

Florida Health Care Connections (FX) Procurement Project

P-1: Revised MITA State Self- Assessment and Update Process

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SECTION 1 INTRODUCTION

1.1 BACKGROUND

The Florida Agency for Health Care Administration (AHCA or Agency) is preparing for the changing landscape of health care administration and increased use of the Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) to improve the administration and operation of the Florida Medicaid Enterprise. The current Florida Medicaid Enterprise includes services, business processes, data management and processes, technical processes within the Agency, and interconnections and touch points with systems that reside outside the Agency necessary for administration of the Florida Medicaid Program. The current Florida Medicaid Enterprise System (MES) includes the Florida Medicaid Management Information System (FMMIS), Decision Support System (DSS) and other systems operated by different vendors. These systems in the MES interface through the exchange of data files, primarily through Secured File Transfer Protocol (SFTP). These point-to-point interfaces become more complex and costly as the number of systems and applications increase. The future of the Florida Medicaid Enterprise integration is to allow Florida Medicaid to secure services that can interoperate and communicate without relying on a common platform or technology. Connecting services and infrastructures and developing integration standards are the next steps for advancing the MES level of MITA maturity and system modularity modernization.

CMS released the Medicaid Program Final Rule: Mechanized Claims Processing and Information Retrieval Systems in December 2015. This final rule modifies regulations pertaining to 42 Code of Federal Regulations (CFR) 433 and 45 CFR 95.6111, effective January 1, 2016. Among other changes, this final rule supports increased use of the MITA Framework. MITA is a CMS initiative that fosters an integrated business and information technology (IT) transformation across the Medicaid Enterprise to improve the administration and operation of the Medicaid Program. The Agency documents its high-level plans to increase service interoperability and advance the maturity of the MES in accordance with the MITA Framework in the Florida Health Care Connections (FX) Procurement Strategy document.

1.2 PURPOSE

The purpose of the Revised MITA State Self-Assessment (SS-A) and Update Process is to assess the current FMMIS and Medicaid Enterprise systems against the MITA Framework, create the required documents and artifacts to support the FX Project planning, funding, and certification.

1.3 SCOPE

The 2019 MITA SS-A update is an update to the 2018 MITA assessment of the Florida Medicaid Enterprise that focused on the upcoming Enterprise Data Warehouse (EDW), Provider Services, and Integration Services and Integration Platform (IS/IP) module procurements. The MITA Framework, final version 3.0 was used as the guidance to assess



selected processes and criterion within the Business Architecture (BA), Information Architecture (IA), Technical Architecture (TA) and the Conditions and Standards.

The business processes selected to inform the FX procurement of the IS/IP, EDW, and Provider modules in 2018 were the same processes evaluated in 2019. The business processes selected for reassessment in 2019 are listed in **Exhibit 1-1: Business Processes Reassessed in 2019 SS-A**.

ENTERPRISE DATA WAREHOUSE	PROVIDER MODULE
<ul style="list-style-type: none"> ▪ BR03 – Manage Business Relationship Information ▪ CM02 – Manage Case Information ▪ CO01 – Manage Contractor Information ▪ FM06 – Manage Accounts Receivable Information ▪ FM13 – Manage Accounts Payable Information ▪ FM17 – Manage Budget Information ▪ ME01 – Manage Member Information ▪ OM28 – Manage Data ▪ OM29 – Process Encounters ▪ PE03 – Manage Compliance Incident Information ▪ PL01 – Develop Agency Goals and Objectives ▪ PL04 – Manage Health Plan Information ▪ PL06 – Manage Health Benefit Information ▪ PL07 – Managed Reference Information ▪ PM01 – Manage Provider Information 	<ul style="list-style-type: none"> ▪ EE05 – Determine Provider Eligibility ▪ EE06 – Enroll Provider ▪ EE07 – Disenroll Provider ▪ EE08 – Inquire Provider Information ▪ PM01 – Manage Provider Information ▪ PM02 – Manage Provider Communication ▪ PM03 – Perform Provider Outreach ▪ PM07 – Manage Provider Grievances and Appeals ▪ PM08 – Terminate Provider

Exhibit 1-1: Business Processes Reassessed in 2019 SS-A

The P-1: Revised MITA SS-A and Update Process includes the following:

- **Section 1 – Introduction** – The Introduction provides high-level descriptions of the background, purpose, scope, goals and objectives, and referenced documents.
- **Section 2 – Approach** – The Approach section describes the components of the MITA Framework, the history of MITA, describes the process followed in the development of this updated SS-A, and the selected areas for assessment.
- **Section 3 – 2019 MITA SS-A** – The 2019 MITA SS-A provides summary information of the ten MITA business areas with the updated 2019 As-Is and To-Be maturity levels for Florida Medicaid’s BA, IA, and TA and for the Conditions and Standards.
- **Section 4 –The 2019 MITA Roadmap** – The Roadmap section provides a detailed analysis of the information gathered in the 2018 workshops with AHCA staff. This analysis provides a crosswalk of the meeting notes to the AHCA goals and objectives and shows current and future initiatives that support the MITA goal of advancing maturity levels across the enterprise.
- **Appendices** – The Appendices are the CMS Profile templates for BA, IA, TA, and the Conditions and Standards. These templates are required documents and are typically submitted to CMS with an Advance Planning Document (APD) or Implementation



Advance Planning Document (IAPD) to show a state's current maturity level and future maturity level. The 2018 SS-A sections that outlined Recommendations for the MITA Repository and the Next Steps that describes the acquisition of a MITA tracking tool were moved to the Appendices for reference.

1.4 GOALS AND OBJECTIVES

- Goal 1 – The primary goal of the 2019 MITA SS-A is to update the documentation in accordance with MITA rules and CMS Guidance.
 - › Objective 1 – Produce the MITA SS-A documentation needed to support any IAPD submitted within the next year.
 - › Objective 2 – Produce an SS-A artifact as required for certification R1 milestone review.
- Goal 2 – Update the MITA SS-A throughout the life of the project.
 - › Objective 1 – Establish an iterative process to update the MITA SS-A.

1.5 REFERENCED DOCUMENTS

Documents used to develop the 2019 MITA SS-A and Update Process include the following:

- AHCA MITA 3.0 SS-A, Final Report 2012
- AHCA MITA 3.0 SS-A, Final Report 2014
- AHCA MITA 3.0 SS-A, Final Report 2018
- AHCA MITA 3.0 SS-A Assessment Documentation 2012
- AHCA MITA 3.0 SS-A Assessment Documentation 2014
- AHCA MITA 3.0 SS-A Assessment Documentation 2018
- AHCA MITA 2.01 SS-A Assessment Documentation 2009
- MITA Framework, final version 3.0
- S-3: Enterprise Systems Strategic Plan
- AHCA Planning Documents for period 2014-2019
- iTrace Current MMIS Projects
- Agency Portal AHCA Projects



SECTION 2 APPROACH

2.1 MITA 3.0 FRAMEWORK

The MITA Framework, version 3.0, is a blueprint consisting of principles, guidelines and models for State Medicaid Agencies (SMA) to follow as they develop strategic goals and technology to facilitate their programs. CMS requires SMAs to complete a MITA SS-A annually to show adherence to the principles and goals set forth in the framework. As shown in **Exhibit 2-1: MITA History**, CMS has been developing MITA standards for nearly 19 years and continues to release updates with clarifications to meet legislative requirements. The most current MITA 3.0 Framework, published in August 2014, was used for this updated 2019 Florida SS-A. There have been no significant changes to the MITA 3.0 Framework since the last assessment. **Exhibit 2-1: MITA History** illustrates the evolution of MITA over the last 18 years.

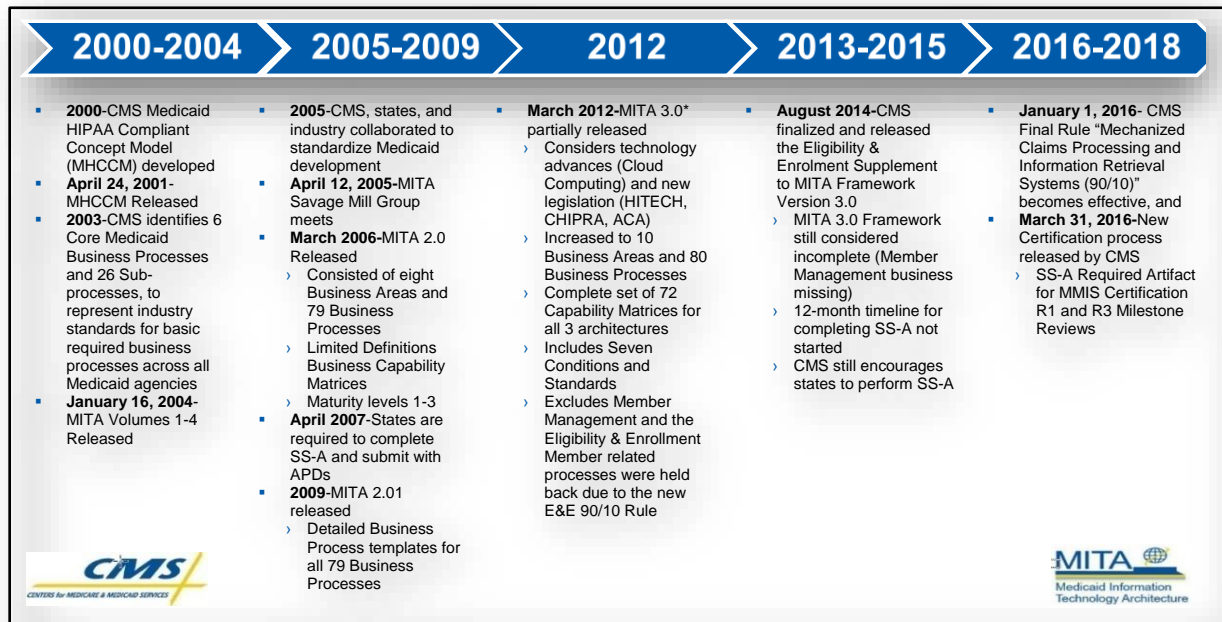


Exhibit 2-1: MITA History

The MITA 3.0 Framework contains guidelines for SMAs to follow when conducting an SS-A. The SS-A consists of the review and assessment of three Architectures: Business, Information and Technology (BA, IA, and TA) as well as assessment of the Conditions and Standards and development of a five-year Roadmap that describes not only where a state plans to be but how it plans to achieve it. Each of the architectures of the SS-A is assessed based on the five maturity levels:

- **Level 1 Capabilities** – The SMA uses manually intensive technical processes that do not use current industry standards.
- **Level 2 Capabilities** – The SMA uses a mix of manually intensive processes and electronic transactions or functionality. Accessibility expands to include multiple types of delivery (e.g., browser, kiosk, voice response system, or mobile phone).
- **Level 3 Capabilities** – The SMA utilizes an Enterprise Service Bus (ESB) to promote interoperability. Partners include one or more of the following: intrastate and interstate agencies, federal entities, and external health care stakeholders.
- **Level 4 Capabilities** – The SMA promotes interoperability between interstate agencies, federal partners, Health Insurance Exchange (HIX), Health Information Exchange (HIE), and other external health care stakeholders.
- **Level 5 Capabilities** – The SMA promotes Cloud Computing functionality, such as, real-time access to information.

