM.19	A state user can view provider agreements and disclosures as required by federal and state regulations.
PM.20	A state user can view information from a managed care plan describing changes in a network provider's circumstances that may affect the provider's eligibility to participate in
PM.21	A beneficiary can view and search a provider directory.

Future Eligibility Systems Enhancement Assessment				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
EE01	Determine Member Eligibility	EE01-M1; EE01-M2; EE01-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9;EE10;EE11;EE12;EE13;EE14;EE15;EE16; EE17;EE18; EE19; EE20;EE21;EE22;EE23	PRMP EE.1; PRMP EE.2; PRMP EE.3
EE02	Enroll Member	EE02-M1; EE02-M2; EE02-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9;EE10;EE11;EE12;EE13;EE14;EE15;EE16; EE17;EE18; EE19; EE20;EE21;EE22;EE23	PRMP EE.1; PRMP EE.2; PRMP EE.3
EE04	Inquire Member Eligibility	EE04-M1; EE04-M2; EE04-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9;EE10;EE11;EE12;EE13;EE14;EE15;EE16; EE17;EE18; EE19; EE20;EE21;EE22;EE23	PRMP EE.1; PRMP EE.2; PRMP EE.3

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	CMS Outcomes /Eligibility
EE1	The eligibility system receives, ingests, and processes the single streamlined applications, including a multi-benefit application if applicable; change of circumstances; renewal forms; and any supporting documentation requested by the state (including telephonic signatures) from individuals, for all Medicaid eligibility groups and CHIP through online via multiple browsers, mail (paper), phone, and in-person (ex via kiosk) applications to support eligibility determination for all Insurance Affordability Programs (Federal Health Insurance Exchange (Exchange), state Medicaid or CHIP, State-Based Marketplace (SBM), Basic Health Program (BHP).
EE2	Individuals experience a user-friendly, dynamic online application, such that subsequent questions are based upon prior answers.
EE3	Individuals eligible for automatic Medicaid eligibility are promptly enrolled. (e.g. SSI recipients in 1634 states, receives state supplemental payment, deemed newborns). Note: the requirement for automatic enrollment in Guam, Puerto Rico, and the U.S. Virgin Islands is only for the following: individuals receiving cash assistance under a state plan for OAA, AFDC, AB, APTD, or AABD, and deemed newborns.
EE4	The state maintains and utilizes automated rules (in both human and machine-readable format) to correctly calculate income and household composition based on MAGI and non-MAGI rules at application and renewal. Example business rules include - Subtract 5 percentage points off FPL for applicable family size Setting income thresholds for each eligibility category Calculation of spend-down amount for medically needy, if applicable.
EE5	The eligibility system uses automated interfaces with electronic data sources to enable real-time or near real-time, no manual touch eligibility determinations. The data sources include (but are not limited to) SSA, DHS directly or via the Federal Data Services Hub (FDSH), state quarterly wage data, data from financial institutions for asset verification, Renewal and Redetermination Verification (RRV) service through the HUB, Public Assistance Reporting Information System (PARIS) to verify Medicaid coverage in other states.
EE6	Individuals who apply for Medicaid based on disability receive an eligibility determination within 90 days and all other applicants receive an eligibility determination within 45 days.
EE7	Individuals are enrolled for up to 90 days if pending verification of citizenship or immigration status, if otherwise eligible. (reasonable opportunity period (ROP))
EE8	Individuals are enrolled pending verification of Social Security Number (SSN) if otherwise eligible.
EE9	Individuals receive system-generated timely automated (versus manual) eligiblity notices and request for additional information for eligiblity determination as necessary
EE10	Individuals receive electronic notices and alerts as applicable via their preferred mode of communication (e.g., email, text that notice is available in online account)
EE11	Following an eligiblity determination, the system promptly sends the beneficiary information to MMIS to complete enrollment into the appropriate delivery system
EE12	The system receives Presumptive Eligibility (PE) applications from all approved entities in an automated manner and facilitates eligibility termination if no full Medicaid application is received by the
EE13	The system uses electronic data sources to confirm eligibility, wherever possible, to facilitate ex-parte renewals.
EE14	If ex-parte renewal can not be completed, the system can automatically generate pre-populated renewal forms and distribute those forms via individuals' preferred communication mode.
EE15	The system applies an automated eligibility hierarchy that places an individual in the most advantageous group for which they are eligible at initial application and renewal
EE16	The system uses automed business rules to assign accurate eligibility categories for all the mandatory and relevant optional eligiblity groups at initial application and renewal.
EE17	Incarcerated individuals receive timely access to inpatient services and receive a timely and accurate eligibility determination upon release
EE18	Individuals whose coverage is limited to emergency services due to immigration status receive timely and accurate eligibility determination.
EE19	Individuals receive timely and accurate determinations of eligibility for the 3 months prior to the date of application if the individual would have been eligible and received Medicaid covered services
EE20	Individuals are promptly enrolled with the accurate effective date of eligibility in accordance with the approved State Plan
EE21	In states that have integrated eligibility sstem with human services programs, the system is able to pend application form one program without having to do so for Medicaid or CHIP programs, if needed
EE22	The state maintains a coordinated eligibility and enrollment process with all insurance affordability programs by supporting bi-directional exchange for application-related data and adjudication status with all relevant insurance affordability programs (FFE, CHIP, SBE if applicable, BHP if applicable).
EE23	FOR FFE DETERMINATION STATES: Account Transfer information for individuals applying at the FFE from a determination state is automatically ingested by the system and the state promptly
EE24	FOR FFE ASSESSMENT STATES: Account Transfer information for individuals applying at the FFE from an assessment state is automatically ingested by the system and the state conducts only