A brief description of the Architectures, the Conditions and Standards, and the Roadmap are included below in sections 2.1.1 through 2.1.4 respectively.

2.1.1 BUSINESS ARCHITECTURE (BA) COMPONENTS

The MITA BA comprises 10 general business areas with 80 distinct business processes. Within the BA, CMS has defined all the common processes of a State Medicaid Program. **Exhibit 2-2: MITA Business Areas** outlines the 10 MITA business areas and the related components.

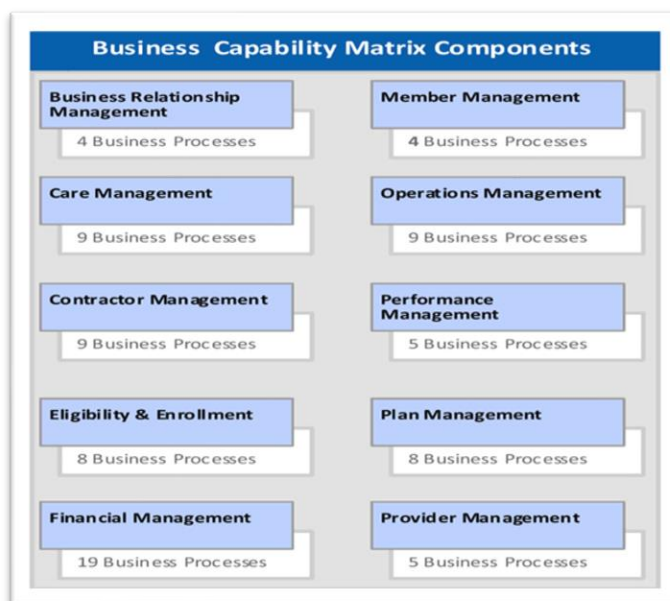


Exhibit 2-2: MITA Business Areas

2.1.2 INFORMATION ARCHITECTURE (IA) COMPONENTS

The IA describes the information or data capability required to accomplish the needs of the BA's business processes. To establish a maturity level, each business area is evaluated for its capability in four IA components, as shown in **Exhibit 2-3: IA Components**.

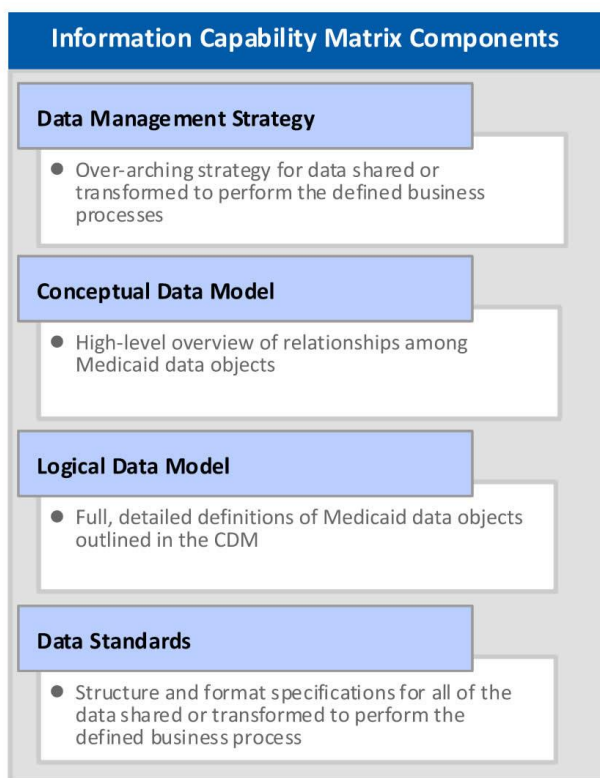


Exhibit 2-3: IA Components

- The Data Management Strategy (DMS) provides a structure within which IA practices are defined to enhance the performance of business processes that make up the Medicaid Enterprise.
- The Conceptual Data Model (CDM) provides a high-level visual representation of the overall conceptual structure of the data shared through the business processes.
- The Logical Data Model (LDM) fleshes out the high-level structure outlined in the CDM. The LDM breaks data subject areas into the data classes and attributes needed for each business process and indicates the relationships between the classes and attributes. The LDM identifies all the logical data elements shared within the Medicaid Enterprise.

- The Data Standards component identifies the standards that apply for each MITA data element. Examples of data standards are file formats, data element definitions, and code sets used.

2.1.3 TECHNICAL ARCHITECTURE (TA) COMPONENTS

The TA describes the technological structures required to accomplish the functions of the BA’s business processes. TA includes the structure and behavior of the infrastructure applications and services, the protocols, and networks connecting applications, addresses performance and resilience issues and hardware configurations, as shown in **Exhibit 2-4: TA Components**.

The maturity of the TA is determined by rating the maturity levels within a structure that comprises:

- Technical Service Areas (TSAs) – a higher level technical tier supporting the secure construction, exchange, and delivery of service components
- Technical Service Classifications (TSCs) – a lower level classification within the TSA that may comprise one or more service standards



Exhibit 2-4: TA Components



2.1.4 CONDITIONS AND STANDARDS COMPONENTS

The intent of the Conditions and Standards is to foster better collaboration with states, reduce unnecessary paperwork, and focus attention on the key elements of success for modern systems development and deployment. The capability of the Medicaid Enterprise for each of the Conditions and Standards was assessed at Levels 1 through 5. To evaluate AHCA's maturity level, for the Conditions and standards, the SEAS Assessment Team used the information learned in the BA, IA, and TA workshops to develop the Conditions and Standards assessment which was presented to AHCA for review and approval. **Exhibit 2-5: Conditions and Standards Components** explains the Conditions and Standards and the areas assessed.

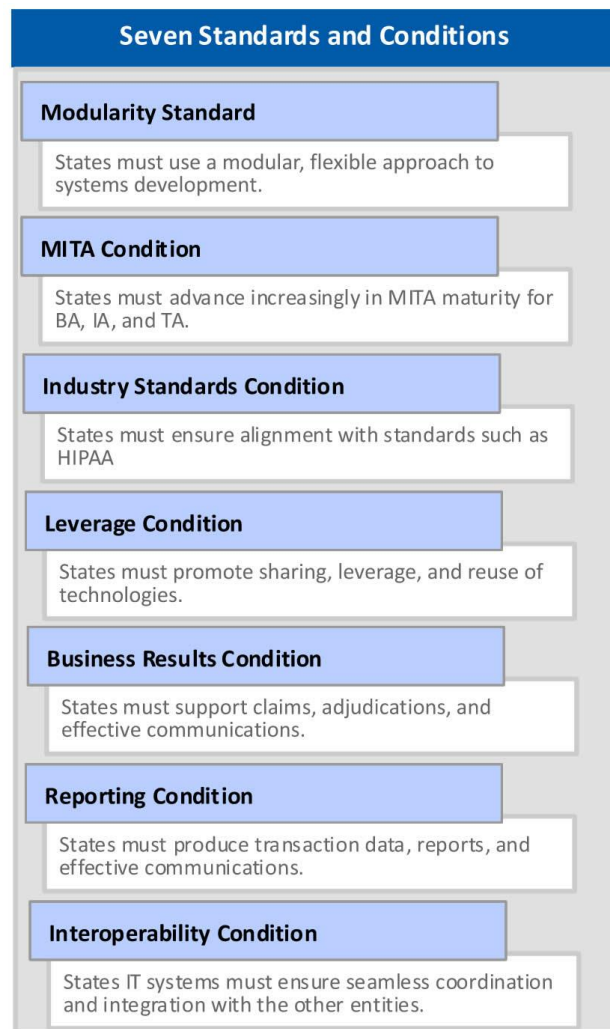


Exhibit 2-5: Conditions and Standards Components



2.2 FLORIDA'S MITA SS-A HISTORY

In March 2012, AHCA was in the process of performing its MITA SS-A using the 2.01 version of MITA when CMS released the draft 3.0 version. AHCA shifted the scope of its 2.01 project to align already performed analysis with this significantly modified MITA Framework. In June 2012, AHCA submitted the first MITA SS-A to CMS using the 3.0 Framework, which assessed 72 processes in the BA since 8 processes had not yet been released at that time, along with the IA, TA, and Conditions and Standards (S&C).

In August 2014, as part of the FMMIS/DSS/Fiscal Agent Procurement Project, AHCA updated the 2012 SS-A and focused on business areas and related processes that were affected by the Agency's move to a managed care model since the current technology was still in place since the 2012 assessment. As a part of the 2014 SS-A update, seven MITA business areas and the 22 related business processes were reassessed, in addition to the four member-related Eligibility and Enrollment Management processes that had been released by CMS.

The updated SS-A is also a mandatory component of the APD to request enhanced federal funding for Florida Medicaid's replacement of the FMMIS with the modular MES. In 2018, it was necessary for AHCA to update the SS-A as required by CMS for funding. It was also updated to support the initial development of requirements for the upcoming FX module procurements and in preparation for the initial milestone review outlined in the Medicaid Enterprise Certification Lifecycle (MECL), which requires, among the required artifacts listed in Appendix B of the Medicaid Enterprise Certification Toolkit (MECT), an updated MITA SS-A.

2.3 PROCESS FOR PRODUCING THE 2019 SS-A UPDATE

To produce the 2019 update, AHCA's SEAS Vendor held a planning meeting with the FX Project Team Director to identify the scope of the SS-A update. During this meeting it was determined that the 2019 MITA SS-A would focus on the integration components, the EDW and the Provider Management System, that will be procured first by the Agency as a part of the FX Project.

The 2019 SS-A update leverages baseline SS-A data from the 2012 SS-A, as well as the updates incorporated into the 2014 and 2018 update. The updated SS-A provides the comprehensive description of the current As-Is maturity levels and the activities that are planned or needed to achieve the projected To-Be maturity levels rather than solely focusing on the incremental changes from 2018 to 2019. To produce the 2019 SS-A, the SEAS Vendor completed the following tasks:

- Met with FX Project Team Director to confirm that the scope of the update would cover the integration components, EDW, and Provider Management.
- Identified the 23 MITA business processes and 10 business areas that were to be reassessed based on the new scope.
- Developed and presented the SS-A updated plan to AHCA.
- Obtained AHCA approval for the identified scope.



- Reviewed and analyzed the baseline MITA 3.0 SS-A from 2018.
- Reviewed and analyzed AHCA's internal documentation, APD, and system change orders to identify and understand the current state.
- Confirmed understanding of changes to the current state related to the FMMIS and DSS and the implementation of known initiatives.
- Identified new projects and confirmed whether projects identified in the 2018 assessment were completed or still in flight.
- Analyzed and documented the As-Is and the desired advancement for the To-Be maturity levels for BA, IA, TA and the Conditions and Standards.
- Developed the five-year MITA Roadmap.
- Updated and produced the P-1: Revised MITA SS-A and Update Process deliverable.
- Updated the MITA SS-A documentation to be stored in the AHCA MITA Repository.

2.4 2019 SS-A UPDATE SCOPE

As mentioned above in Section 2.3, the FX Project Team provided the SEAS Vendor with guidance on the scope of the project. The FX Project Team approved the SEAS Vendor's recommendation to reassess the 23 MITA business processes that spanned all 10 MITA business areas. The recommendation was developed using AHCA's identified scope, which was based on the upcoming procurements of the integration components and the first two modules AHCA plans to implement as a part of the Florida FX Project, i.e., the EDW and a Provider module. These 23 business processes focus on information management across the 10 MITA business areas and all provider-related business processes.

Exhibit 2-6: 2019 MITA SS-A Scope below shows the 23 business processes that were selected for reassessment for the BA and illustrates the 10 MITA business areas reassessed for the IA, TA, and Conditions and Standards.



Business Architecture Assessment									
Business Relationship Management	Care Management	Contractor Management	Eligibility & Enrollment Management	Financial Management	Member Management	Operations Management	Performance Management	Plan Management	Provider Management
BR03-Manage Business Relationship Information	CM02-Manage Case Information	CM01-Manage Contractor Information	EE05-Determine Provider Eligibility	FM06-Manage Accounts Receivable Information	ME01-Manage Member Information <small>1/2019 MITA V.2.01</small>	OM28-Manage Data	PE03-Manage Compliance Incident Information	PL01-Develop Agency Goals and Objectives	PM01-Manage Provider Information
			EE06-Enroll Provider	FM13-Manage Accounts Payable Information		OM29-Process Encounter		PL04-Manage Health Plan Information	PM02-Manage Provider Communication
			EE07-Disenroll Provider	FM17-Manage Budget Information				PL06-Manage Health Benefit Information	PM03-Perform Provider Outreach
			EE08-Inquire Provider Information					PL07-Manage Reference Information	PM07-Manage Provider Grievance and Appeals
									PM08-Terminate Provider
Information Architecture Assessment									
Technical Architecture Assessment									
Seven Conditions and Standards Assessment									

Exhibit 2-6: 2019 MITA SS-A Scope

For the business processes not selected, the maturity levels established during the most recent SS-A and supporting documentation were carried forward to complete the 2019 MITA SS-A update. In addition to the 23 processes that were reassessed in 2019, the update includes the carried forward assessments for 37 processes that were originally assessed in 2012, and 18 processes that were reassessed in 2014.

Summaries of the BA, IA, and TA assessments for the 10 MITA Business Areas, including additional information addressing performance measures and steps needed to achieve the To-Be maturity levels, are discussed in Section 3, the 2019 MITA SS-A update.



SECTION 3 2019 MITA SS-A UPDATE

The updated MITA SS-A is the result of the SEAS Vendor’s analysis of changes in MITA maturity that have occurred since the 2018 SS-A. The 2018 SS-A update was produced through workshops and interviews conducted with AHCA subject matter experts (SMEs) in February, March, and April of 2018, and includes information from the 2012 complete baseline SS-A and the 2014 SS-A update. To determine the current and projected MITA capability for the processes within the BA, IA, TA and the Conditions, AHCA determined that the 23 business areas reviewed in 2018 would be revisited in 2019. **Exhibit 2-6: 2019 MITA SS-A Scope** identifies the business processes that were reviewed and are reflected in this updated 2019 MITA SS-A and Roadmap.

The following subsections from 3.1-3.10 provide narrative descriptions of the updated assessment. Each section is dedicated to each of the 10 MITA Business areas and summarizes the As-Is and To-Be maturity levels for all three architectures (Business, Information, and Technical) for the 2019 update. It includes the updated As-Is and To-Be scores that were reassessed as well. Section 3.11 summarizes the Conditions and Standards maturity level by each of the 10 MITA business areas.

3.1 BUSINESS RELATIONSHIP MANAGEMENT

The Business Relationship Management business area encompasses all activities by AHCA related to managing relationship agreements, which are primarily executed to exchange confidential or sensitive data. The business processes within this business area include functions associated with establishing the agreements, identifying what types of information can be exchanged, and the security protocols related to the information. These business processes also relate to aiding business partners, as well as managing agreement modification requests and cancellations.

The 2019 MITA 3.0 SS-A updated the BR03 – Manage Business Relationship Information to support the information needed for the upcoming EDW procurement. The remaining business process assessments for this business area are based on the 2012 MITA 3.0 SS-A.

The profiles in **Exhibit 3-1: Business Relationship Management Profile** show the Business Relationship Management’s current and projected five-year maturity levels for Business, Information, and Technical.

BUSINESS RELATIONSHIP MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 1
BR01 - Establish Business Relationship	Level 2	Level 2
BR02 - Manage Business Relationship Communication	Level 1	Level 1
BR03 - Manage Business Relationship Information	Level 1	Level 2
BR04 - Terminate Business Relationship	Level 1	Level 1



BUSINESS RELATIONSHIP MANAGEMENT PROFILE	AS-IS	TO-BE
Information Architecture	Level 1	Level 1
Data Management Strategy	Level 1	Level 1
Conceptual Data Model	Level 2	Level 2
Logical Data Model	Level 2	Level 2
Data Standards	Level 2	Level 2
Technical Architecture	Level 1	Level 1
Access and Delivery	Level 1	Level 1
Intermediary and Interface	Level 1	Level 1
Integration and Utility	Level 1	Level 1

Exhibit 3-1: Business Relationship Management Profile

3.1.1 BUSINESS ARCHITECTURE

Overall, the assessment for the Business Relationship Management business area determined the activities within this business area are at a MITA Level 1 since three of the four business processes are manually intensive technical processes. The BR03 – Manage Business Relationship Information business process was reassessed as maturing to a MITA Level 2 since it is using a mix of manual and automated processes.

Since previous assessments of this entire business area in 2012, AHCA implemented an Agency-wide tracking system to manage business relationship agreements and contracts. The Novatus Contract Administration Tracking System (CATS) is a paperless contracting solution with DocuSign Electronic Solution capabilities. CATS is currently used to track and route agreements by the Medicaid Program Integrity (MPI) Unit. Medicaid is in the process of moving all contracts to Novatus; however, this does not currently include provider agreements. Provider agreements are stored in the provider files managed by the fiscal agent provider enrollment section. They are imaged and available for viewing by staff with FMMIS and OnBase access. Other contracts are stored in separate locations and are not centralized or easily accessible to the Medicaid Enterprise. While CATS produce reports and shares information with the State's accounts payable system, Florida Accounting Information Resource (FLAIR), information must be manually entered into the system.

The Medicaid Program developed a template for a Business Relationship Agreement for sharing Medicaid data. While this template contains much of the state and national requirements for sharing and using Medicaid data, there is a manual component to tailor the agreement to the specific needs of the partner. This template saves time and reduces errors but still requires manual intervention.

Development of a Business Relationship Agreement template and tracking contracts and agreements through CATS improves timeliness and workflow processing. Future maturity level increases can be realized with interagency sharing of information through CATS, improved



automation in workflow across the enterprise, and more standardization in the agreement templates.

3.1.2 INFORMATION ARCHITECTURE

The Business Relationship Management business area relates to interagency agreements, data sharing agreements and other agreements that do not require payment for services, which would result in the need for a contract.

The functions within Business Relationship Management do not currently interface with the FMMIS system. Although the business processes do take place within AHCA, there is no direct interaction with the FMMIS system, so AHCA's governance of data is limited. Therefore, the As-Is maturity was determined to be a Level 1 and is not expected to advance beyond that level due to the lack of a common data architecture for this business area. The Agency had matured in all other areas within data management standards, CDM, LDM, and data standards but further maturity is limited by the ability for Florida sister agencies and their systems to align in the next five years.