EE25	The system receives and responds to requests from the FFE in real-time to confirm whether an individual applying for coverage through the FFE currently has Minimum Essential Coverage through
EE26	Persons with disabilities or with Limited English Proficiency (LEP) are able to submit a single streamlined application with any necessary assistance (e.g. TTY for the hearing impaired for phone
EE27	Beneficiaries and applicants can submit an appeal against an adverse action via multiple channels (E.g., online, phone, mail, in person) and the appeal can easily be accessed by necessary state

Reference #	PRMP State Specific Outcomes
PRMP EE.1	Complete records of eligibility determinations (approvals and denials), including a record or documentation of verifications conducted are automatically maintained in the system
PRMP EE.2	Individuals who apply for Medicaid on the basis of disability using a multi-benefit application receive determinations within 90 days and all other applicants receive an eligibility determination within 45
PRMP EE.3	Individuals personal identifiable information (PII) and personal health information (PII) are protected and shared only for authorized used as consented to by the individual.

MMIS Needs Assessment for Reprocurement				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
CM01	Establish Case	CM01-M1; CM01-M2; CM01-M3		
CM02	Manage Case Information	CM02-M1; CM02-M2; CM02-M3		
EE02	Enroll Member	EE02-M1; EE02-M2; EE02-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9 ;EE10;EE11;EE12;EE13;EE14;EE15;EE16 ; EE17;EE18; EE19; EE20;EE21;EE22;EE23 EE24;EE25;EE26;EE27	PRMP.1; PRMP.2; PRMP.3; PRMP.4
EE04	Inquire Member Eligibility	EE04-M1; EE04-M2; EE04-M3	EE1;EE2;EE3;EE4;EE5;EE6;EE7;EE8;EE9 ;EE10;EE11;EE12;EE13;EE14;EE15;EE16 ; EE17;EE18; EE19; EE20;EE21;EE22;EE23 EE24;EE25;EE26;EE27	PRMP.1; PRMP.2; PRMP.3; PRMP.4
EE06	Enroll Provider	EE06-M1; EE06-M2; EE06-M3	PM.1; PM.2 PM.3 PM.4 PM.5 PM.6 PM.7 PM.8 PM.9 PM.10 PM.11 PM.12 PM.13 PM.16 PM.	PRMP.1; PRMP.2; PRMP.3; PRMP.4
EE08	Inquire Provider Information	EE08-M1; EE08-M2; EE08-M3	PM.1; PM.2 PM.3 PM.4 PM.5 PM.6 PM.7 PM.8 PM.9 PM.10 PM.11 PM.12 PM.13 PM.14 PM.15 PM.16 PM.17 PM.18 PM.19 PM.20 PM.22	PRMP.1; PRMP.2; PRMP.3; PRMP.4
FM01	Manage Provider Recoupment	FM01-M1; FM01-M2; FM01-M3	FM.1	PR.1; PR.2
FM02	Manage TPL Recovery	FM02-M1; FM02-M2; FM02-M3	FM.6	PR.1; PR.2; PR.3
FM04	Manage Drug Rebate	FM04-M1; FM04-M2; FM04-M3	FM.7	PR.1; PR.2; PR.3
FM06	Manage Accounts Receivable Information	FM06-M1; FM06-M2; FM06-M3	FM.6	PR.1; PR.2; PR.3
FM07	Manage Accounts Receivable Funds	FM07-M1; FM07-M2; FM07-M3	FM.6	PR.1; PR.2; PR.3
FM09	Manage Contractor Payment	FM09-M1; FM09-M2; FM09-M3	FM.2	PR.1; PR.2; PR.3
FM11	Manage Capitation Payment	FM11-M1; FM11-M2; FM11-M3	FM.4	PR.1; PR.2; PR.3
FM13	Manage Accounts Payable Information	FM13-M1; FM13-M2; FM13-M3	FM.2	PR.1; PR.2; PR.3