3.1.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Business Relationship Management is a Level 1.

This business area is not performed within the FMMIS but is a mix of manual and automation procedures performed across the Agency. The vendor developed system, CATS, is used to track contracts and Business Relationship Management Agreements. The system generates reports but does not receive information from outside sources. All input is manual by a limited group of users.

The Agency expects no advancement in Technical Service Classifications (TSC) maturity within the next five years.

3.2 CARE MANAGEMENT

The Care Management business area focuses on the needs of the individual member, their treatment plan needs, health outcomes, and health status. The business processes support individual care management and population management, particularly those target groups with similar characteristics. Care Management includes Disease Management, Catastrophic Case Management, Child Health Check-Up (CHCUP), Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, Population Management, Patient Self-Directed Care Management, national health registries, and Waiver Program Case Management. The Care Management business area is responsible for case management, authorizations, referrals, and treatment plans' data stores.

The 2018 MITA 3.0 SS-A updated the CM02 – Manage Case Information to support the information needed for the upcoming EDW procurement. The remaining business process



assessments for this business area are based on the 2012 MITA 3.0 SS-A and 2014 MITA 3.0 SS-A.

The profiles in **Exhibit 3-2: Care Management Profile** show the Care Management’s current and projected five-year maturity levels for Business, Information, and Technical.

CARE MANAGEMENT PROFILE	As-Is	To-BE
Business Architecture / Business Processes	Level 1	Level 1
CM01 - Establish Care	Level 1	Level 2
CM02 - Manage Case Information	Level 1	Level 2
CM03 - Manage Population Health Outreach	Level 1	Level 2
CM04 - Manage Registry	Level 1	Level 2
CM05 - Perform Screening and Assessment	Level 1	Level 2
CM06 - Manage Treatment Plan and Outcomes	Level 1	Level 2
CM07 - Authorize Referral	Level 1	Level 1
CM08 - Authorize Service	Level 2	Level 3
CM09 - Authorize Treatment Plan	Level 1	Level 2
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 2
Conceptual Data Model	Level 2	Level 2
Logical Data Model	Level 2	Level 2
Data Standards	Level 2	Level 2
Technical Architecture	Level 1	Level 2
Access and Delivery	Level 2	Level 3
Intermediary and Interface	Level 1	Level 3
Integration and Utility	Level 1	Level 2

Exhibit 3-2: Care Management Profile

3.2.1 BUSINESS ARCHITECTURE

Within AHCA, the function of Care Management is delegated to sister agencies through interagency agreements or is contracted to vendors, specifically to the Statewide Medicaid Managed Care (SMMC) health plans. Although some cases may be identified by AHCA staff, the actual cases are managed by the specialized vendors with expertise in managing medically complex and developmentally disabled recipients.

The Agency for Persons with Disabilities (APD) and the Department of Elder Affairs (DOEA) continue to develop new case management systems funded with enhanced federal funding that will be part of the Florida Medicaid Enterprise once they are implemented. The Medicaid Fiscal Agent Operations (MFAO) bureau initiated the APD Interface Enhancement Project (APD



Interface) to update FMMIS to accommodate information from the new case management system. FMMIS can receive, adjudicate, and return processed claim details to APD. The project team has coded FMMIS to connect with the APD system to the extent possible, but the project is temporarily on hold until APD completes their implementation later in the fall of 2019. MFAO will need to coordinate changes to FMMIS to accommodate the DOEA system implementation.

- The CM01 – Establish Case process was assessed at Level 1, as it is primarily a manual process. The Agency felt that the rating would increase to Level 2 or 3 for the remaining quality measures, because of the new APD system and the implementation of SMMC. Further improvements would be realized if data sharing with other State agencies is improved.
- The CM02 – Manage Case Information process was assessed at Level 1, because the processes involved are primarily manual. The process could improve to Level 2 with more automated data sharing with other State agencies and with the development of performance measures to monitor the accuracy and efficiency of the process.
- The CM03 – Manage Population Health Outreach and CM04 – Manage Registry processes were assessed Level 1, because they are performed outside of FMMIS, but could increase to Level 2 if an interface with the FMMIS were to be developed.
- The CM05 – Perform Screening and Assessment and CM06 – Manage Treatment Plan and Outcomes processes are assessed Level 1, because they are performed outside of the Medicaid Agency by sister agencies and rely on some manual processes. They could improve to Level 2, with the procurement of a new care management system.
- The CM07 – Authorize Referral process is assessed Level 1, because it is not currently being performed by Agency systems due to the shift to managed care. While the Agency has the capability to carry out this process, there are no plans to do so.
- The CM08 – Authorize Service process is currently assessed Level 2, because it is partially automated but relies on some manual input by nurses or providers. The process could move to Level 3 with improvements in the new FMMIS, as well as employment of technology such as optical character recognition, and refining of rules for non-complex service authorizations to make them automatic.
- The CM09 – Authorize Treatment Plan process is currently Level 1, because the initial review to authorize the treatment plan is labor-intensive. The process is expected to move to Level 2 with the implementation of the new case management system being implemented by APD. In addition, the Agency would like to allow recipients access to their service authorizations.

3.2.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Care Management is a Level 2 and is not expected to advance beyond that level. There is a goal by AHCA to move in the direction of managing and



storing data in a single enterprise-wide data warehouse, but to align all Florida sister agencies and their systems will take more than five years.

Below are initiatives planned with the FX Project within the next five years that would improve this business area and help advance to a higher maturity level:

- Adoption of the FX governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls are planned to advance data governance to a To-Be Level of 3.
- Adoption of FX common data standards and modeling across the enterprise will decrease resource expenditure and increase enterprise knowledge is planned to advance to a To-Be Level of 3.
- Adoption of statewide standard data definitions, data semantics, data and harmonization strategies are planned in the next five years to promote the To-Be to a Level 3.

3.2.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Care Management is a Level 1. The Agency expects 13 of the 15 TSCs to advance in maturity within the next five years.

The Agency anticipates that the FX Project will enable maturity through structured data governance and increased analytics capabilities with the EDW, multi-factor authentication, and full MITA integration into the Agency enabling IT standards and policies. The Agency's new managed care contracts with their defined performance standards and metric will also assist in maturing this business area.

Below are some items that would improve this business area and help them advance to a higher maturity level:

- **Client Support** – New FX modules will further enhance beneficiary and provider access to appropriate Medicaid business functions via portals with a single online access point.
- **Business Intelligence** – The FX implementation and new EDW will enable adoption of a strategic business intelligence environment with defined governance policies and enforcement maturing to a To-Be Level 4.
- **Forms and Reporting** – The FX Project and technology provided by the IS/IP vendor will enable real-time submission of claims, clinical, and other reporting information allowing maturity to increase to a To-Be Level 4.
- **Performance Measurement** – The new managed care contracts adopt defined performance standards and metrics. The contracts will enable the Agency to define performance measures and metrics for specific business processes for collection and reporting of performance standards maturing to a To-Be Level 3.



- **Security and Privacy** – Single Sign-On (SSO) will provide member and providers access to services online via mobile device and support automatic user authentication. The Agency will provide staff with SSO functionality to most of the applications in the enterprise and restrict access to data elements based on defined access roles maturing to a To-Be Level 3.
- **Business Process Management (BPM)** – FX implementation of governance, strategy, and standards will enable the Agency to conform with nationally recognized BPM standards for full integration of the MITA initiative with business, architecture, and data within the intrastate maturing to a To-Be Level 3.
- **Relationship Management** – FX implementation of an Integration Platform (IP) service will enable the Agency to adopt intrastate basic Business Relationship Management (BRM), including tracking relationships between Medicaid system users and the services requested and received. In addition, providing service support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards maturing to a To-Be Level 3.
- **Data Connectivity** – IP Services will allow for the use of canonical data models to communicate between different data formats. The Agency will adopt enterprise integration strategy enabling the easy exchange of information with intrastate agencies and entities maturing to a To-Be Level 4.
- **Service Oriented Architecture** – The IP Services will include an ESB, automated arrangement, coordination, and management of the components of the FX modules and projects. The Agency will conduct system coordination between intrastate agencies and some external entities maturing to a To-Be Level 3.
- **System Extensibility** – The IP Services will use web services for improved coordination and integration with the Department of Health and Human Services (HHS) maturing to a To-Be Level 3.
- **Configuration Management** – The FX implementation and IP will enable the Agency to use technology-neutral interfaces that localize and minimize the impact of the introduction of new technology. The Agency will still use a mixture of manual and automated Configuration Management methodology maturing the To-Be to a Level 2.
- **Data Access and Management** – The FX Project and full integration of MITA will enable the Agency to conduct information exchange (internally and externally) using MITA Framework and other nationally recognized standards. The Agency has information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema maturing to a To-Be Level 3.
- **Decision Management** – The Agency uses standardized business rules definitions that reside in a separate application or business rules engine. A rules editor maintains the current version of standardized business rules definitions in a language that businesspeople can interpret and transforms them into machine language to automate them remaining at a maturity of Level o3.
- **Logging** – SSO and multifactor authentication will allow the Agency to conduct user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards, role-based



authorization to system resources using log-on credentials maturing to a To-Be Level 3.

- **Utility** – The Agency will use System Development Life Cycle (SDLC) governance activities, adopting all industry standards for requirements, development, and testing phases of FX projects or modules that impact business processes or technical task maturing to a To-Be Level 3.

3.3 CONTRACTOR MANAGEMENT

The Contractor Management business area encompasses all aspects of selecting and managing the services delegated to a contracted organization. This configuration of business processes represents the end-to-end process for a contracting cycle.

One process in this business area was reassessed in the 2019 MITA SS-A. The remaining business process maturity levels for this business area are based on the assessment that was completed in 2012.

The profiles in **Exhibit 3-3: Contractor Management Profile** show the Contractor Management's current and projected five-year maturity levels for Business, Information, and Technical Architectures.



CONTRACTOR MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 1
CO01 - Manage Contractor Information	Level 2	Level 2
CO02 - Manage Contractor Communication	Level 1	Level 1
CO03 - Perform Contractor Outreach	Level 1	Level 2
CO04 - Inquire Contractor Information	Level 1	Level 2
CO05 - Produce Solicitation	Level 1	Level 2
CO06 - Award Contract	Level 1	Level 2
CO07 - Manage Contract	Level 1	Level 2
CO08 - Close Out Contract	Level 1	Level 2
CO09 - Manage Contractor Grievance and Appeal	Level 1	Level 2
Information Architecture	Level 1	Level 2
Data Management Strategy	Level 1	Level 2
Conceptual Data Model	Level 1	Level 2
Logical Data Model	Level 1	Level 2
Data Standards	Level 1	Level 2
Technical Architecture	Level 1	Level 1
Access and Delivery	Level 1	Level 1
Intermediary and Interface	Level 1	Level 1
Integration and Utility	Level 1	Level 1

Exhibit 3-3: Contractor Management Profile

3.3.1 BUSINESS ARCHITECTURE

The Contractor Management business area is primarily manual and requires interaction with areas of State government that enforce State procurement rules. For this reason, it is assessed overall at a Level 1. The procurement processes are not controlled by AHCA or Florida Medicaid. Since the previous full assessment of this business area in 2012, AHCA implemented an Agency-wide tracking system to manage business relationship agreements and contracts. Novatus CATS is a paperless contracting solution with DocuSign Electronic Solution capabilities. CATS is currently used to track and route agreements by the MPI Unit. Medicaid is in the process of moving all contracts to Novatus. While the CATS system produces reports and shares information with the State's accounts payable system, FLAIR, information must be manually entered into CATS.

Contractor Management business area is primarily manual and assessed at a maturity of Level 1 that may progress over the next five years to a maturity of Level 2. Within the MITA 3.0 guidelines there is an emphasis for maturity Levels 3, 4, and 5 to begin sharing contractor grievance and appeals information within the State and eventually with other states and CMS.



This added emphasis should be considered if a decision is made to build an automated contractor database to manage all contractor issues.

In 2018 and 2019, the CO01 – Manage Contractor Information business process was reassessed at a Level 2. The process has advanced in maturity with the implementation and Agency-wide use of CATS t. Plans to enhance the communication and connectivity of CATS with other State agencies is not scheduled to occur over the next five years and this business process will remain at a Level 2 maturity level.

3.3.2 INFORMATION ARCHITECTURE

Contractor Management (CO) captures information related to contractors, including managed care plans. The functions within CO do not currently interface with the FMMIS. While AHCA does conduct the CO business processes, there is not an interface with the FMMIS to store or exchange data. Any information derived from Contractor Management is processed through disparate systems.

The Agency determined that the overall IA MITA Maturity Level for Contractor Management is Level 1 and is expected to advance to a To-Be Level 2.

Below are the initiatives planned with the FX Project within the next five years that would improve this business area and help advance to a To-Be Level 2 maturity level:

- Adoption of the FX governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls are planned to maintain data governance at a To-Be Level of 2.
- Adoption of Agency policies and procedures for enterprise modeling to promote standardization is planned to advance to a To-Be Level of 2.
- FX implementation should assist in the development of Medicaid centralized data and information exchange formats to mature to a To-Be Level of 2.
- There are plans to share more data within State agencies within the next five years.

3.3.3 TECHNICAL ARCHITECTURE

The Agency determined that the overall TA MITA Maturity Level for Contract Management is a Level 1.

This business area is not performed within FMMIS but is a mix of manual and automation procedures performed across the Agency. The vendor developed system, CATS, is used to track contracts and agreements. The system generates reports but does not receive information from outside sources. All input is manual by a limited group of users.

The Agency expects no advancement in TSCs maturity within the next five years.



3.4 ELIGIBILITY AND ENROLLMENT MANAGEMENT

The Eligibility and Enrollment Management business area centers on activities for determination of eligibility and enrollment of new applicants, redetermination of existing recipients, enrolling new providers, and revalidation of existing providers. The Provider Enrollment business process revolves around patient safety and fraud prevention through functions such as determining screening level (i.e., limited, moderate, or high) for provider verifications. There is a common set of provider-related data shared among these business processes for determination of eligibility, enrollment and inquiry to provide services. The eligibility and enrollment information of both the member data and provider data are covered within this business area.

The 2018 and 2019 MITA 3.0 SS-A updated EE05 – Determine Provider Eligibility, EE06 – Enroll Provider, EE07 – Disenroll Provider, and EE08 – Inquire Provider Information to support the information needed for the upcoming procurement of a Provider module. The remaining business process assessments for this business area are based on the 2014 MITA 3.0 SS-A.

The profiles in **Exhibit 3-4: Eligibility and Enrollment Management Profile** show the Eligibility and Enrollment Management’s current and projected five-year maturity levels for Business, Information, and Technical Architectures.

ELIGIBILITY AND ENROLLMENT MANAGEMENT PROFILE	As-Is	To-Be
Business Architecture / Business Processes	Level 1	Level 2
EE01 – Determine Member Eligibility	Level 2	Level 3
EE02 – Enroll Member	Level 3	Level 4
EE03 – Disenroll Member	Level 3	Level 4
EE04 – Inquire Member Information	Level 3	Level 4
EE05 – Determine Provider Eligibility	Level 2	Level 2
EE06 – Enroll Provider	Level 2	Level 2
EE07 – Disenroll Provider	Level 2	Level 2
EE08 – Inquire Provider Information	Level 1	Level 2
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 2
Conceptual Data Model	Level 2	Level 3
Logical Data Model	Level 2	Level 3
Data Standards	Level 2	Level 3
Technical Architecture	Level 2	Level 3
Access and Delivery	Level 2	Level 3
Intermediary and Interface	Level 2	Level 3
Integration and Utility	Level 3	Level 3



Exhibit 3-4: Eligibility and Enrollment Management Profile

3.4.1 BUSINESS ARCHITECTURE

The business processes to determine provider eligibility and enroll a provider are largely automated but there is still extensive manual review required by the MFAO staff. The Provider Services Unit within the Bureau of MFAO, processes approximately 99% of Medicaid provider enrollment applications via the online application process. As a part of the process, the MFAO staff must manually search potential provider information via a web page for each provider enrollment application. There is also an issue within the FMMIS which will not allow location enrollments to be added to the providers file unless there is an exact match on the provider name which requires manual intervention. A wizard checklist assists providers in identifying the necessary information to submit a complete application. An Express Enrollment initiative is underway to automatically certify Referring, Ordering, Prescribing, and Attending (ROPA) practitioners, with plans to include other types of licensed providers as applicable.

The EE07 – Disenroll Provider process has been partially automated to disenroll providers based on information from State and federal data sources, such as, Department of Health (DOH) file, List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), AHCA's Background Screening Clearinghouse, and the Provider Enrollment Chain and Ownership System (PECOS).

- The EE01 – Determine Member Eligibility process is at Level 2, because stakeholder input is not gathered in a comprehensive fashion. In other quality measures, the process is performed at a Level 3 by the Department of Children and Families (DCF) in accordance with the MITA Framework and industry standards. The process is expected to improve to Level 3 or higher, with the implementation of the new rules-engine for Supplemental Security Income (SSI)-related Medicaid, and the use of an interstate information exchange to identify dual participation.
- The other three Member Eligibility processes are assessed Level 3, because they are performed in accordance with the MITA Framework and industry standards for data exchange. They are expected to move to Level 4 with the advent of real-time processing, implementation of shared enrollment services for the Modified Adjusted Gross Income (MAGI) population, elimination of the nightly batch file, electronic delivery of information on enrollment services and requirement of the X12 270 and X12 271 transactions.
- The EE05 – Determine Provider Eligibility and EE06 – Enroll Provider business processes are assessed Level 2, being performed in the FMMIS according to predefined contracts, using manual input, and resulting in multiple entries for providers with multiple contracts. The maturity level for EE05 – Determine Provider Eligibility and EE06 – Enroll Provider are anticipated to remain at Level 2 for the next five years.
- The EE07 – Disenroll Provider and the EE08 - Inquire Provider Information processes are currently at a Level 2 and Level 1, respectively. Further automation will improve the process, but they will not progress past a Level 2 as these processes require manual interventions.



3.4.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Eligibility and Enrollment is at a Level 2 and is not expected to advance beyond that level. There is a goal by AHCA within the FX Project to move in the direction of managing and storing data in a single enterprise-wide data warehouse, but to get all Florida sister agencies and their systems aligned will take more than five years. For example, the DOEA is implementing a new system that will capture more efficiently in-home care services by providers. It is unlikely that this data will be stored at the enterprise-level in the next five years.

Below are the initiatives planned with the FX Project within the next five years that would improve this business area and help advance it towards a To-Be Level 3 maturity level:

- Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.
- There are plans to share more data between State agencies.
- Development of LDMs that identify the data classes, attributes, relationships, data standards, and code sets for intrastate exchange.
- Development of CDMs that depict the business area high-level data and general relationships for intrastate exchange.

3.4.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Eligibility and Enrollment Management is a Level 2. The Agency expects 8 of the 15 TSCs to advance in maturity within the next five years.

The FX Project's structure will facilitate maturity through better data governance, IT standards and policies, enterprise modeling, and business rules. The development of the EDW and expanded use of business intelligence tools will increase analytics capabilities. The interoperability service will allow for improved integration and multi-factor authentication.

Below are some items that should improve this business area and help them advance to a higher maturity level:

- **Client Support** – New FX modules will further enhance member and provider access to appropriate Medicaid business functions via a portal with single online access point. However, this area is expected to remain a Level 3 maturity level.
- **Business Intelligence** – The new EDW and expanded use of business intelligence tools will enable adoption of a strategic business intelligence environment with defined governance policies and enforcement maturing to a To-Be Level 4.
- **Forms and Reporting** – The FX Project will enable real-time submission of claims, clinical, and other reporting information will enable maturity to increase to a To-Be Level 4.