FM14	Manage Accounts Payable Disbursement	FM14-M1; FM14-M2; FM14-M3	FM.8	PR.1; PR.2; PR.3
FM18	Manage Fund	FM18-M1; FM18-M2; FM18-M3	FM.8	PR.1; PR.2; PR.3
FM19	Generate Financial Report	FM19-M1; FM19-M2; FM19-M3	FM.8	PR.1; PR.2; PR.3
PE01	Identify Utilization Anomalies	PE01-M1; PE01-M2; PE01-M3	CP2; FM5; PBM9;PI1;PI2; PI3;PI4;PI5;PI6; PI7;PI8;PI9;PI10;PI11;PI12;PM11;PM17;P M20	The state outcomes are the same as those defined by CMS
CO05	Produce Solicitation	CO05-M1; CO05-M2; CO05-M3		
CO06	Award Contract	CO06-M1; CO06-M2; CO06-M3		

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Reference #	PRMP State Specific Outcomes/Financial Management/MMIS Phase III
PR.1	The Commonwealth reduces the time it takes to complete financial business processes
PR.2	The Commonwealth provides timely and complete reporting of financial data to the federal government
PR.3	The Commonwealth coordinates and improved the accuracy and access of financial data

Reference #	PRMP State Specific Outcomes
PRMP EE.1	Complete records of eligibility determinations (approvals and denials), including a record or documentation of verifications conducted are automatically maintained in the system

PRMP EE.2	Individuals who apply for Medicaid on the basis of disability using a multi-benefit application receive determinations within 90 days and all other applicants receive an eligibility
PRMP EE.3	Individuals personal identifiable information (PII) and personal health information (PII) are protected and shared only for authorized used as consented to by the individual.

Reference #	CMS Outcomes
FM.1	The system calculates FFS provider payment or recoupment amounts, as well as value-based and alternative payment models (APM), correctly and initiates payment or
FM.2	The system pays providers promptly via direct transfer and electronic remittance advice or by paper check and remittance advice if electronic means are not available.
FM.3	The system supports the provider appeals by providing a financial history of the claim along with any adjustments to the provider's account resulting from an appeal.
FM.4	The system accurately pays per member/per month capitation payments electronically in a timely fashion. Payments account for reconciliation of withholds, incentives, payment
FM.5	The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider.
FM.6	The state recovers third party liability (TPL) payments by:
FM.7	The system processes drug rebates accurately and quickly.
FM.8	State and federal entities receive timely and accurate financial reports (cost reporting, financial monitoring, and regulatory reporting), and record of all transactions according to
FM.9	The system tracks that Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household does not exceed an aggregate limit of five percent of the