- **Security and Privacy** – Adopting multi-factor authentication, Agency users will authenticate credentials and authorization functions maturing to a To-Be Level 4.
- **Business Process Management** – The FX Project will allow the Agency to align and advance in MITA maturity for business, architecture, and data. The Agency will have full integration of the MITA initiative with business, architecture, and data within the interstate maturing to a To-Be Level 4.
- **Relationship Management** – FX implementation and the EDW will enable the Agency to adopt business analytics for its BRM, provide personalization capabilities to beneficiaries, providers, and business partners, and support using a cross-enterprise services registry maturing to a To-Be Level 4.
- **Data Connectivity** – IP Services will allow for the use of canonical data models to communicate between different data formats. The Agency will adopt enterprise integration strategy enabling the easy exchange of information with intrastate agencies and entities maturing to a To-Be Level 4.
- **Service Oriented Architecture** – The IP Services will include a MITA recommended ESB using Service Oriented Architecture (SOA) and SDLC methodologies to ensure improved coordination and integration maturing to a To-Be Level 4.
- **System Extensibility** – The IP Services will use web services for improved coordination and integration with HHS remaining at a Level 3 maturity level.

3.5 FINANCIAL MANAGEMENT

The largest of the business areas, Financial Management, has 19 business processes to address the payment of providers, health plans and other agencies, and the receipt of payments from other insurers, providers, and member premiums. The processes in Financial Management relate to the activities performed by AHCA's Finance and Accounting area. The Financial Management business processes are grouped into three categories:

- Accounts Receivable Management
- Accounts Payable Management
- Fiscal Management

The 2018 and 2019 MITA 3.0 SS-A updated FM06 – Manage Accounts Receivable Information, FM13 – Manage Accounts Payable Information, and FM17 – Manage Budget Information to support the information needed for the upcoming EDW procurement. The remaining business process assessments for this business area are based on the 2012 and the 2014 MITA 3.0 SS-A.

The profiles in **Exhibit 3-5: Financial Management Profile** show the Financial Management's current and projected five-year maturity levels for BA, IA, and TA.



FINANCIAL MANAGEMENT PROFILE	As-Is	To-BE
Business Architecture / Business Processes	Level 1	Level 1
FM01 – Manage Provider Recoupment	Level 2	Level 2
FM02 – Manage Third Party Liability (TPL) Recovery	Level 2	Level 2
FM03 – Manage Estate Recovery	Level 1	Level 1
FM04 – Manage Drug Rebate	Level 2	Level 3
FM05 – Manage Cost Settlement	Level 2	Level 2
FM06 – Manage Accounts Receivable Information	Level 2	Level 2
FM07 – Manage Accounts Receivable Funds	Level 2	Level 2
FM08 – Prepare Member Premium Invoice	Level 1	Level 1
FM09 – Manage Contractor Payment	Level 1	Level 1
FM10 – Manage Member Financial Participation	Level 1	Level 1
FM11 – Manage Capitation Payment	Level 2	Level 2
FM12 – Manage Incentive Payment	Level 2	Level 2
FM13 – Manage Accounts Payable Information	Level 2	Level 3
FM14 – Manage Accounts Payable Disbursement	Level 2	Level 2
FM15 – Manage 1099	Level 2	Level 2
FM16 – Formulate Budget	Level 1	Level 1
FM17 – Manage Budget Information	Level 1	Level 1
FM18 – Manage Fund	Level 2	Level 2
FM19 – Generate Financial Report	Level 2	Level 2
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 2
Conceptual Data Model	Level 2	Level 2
Logical Data Model	Level 2	Level 2
Data Standards	Level 2	Level 2
Technical Architecture	Level 1	Level 2
Access and Delivery	Level 2	Level 3
Intermediary and Interface	Level 2	Level 2
Integration and Utility	Level 1	Level 2

Exhibit 3-5: Financial Management Profile

3.5.1 BUSINESS ARCHITECTURE

The Financial Management business processes are grouped into three subcategories:

- Accounts Receivable Management



- Accounts Payable Management
- Fiscal Management

The 2019 SS-A assessed one business process within each of the subcategories. The subcategory and the updated business process are described below.

3.5.1.1 ACCOUNTS RECEIVABLE MANAGEMENT

The eight Accounts Receivable Management business processes are:

- FM01 – Manage Provider Recoupment
- FM02 – Manage TPL Recovery
- FM03 – Manage Estate Recovery
- FM04 – Manage Drug Rebate
- FM05 – Manage Cost Settlement
- FM06 – Manage Accounts Receivable Information
- FM07 – Manage Accounts Receivable Funds
- FM08 – Prepare Member Premium Invoice

All business processes are performed in FMMIS through a mix of manual and automated processes and were assessed at a Level 2 maturity level except for FM03 – Manage Estate Recovery and FM08 – Prepare Member Premium Invoice, which were assessed both at a Level 1 since they are manually intensive technical processes. FM03 – Manage Estate Recovery relies on the monthly issuance of probate lists from all of Florida's 67 counties and only through these lists can it be determined which cases may be eligible for estate recovery. For Florida Medicaid, the FM08 – Prepare Member Premium Invoice process is split between the FMMIS and the TPL vendor. For the Medicare Buy-In Program, the fiscal agent prepares one premium invoice monthly for all recipients. Also, there is a new Health Insurance Premium Payment (HIPP) in which AHCA has considered participating at a date to be determined. For this program, SSI recipients and recipients with chronic and high cost conditions who have access to private health insurance will have their private insurance paid by the State. For those qualifying recipients, the TPL vendor will prepare the member's premium invoice.

The Level 2 business processes operate as described in the respective business process models. To advance to Level 3, AHCA will need to be able to exchange information with other State agencies based on MITA Framework and industry standards.

In 2018 and 2019, the FM06 – Manage Accounts Receivable business process was assessed at a Level 2 maturity level and will remain at Level 2 over the next five years for the Medicaid Enterprise. AHCA currently uses multiple internal systems across the enterprise to perform accounts receivable functions. A consolidated financial services system that utilizes the new



EDW for analytics, reporting, and as a repository, will improve these processes. However, the connections with other State systems may limit the maturity progress.

3.5.1.2 ACCOUNTS PAYABLE MANAGEMENT

The Accounts Payable Management business processes are:

- FM09 – Manage Contractor Payment
- FM10 – Manage Member Financial Participation
- FM11 – Manage Capitation Payment
- FM12 – Manage Incentive Payment
- FM13 – Manage Accounts Payable Information
- FM14 – Manage Accounts Payable Disbursement
- FM15 – Manage 1099

Five of the Accounts Payable Management processes are performed in FMMIS through a mix of manual and automated processes and were assessed at a Level 2 maturity level. The Level 2 business processes operate as described in the respective business process models. The two remaining processes FM09 – Manage Contractor Payment and FM10 – Manage Member Financial Participation business processes were assessed at Level 1 and are manually intensive technical processes. FM09 – Manage Contractor Payment business process includes the activities necessary to receive and process invoices for services rendered by AHCA contractors such as Magellan, MED Solutions, Digital Imaging, and Centric Consulting, LLC. This business process is primarily a manual process. The FM10 – Manage Member Financial Participation process is linked to the FM08 – Prepare Member Premium Invoice process described in the Accounts Receivable Management category above. Premium payments are generated by FMMIS for the Medicare Buy-In Program, monthly and insurance payments are generated by the TPL vendor for the HIPP Program. These processes occur monthly and meet the Level 1 maturity description.

To advance to a higher level of maturity, the SMA will need to be able to automate the Level 1 processes and for the Level 2 process it will need to exchange information with other State agencies based on MITA Framework and industry standards. Additionally, the Agency expressed the need to be able to automate the risk factor calculation process for capitation payments to reduce costs.

In 2019, the FM13 – Manage Accounts Payable business process was assessed at a Level 2 maturity level and determined that it could advance to a maturity of Level 3 over the next five years for the Medicaid Enterprise. AHCA currently uses multiple internal systems across the enterprise to perform accounts payable functions. A consolidated financial services system that utilizes the new EDW for analytics, reporting, and a repository will improve these processes. However, the connections with other State systems may limit the maturity progress.



3.5.1.3 FISCAL MANAGEMENT

The Fiscal Management business processes are:

- FM16 – Formulate Budget
- FM17 – Manage Budget Information
- FM18 – Manage Fund
- Fm19 – Generate Financial Report

Two processes are performed in the FMMIS through a mix of manual and automated processes and were assessed at a Level 2 maturity level. They both operate as described in the respective business process models. The remaining two processes, FM16 – Formulate Budget and FM17 – Manage Budget Information business processes were assessed at Level 1 since they are manually intensive technical processes. The FM16 – Formulate Budget business process is not performed through a commercial-off-the-shelf (COTS) tool. Florida Medicaid uses a State-specific tool that is highly accurate and has no immediate plans to transition to a COTS tool. The FM18 – Manage Budget Information business process complies with nationally accepted standards and requirements. Managing the budget information in Florida is a manual process that uses State-specific procedures. Each year the Governor's Office and Legislature requests information from each of the State agencies through the Legislative Budget Request (LBR) process. This information is used in budget negotiations and may or may not be included in the General Appropriations Act or conforming bills that support the budget.

To advance to Level 3, the Agency will need to be able to exchange information through a regional hub based on MITA Framework and industry standards.

3.5.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Financial Management is a Level 2 and is not expected to advance beyond that level.

The Data Management Standards will mature towards a To-Be Level 3, based on the following activities planned with the FX Project within the next five years.

- Adoption of intrastate metadata repository where the Agency defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.
- Adoption of intrastate enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise knowledge.
- Adoption of statewide standard data definitions, data semantics, data, and harmonization strategies.



- Adoption of governance processes to promote data governance, data stewards, data owners, data policy, and controls within the intrastate enterprise.