CMS Outcomes/ Encounter Processing System (EPS) & Managed Care System	
EPS1	The system ingests encounter data (submissions and re-submissions) from MCOs and sends quality transaction feedback back to the plans to ensure appropriate industry
EPS2	The system ingests encounter data (submissions and re-submissions) from managed care entities in compliance with HIPAA security and privacy standards and performing
EPS3	The state includes submission requirements (timeliness, re-submissions, etc.), definitions, data specifications and standards, and consequences for non-compliance in its
EPS4	The state uses encounter data to calculate capitation rates and performs payment comparisons with FFS claims data.
EPS5	The state complies with federal reporting requirements.

Reference #	CMS Outcomes /Eligibility
EE1	The eligibility system receives, ingests, and processes the single streamlined applications, including a multi-benefit application if applicable; change of circumstances; renewal
EE2	Individuals experience a user-friendly, dynamic online application, such that subsequent questions are based upon prior answers.
EE3	Individuals eligible for automatic Medicaid eligibility are promptly enrolled. (e.g. SSI recipients in 1634 states, receives state supplemental payment, deemed newborns). Note:
EE4	The state maintains and utilizes automated rules (in both human and machine-readable format) to correctly calculate income and household composition based on MAGI and non-
EE5	The eligibility system uses automated interfaces with electronic data sources to enable real-time or near real-time, no manual touch eligibility determinations. The data sources
EE6	Individuals who apply for Medicaid based on disability receive an eligibility determination within 90 days and all other applicants receive an eligibility determination within 45 days.
EE7	Individuals are enrolled for up to 90 days if pending verification of citizenship or immigration status, if otherwise eligible. (reasonable opportunity period (ROP))
EE8	Individuals are enrolled pending verification of Social Security Number (SSN) if otherwise eligible.
EE9	Individuals receive system-generated timely automated (versus manual) eligiblity notices and request for additional information for eligiblity determination as necessary
EE10	Individuals receive electronic notices and alerts as applicable via their preferred mode of communication (e.g., email, text that notice is available in online account)
EE11	Following an eligiblity determination, the system promptly sends the beneficiary information to MMIS to complete enrollment into the appropriate delivery system
EE12	The system receives Presumptive Eligibility (PE) applications from all approved entities in an automated manner and facilitates eligibility termination if no full Medicaid application
EE13	The system uses electronic data sources to confirm eligibility, wherever possible, to facilitate ex-parte renewals.
EE14	If ex-parte renewal can not be completed, the system can automatically generate pre-populated renewal forms and distribute those forms via individuals' preferred
EE15	The system applies an automated eligibility hierarchy that places an individual in the most advantageous group for which they are eligible at initial application and renewal
EE16	The system uses automed business rules to assign accurate eligibility categories for all the mandatory and relevant optional eligiblity groups at initial application and renewal.
EE17	Incarcerated individuals receive timely access to inpatient services and receive a timely and accurate eligibility determination upon release
EE18	Individuals whose coverage is limited to emergency services due to immigration status receive timely and accurate eligibility determination.
EE19	Individuals receive timely and accurate determinations of eligibility for the 3 months prior to the date of application if the individual would have been eligible and received
EE20	Individuals are promptly enrolled with the accurate effective date of eligibility in accordance with the approved State Plan
EE21	In states that have integrated eligibility sstem with human services programs, the system is able to pend application form one program without having to do so for Medicaid or
EE22	The state maintains a coordinated eligibility and enrollment process with all insurance affordability programs by supporting bi-directional exchange for application-related data and
EE23	FOR FFE DETERMINATION STATES: Account Transfer information for individuals applying at the FFE from a determination state is automatically ingested by the system and
EE24	FOR FFE ASSESSMENT STATES: Account Transfer information for individuals applying at the FFE from an assessment state is automatically ingested by the system and the
EE25	The system receives and responds to requests from the FFE in real-time to confirm whether an individual applying for coverage through the FFE currently has Minimum Essential
EE26	Persons with disabilities or with Limited English Proficiency (LEP) are able to submit a single streamlined application with any necessary assistance (e.g. TTY for the hearing
EE27	Beneficiaries and applicants can submit an appeal against an adverse action via multiple channels (E.g., online, phone, mail, in person) and the appeal can easily be accessed

Reference #	CMS Outcomes/Program Integrity

CP2	The system performs comprehensive validation of claims and claims adjustments, including validity of services.
FM5	The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider.
PBM9	The system supports the identification of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, or prescribing or billing practices indicating
PI1	System can check member record to ensure the member on the claim was enrolled in the Medicaid program and the benefit was covered at the time of service. Membership
PI2	System provides a method for identifying suspected inappropriate services and incorrect billing.
PI3	System can verify with beneficiaries whether services billed by providers were received.
PI4	System can suspend Medicaid payments in whole or in part to providers for whom the agency has determined there is a credible allegation of fraud and is conducting an
PI5	System can perform provider lock-in for identified members responsible for fraudulent activity, or that have utilized services in excess of what is medically necessary (as defined
PI6	System can recover improper payments by:
PI7	System can complete the required independent certified audit of Disproportionate Share Hospital (DSH) payments for each Medicaid State Plan rate year using payment and
PI8	System can reject claims for items or services that were ordered or referred that do not contain a National Provider Identifier.
PI9	System can support activities conducted by Medicaid RACs can including review all claims submitted by providers of items or services for which payment has been made to
PI10	System can refer all cases of suspected provider fraud to the state's Medicaid Fraud Unit and provide access to Case Tracking as applicable.
PI11	System can sample and review active cases, including negative cases, to determine eligibility errors in accordance with the state's MEQC pilot planning document.
PI12	System can submit following information to CMS for among other purposes, estimating improper payments in Medicaid and CHIP, that include, but are not limited toâ€"□
PM11	A state user can assign and screen all applications by a risk categorization of limited, moderate, or high for a provider at the time of new application, re-enrollment, or re-
PM17	A state user can report required information about fraud and abuse to the appropriate officials.
PM18	The system, or a state user, can suspend payment to providers in cases of fraud.

Reference #	PRMP State Specific Outcomes
PRMP.1	The Commonwealth reduces administrative burden on providers enrolling and being credentialed through the PRMP.
PRMP.2	The Commonwealth improves system uptime to allow providers to access the CPEC system in a self-service capacity.
PRMP.3	The Commonwealth reduces the amount of time it takes for providers to enroll with PRMP.
PRMP.4	The Commonwealth reduces the amount of time it takes for provders to credential with PRMP

Enterprise Vendor Management Needs Assessment				
BP Number	**MITA Business Process Name**	**MITA Outcome**	**CMS Outcome**	**PRMP State Outcome**
CO01	Manage Contractor Information	CO01-M1; CO01-M2; CO01-M3	Not applicable	Not Applicable
CO04	Inquire Contractor Information	CO04-M1; CO04-M2; CO04-M3		
CO02	Manage Contractor Communication	CO02-M1; CO02-M2; CO02-M3		
CO03	Perform Contractor Outreach	CO03-M1; CO03-M2; CO03-M3		
CO09	Manage Contractor Grievance and Appeal	CO09-M1; CO09-M2; CO09-M3		
CO05	Produce Solicitation	CO05-M1; CO05-M2; CO05-M3		
CO06	Award Contract	CO06-M1; CO06-M2; CO06-M3		
CO07	Manage Contract	CO07-M1; CO07-M2; CO07-M3		
CO08	Close Out Contract	CO08-M1; CO08-M2; CO08-M3		

MITA Outcomes	
MITA 1	Timeliness
MITA 2	Accuracy
MITA 3	Automation

Appendix C: List of Acronyms

The following table lists acronyms that appear throughout this document.