3.5.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Financial Management is a Level 1 due to the capabilities in Configuration Management and Data and Access Management. It is expected for 10 of the 15 TSCs to advance in maturity within the next five years.

The FX Project will enable maturity through structured data governance and increased analytics capabilities with the EDW, SSO, system alerts, multi-factor authentication, full MITA integration into the Agency enabling IT standards and policies.

The level will progress in the next five years, based on the following:

- **Client Support** – The new FX modules will further enhance beneficiary and provider access to appropriate Medicaid business functions via a portal with a single online access point but will not mature sufficiently and will remain a To-Be Level 3.
- **Business Intelligence** – The FX implementation and new EDW will ensure that business intelligence information is available for specific business functions. However, the Agency limits access to a small group of stakeholders leaving the To-Be maturity at Level 3.
- **Forms and Reporting** – The FX Project and IP will enable online electronic forms and accept limited file type attachments. The Agency adopts periodic submission of electronic reports. Concerns regarding the ability to access real-time clinical data allowed the To-Be Level maturity to only increase to a 3.
- **Performance Measurement** – The FX implementation and modules will adopt defined performance standards and metrics. The contracts will enable the Agency to define performance measures and metrics for specific business processes for collection and reporting of performance standards maturing to a To-Be Level 3.
- **Security and Privacy** – SSO and multi-factor authentication will provide member and providers access to services online via a mobile device and support automatic user authentication. The Agency will provide staff with SSO functionality to most of the applications in the enterprise and restrict access to data elements based on defined access roles maturing to a To-Be Level 3.
- **Business Process Management** – FX implementation will enable the Agency to adopt specification and management of business processes in conformance with nationally recognized BPM standards with full integration of the MITA initiative with business, architecture and data within the intrastate and remain a maturity To-Be Level 3.
- **Relationship Management** – FX implementation will enable the Agency to adopt intrastate basic BRM, including tracking relationships between Medicaid system users and the services requested and received, support architecture that complies with MITA



Framework, industry standards, and other nationally recognized interface standards maturing to a To-Be Level 3.

- **Data Connectivity** – IP will allow the Agency to conduct electronic information exchange with multiple intrastate agencies via an information hub, perform advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions maturing to a To-Be Level 3.
- **System Extensibility** – IP will use web services for seamless coordination and integration with HHS maturing to a To-Be Level 3.
- **Configuration Management** – The FX implementation and the services provided by the IS/IP vendor will enable the Agency to use technology-neutral interfaces that localize and minimize the impact of the introduction of new technology. The Agency will still use a mixture of manual and automated Configuration Management methodology maturing the To-Be to a Level 2.
- **Data Access and Management** – The FX Project and full integration of MITA will enable the Agency to conduct information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards, perform data management storage optimization and consolidation techniques maturing to a To-Be Level 3.
- **Decision Management** – The Agency imbeds business rules in the core application code. Business rules execute in a batch-operating environment, document business rules as narrative description from which a developer creates programming code remaining at a To-Be Level 2.
- **Logging** – SSO and multifactor authentication will allow the Agency to conduct user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards, and role-based authorization to system resources using log-on credentials maturing to a To-Be Level 3.
- **Utility** – FX implementation will allow the Agency to use a set of computer programs to perform unique business and technical tasks in an event-driven environment. The Agency will use SDLC governance activities, adopting all industry standards for requirements, development, and testing phases of projects maturing to a To-Be Level 3.

3.6 MEMBER MANAGEMENT

The Member Management business area is a collection of business processes involved in communications between the SMA and the prospective or enrolled recipient and actions that the Agency takes on behalf of the recipient. This business area entails managing the recipient data store, coordinating communications and outreach with both prospective and current recipients as well as dealing with member grievance and appeals issues.

The Member Management business processes was not finalized and released by CMS; therefore, no workshops were conducted during the 2012 MITA 3.0 SS-A or the 2014 MITA 3.0



SS-A. CMS announced that business process descriptions would be released in late summer 2018 but have not been released to date.

The 2018 and 2019 MITA 3.0 SS-A contains updates to ME01 – Manage Member Information using the 2009 MITA SS-A, version 2.01 business process template, meeting notes, and assessment results to consider how the member data will be managed through the EDW procurement. The process was assessed and documented using the general descriptions noted in the MITA version 3.0 business capability matrix.

The profiles in **Exhibit 3-6: Member Management Profile** illustrate the new scores for the ME01 – Manage Member Information process using the 2009 version 2.01, and the remaining business processes that have not been assessed using version 3.0 criteria.

MEMBER MANAGEMENT PROFILE	As-Is	To-Be
Business Architecture / Business Processes	Level 2	Level 2
ME01 - Manage Member Information	Level 2	Level 2
ME02 - Manage Applicant and Member Communication	Not Assessed	Not Assessed
ME03 - Perform Population and Member Outreach	Not Assessed	Not Assessed
ME08 - Manage Member Grievance and Appeal	Not Assessed	Not Assessed
Information Architecture	Level 1	Level 2
Data Management Strategy	Level 1	Level 2
Conceptual Data Model	Level 1	Level 2
Logical Data Model	Level 1	Level 2
Data Standards	Level 1	Level 2
Technical Architecture	Level 1	Level 3
Access and Delivery	Level 1	Level 3
Intermediary and Interface	Level 2	Level 3
Integration and Utility	Level 1	Level 3

Exhibit 3-6: Member Management Profile

3.6.1 BUSINESS ARCHITECTURE

In Florida, the ME01 – Manage Member Information business process is responsible for managing all operational aspects of the member data store, which is the source of comprehensive information about applicants and recipients and their interactions with state Medicaid.

The source of truth for eligibility varies in Florida. For example, eligibility information comes from DCF’s eligibility and enrollment system Florida Online Recipient Integrated Data Access (FLORIDA), Social Security Administration (SSA), and Florida Healthy Kids Corporation (FHKC). These sources are collected in the FMMIS via interfaces and the recipient data



resides in the recipient functional area. Any permanent changes to the recipient record must be performed by DCF, SSA, or FHKC. AHCA uses the eligibility information to process claims and encounters in the FMMIS and it also turns over the eligibility information to the enrollment broker so that the enrollment broker can enroll the member into a SMMC health plan.

Eligibility files are managed through daily batch file updates. Error reports are automatically generated that show duplicates and other error conditions based on system rules. Duplicate files can be merged automatically and are validated for quality control; unmerging individual eligibility files remains a manual process completed by MFAO when necessary by coordinating with DCF staff. Once the files are updated, the information is available immediately and standardized notifications as described in Level 3 are sent but not immediately following the update. All updates are date stamped to maintain an audit trail. The process meets the Level 2 general description.

The ME01 – Manage Member Information process will improve because of the FX Project. It is expected that once IS/IP is available, near real time processing of member information will be available.

3.6.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Member Management is a Level 1 and is expected to mature to a Level 2 due to planned activities within data management standards, conceptual data and LDMs, and data standards. This area was not reviewed during the 2014 MITA SS-A. AHCA has a goal for the FX Project to mature the member management business area through the EDW and an independent Member module.

3.6.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Member Management is a Level 1 due to the capabilities of Performance Measures, Configuration Management, and Logging. The Agency expects 13 of the 15 TSCs to advance in maturity within the next five years.

The FX Project will enable maturity through the FX implementation, statewide managed care contracts, structured data governance, and increased analytics capabilities with the EDW, SSO, a member portal, enhanced interoperability, multi-factor authentication, and IT standards and policies.

The Member Management maturity level will progress in the next five years, based on the following:

- **Client Support** –The new FX modules will further enhance beneficiary and provider access to appropriate Medicaid business functions via a web portal with a single online access point but will not mature sufficiently and thus will remain a To-Be Level 3.
- **Business Intelligence** – The FX implementation and new EDW will ensure that the Agency adopts a strategic business intelligence environment with defined governance



policies and enforcement. Business objectives drive business analysis and performance management strategies with enterprise-wide performance standards and metrics for business analysis maturing to a To-Be Level 4.

- **Forms and Reporting** – The FX Project and IP will enable online electronic forms and accept limited file type attachments. The Agency adopts periodic submission of electronic reports. Concerns regarding the ability to access real time clinical data allowed the To-Be maturity to only increase to a Level 3.
- **Performance Measurement** – The FX implementation and modules will adopt defined performance standards and metrics. The contracts will enable the Agency to define performance measures and metrics for specific business processes for collection and reporting of performance standards maturing to a To-Be Level 3.
- **Security and Privacy** – SSO and multi-factor authentication will provide member and providers access to services online via mobile device and support automatic user authentication. The Agency will provide staff with SSO functionality to most of the applications in the enterprise and restrict access to data elements based on defined access roles maturing to a To-Be Level 3.
- **Business Process Management** – FX implementation will enable the Agency to adopt specification and management of business processes in conformance with nationally recognized BPM standards with full integration of the MITA initiative with business, architecture, and data within the intrastate and remain a maturity To-Be Level 3.
- **Relationship Management** – FX implementation and EDW will enable the Agency to adopt intrastate basic BRM, including tracking relationships between Medicaid system users and the services requested and received, provide services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards maturing to a To-Be Level 3.
- **Data Connectivity** – The IP Services will allow the Agency to use canonical data models to communicate between different data formats. The Agency will adopt an enterprise integration strategy, migrating from a point-to-point to message-based exchange and obtain information easily including exchanges with intrastate agencies and entities maturing to a To-Be Level 4.
- **Service Oriented Architecture** – IP will allow the Agency to adopt a MITA recommended ESB, use SOA and SDLC methodologies and ensure improved coordination and integration with intrastate agencies and entities, HIE and HIX maturing to a To-Be Level 3.
- **System Extensibility** – The IP Services will use web services for improved coordination and integration with HHS maturing to a To-Be Level 3.
- **Configuration Management** – The FX implementation, governance, and IP will enable the Agency to use Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The Agency will identify intrastate configuration items and baselines maturing to a To-Be Level 3.