Table 18: Acronym Glossary

Acronym	Description
AAFAF	Fiscal Agency and Financial Advisory Authority
ASES	Administración de Seguros de Salud
AU	Annual Update
AVS	Asset Verification System
BPaaS	Business Process as a Service
BPT	Business Process Template
BR	Business Relationship Management
CMS	Centers for Medicare and Medicaid Services
CPEC	Centralized Provider Enrollment and Credentialing
C.F.R.	Code of Federal Regulations
CM	Care Management
CMS	Centers for Medicare and Medicaid Services
CO	Contractor Management
COMP	Comprehensive Oversight and Management Program
COTS	Commercial Off-the-Shelf
CTD	Conceptual Technical Design
CQI	Continuous Quality Improvement
CTC	Conceptual Technical Design
DDI	Design, Development, and Implementation
DEX	Data Exchange System
DLP	Desk-Level Procedure
DMS	Data Management Strategy
DOJ	Department of Justice
DOT	Department of Transportation
DSC	Data Stewards Council
DSS	Department of Social Services
DQ	Data Quality
ECM	Electronic Claims Management
EDW	Enterprise Data Warehouse

Acronym	Description
EE	Eligibility and Enrollment
EFT	Electronic Funds Transfer
EOMC	Enterprise Objective Monitoring and Control
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ePMO	Enterprise Project Management Office
ESC	Executive Steering Committee
FBI	Federal Bureau of Investigation
FDSH	Federal Data Services Hub
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FM	Financial Management
FOIA	Freedom of Information Act
FOMB	Financial Oversight and Management Board
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FWA	Fraud, Waste, and Abuse
GAO	General Accountability Office
HIA	Health Information Audit
HIE	Health Information Exchange
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HIPAA	Health Insurance Portability and Accountability Act of 1996
HCHN	High-Cost High-Needs
IA	Information Architecture
KPI	Key Performance Indicator
LMS	Learning Management System
LOE	Level of Effort
M&O	Maintenance and Operations
MAGI	Modified Adjusted Gross Income
MAO	Medicare Advantage Organization
MARS-E	Minimum Acceptable Risk Standards for Exchanges
MCO	Managed Care Organization
MEDITI3G	Medicaid Integrated Technology Initiative, 3rd Generation
MES	Medicaid Enterprise Systems

Acronym	Description
MFCU	Medicaid Fraud Control Unit
MIP	Micro Information Processing
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MMM	MITA Maturity Matrix
MOU	Memoranda of Understanding
OBC	Outcomes Based Certification
OD	Organizational Development
OIG	Office of Inspector General
OM	Operations Management
OMB	Office of Management and Budget
OMP	Outcomes Management Plan
PAI	Patient Access and Interoperability
PARIS	Public Assistance Reporting Information System
PBM	Pharmacy Benefit Manager
PEP	Provider Enrollment Portal
PECOS	Provider Enrollment, Chain, And Ownership System
PERM	Payment Error Rate Measurement
PgM	Program Management
PgMO	Program Management Office
PHI	Protected Health Information
PIU	Program Integrity Unit
PL	Plan Management
PM	Provider Management
PMPM	Per Member Per Month
PRDoH	Puerto Rico Department of Health
PRFAA	Puerto Rico Federal Affairs Administration
PRME	Puerto Rico Medicaid Enterprise
PRMP	Puerto Rico Medicaid Program
PSTG	Public Sector Technology Group
RFP	Request for Proposal
RFQ	Request for Quote
SaaS	Software-as-a-Service
SAM	System For Award Management

Acronym	Description
SAP	Systems Analysis Program
SLA	Service-Level Agreement
SMA	State Medicaid Agency
SMC	Streamlined Modular Certification
SOP	Standard Operating Procedure
SOW	Statement of Work
SS-A	State Self-Assessment
SUR	Surveillance and Utilization Review
TA	Technical Architecture
TAF	Transformed Medicaid Statistical Information System Analytic File
TMS	Technical Management Strategy
TPA	Trading Partner Agreement
TPL	Third-Party Liability
T-MSIS	Transformed Medicaid Statistical Information System
XML	Extensible Markup Language