- **Data Access and Management** – The FX Project and full integration of MITA will enable the Agency to conduct information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The Agency will use MITA Framework, industry standards, and other nationally recognized standards. Information residing in multiple locations, will be accessible to stakeholders providing uniform access in an intrastate mediated schema maturing to a To-Be Level 3.
- **Decision Management** – The FX implementation and future modules will use a rules engine that utilizes technical call-level interface using Application Programming Interface (API) standard and use Event Condition Action rules. The rules editor provides traceability, impact analysis, and capabilities so the Agency can evaluate changes across multiple areas, establish an integrated environment for development, authoring, and testing. The Agency uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates maturing to a To-Be Level 4.
- **Logging** – SSO and multifactor authentication will allow the Agency to conduct user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The Agency will use role-based authorization to access system resources using log-on credentials maturing to a To-Be Level 3.
- **Utility** – FX implementation will allow the Agency to use measured business services involving business activity monitoring along with event-driven dashboard information. The Agency has multiple enterprises involving shared Business-to-Business services maturing to a To-Be Level 4.

3.7 OPERATIONS MANAGEMENT

The Operations Management business area contains nine business processes. The numbering of these business processes in MITA version 3.0 is not in sequence due to the extensive changes made in the transition from MITA version 2.0 to 3.0. Operations Management focuses on payment and reporting to providers and claims adjudication, which includes fee-for-service claims from providers for reimbursement and encounter data from managed care entities.

The profiles in **Exhibit 3-7: Operations Management Profile** show the Operations Management’s current and projected five-year maturity levels for Business, Information and Technical Architectures.

OPERATIONS MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 2
OM04 – Submit Electronic Attachment	Level 1	Level 2
OM05 – Apply Mass Adjustment	Level 2	Level 2
OM07 – Process Claims	Level 2	Level 2
OM14 – Generate Remittance Advice	Level 2	Level 2



OPERATIONS MANAGEMENT PROFILE	AS-IS	TO-BE
OM18 – Inquire Payment Status	Level 2	Level 2
OM20 – Calculate Spend-Down Amount	Level 2	Level 2
OM27 – Prepare Provider Payment	Level 2	Level 2
OM28 – Manage Data	Level 2	Level 3
OM29 – Process Encounters	Level 2	Level 3
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 2
Conceptual Data Model	Level 2	Level 3
Logical Data Model	Level 2	Level 3
Data Standards	Level 2	Level 2
Technical Architecture	Level 2	Level 3
Access and Delivery	Level 3	Level 3
Intermediary and Interface	Level 2	Level 3
Integration and Utility	Level 2	Level 3

Exhibit 3-7: Operations Management Profile

3.7.1 BUSINESS ARCHITECTURE

All business processes within Operations Management are automated to some degree within the FMMIS structure except two, OM04 – Submit Electronic Attachment and OM20 – Calculate Spend-Down Amount, which is performed during the eligibility process by the DCF.

- The OM04 – Submit Electronic Attachment business process handles the receipt and association of supporting documents for transactions associated with Medicaid activities, i.e., claims and encounter submissions, prior authorizations and estate recovery. Florida Medicaid’s OM04 – Submit Electronic Attachment business process uses primarily a manual submission of paper with some automation and at least one contractor that uses a direct data entry into FMMIS, which places this business process at a Level 1. To move to a Level 2 for electronic attachments, the Agency will have to implement the use of X12 278 and 275 transactions.
- The Florida OM05 – Apply Mass Adjustment business process operates as described by CMS; modifications that affect payment or reporting are applied retroactively. In FMMIS, mass adjustments can be automatically applied to groups of like claims or to capitation payments. This business process is separate from the claims adjudication process where individual claims are corrected. The process currently meets all the Level 2 maturity level requirements but will not meet the Level 3 requirements of interfacing with the Health Insurance Exchange. There are currently no plans to develop this interface.



- The OM18 – Inquire Payment business process uses a mix of manual and automated activities that include Automated Voice Response Systems, direct data entry, web-enabled direct data entry, point of service (POS) devices for electronic claim status responses and submission of X12 276 transactions. This business process meets all the requirements of the Level 2 maturity level but will not advance to a Level 3 until a regional information hub is available for sharing information.
- The OM07 – Process Claim and OM29 – Process Encounter business processes through FMMIS are nearly identical with variations at the end of the processes related to payment to providers. The OM29 – Process Encounter business process captures the activities of managed care organizations at the member-level and became more important as Florida Medicaid relied more on the managed care model. While the result is different for claims and encounters, both use the same edits, audits, and National Correct Coding Initiative (NCCI) edits for adjudication processing. In 2019 a Level 2 maturity was assessed to the OM07 – Process Claim and the OM29 – Process Encounters business processes. Improvements in the processing of encounters could be achieved through the implementation of performance measures, use of a cloud environment and enhanced methods of sharing of encounter information with DOEA, and other state agencies. Encounter processing procedures and monitoring activities have improved since 2014 resulting in more timely and accurate processing, with the accuracy percentages within the 90% range. The business process could achieve higher maturity levels when encounter collection and processing is performed in a single system.
- The OM14 – Generate Remittance Advice and OM27– Prepare Provider Payment business processes represent the next steps after OM07 – Process Claim and OM29 – Process Encounter. OM14 – Generate Remittance Advice is also a business process intended to capture the activities of a managed care organization at the member-level. The Agency confirmed that these two processes are highly automated within FMMIS and run as intended, OM27 – Prepare Provider Payment differs from the MITA description in that it runs a weekly payment cycle, not a 24-hour payment cycle, as recommended in the Level 2 description. The process as described does run within the 24-hour limit, but a check or electronic funds transfer (EFT) is only released on a weekly basis.

The Agency confirmed that the OM28 – Manage Data business process or activities are fully automated and meet federal guidelines: Electronic Health Records (EHR) Incentive Program, Transformed-Medicaid Statistical Information System (T-MSIS), Buy-in and Child Health Check-up (CHCUP). The State has an interest in making the validation of the National Provider Identifier (NPI) with the National Plan and Provider Enumerator System (NPPES) a fully automated process but has not been able to elevate the priority of the request due to other more critical requests. Other activities, such as, the CMS-416 Reporting used to report CHCUP Medicaid expenditures utilize manual processes to assemble the data prior to reporting. Overall, this business process contains certain activities that need additional automation to advance above Level 2. To improve the OM28 – Manage Data to a Level 3, the Agency should increase automation of the data exchange with federal databases, definition of performance standards in the upcoming EDW solicitation and consolidate interagency data as a *single source of truth* within the Agency.



3.7.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Operations Management is Level 2 and is not expected to advance beyond that level. AHCA has a goal with the FX Project to mature in data governance, CDMs and LDMs. However, to get all Florida sister agencies and their systems aligned will take more than five years.

Below are the initiatives planned with the FX Project within the next five years that would improve this business area and help advance towards a To-Be Level 3 maturity:

- Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.
- Adoption of intrastate enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise knowledge.
- FX Project adoption of CDMs that depict the business area high-level data and general relationships for intrastate exchange is planned in the next five years.

3.7.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Operations Management is a Level 2. The Agency expects 14 of the 15 TSCs to advance in maturity within the next five years.

The FX Project will enable maturity through better data governance, increased analytics capabilities with the EDW, multi-factor authentication, improved integration, IT standards and policies.

Below are some items that would improve this business area and help them advance to a higher maturity level:

- **Business Intelligence** – The new EDW and expanded utilization of business intelligence tools enables adoption of a strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies with enterprise-wide performance standards and metrics for business analysis.
- **Forms and Reporting** – The FX Project will enable real-time submission of claims, clinical, and other reporting information.
- **Performance Measurement** – The EDW will allow for automatic system alerts and alarms when a performance metric is not within defined performance standard boundaries.
- **Security and Privacy** – Adopting multi-factor authentication, Agency users will authenticate via secure credentials and delivery of results to authentication and authorization functions.



- **Business Process Management** – FX implementation will enable the Agency to adopt specification and management of business processes in conformance with nationally recognized BPM standards with full integration of the MITA initiative with business, architecture, and data within the intrastate.
- **Relationship Management** FX implementation will enable intrastate BRM, including tracking relationships between Medicaid system users and the services requested and received.
- **Data Connectivity** – The IP Services will allow electronic information exchange with multiple intrastate agencies with advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions.
- **Service Oriented Architecture** – The IP Services will include a MITA recommended ESB using SOA and SDLC methodologies to improve coordination and integration.
- **System Extensibility** – The IP Services will use web services for improved coordination and integration with HHS.
- **Configuration Management** – FX implementation will enable the Agency to use Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products.
- **Data Access and Management** – The IP and FX standards will allow the Agency to conduct information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized semantic data standards.
- **Decision Management** – FX implementation with modular design will make use of standardized business rules definitions that reside in a rules engine as they become available to the module. Business rules will execute in a runtime environment. A rules editor will maintain the current version of standardized business rules definitions in a language that businesspeople can interpret and transforms them into machine language to automate them.
- **Logging** – SSO capabilities will conduct user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards with role-based authorization to system resources using log-on credentials.
- **Utility** – The Agency uses SDLC governance activities, adopts all industry standards for requirements, development, and testing phases of projects.

3.8 PERFORMANCE MANAGEMENT

The Performance Management business area entails monitoring by MPI. The areas of responsibilities include auditing and tracking medical necessity and appropriateness, fraud control, erroneous payments, and administrative anomalies. Information about Medicaid providers and recipients are used to establish cases for review of utilization and performance compliance.



The profiles in **Exhibit 3-8: Performance Management Profile** show the Performance Management’s current and projected five-year maturity levels for Business, Information, and Technical Architectures.

PERFORMANCE MANAGEMENT PROFILE	As-Is	To-Be
Business Architecture / Business Processes	Level 1	Level 1
PE01 – Identify Utilization Anomalies	Level 2	Level 3
PE02 – Establish Compliance Incident	Level 1	Level 2
PE03 – Manage Compliance Incident Information	Level 1	Level 2
PE04 – Determine Adverse Action Incident	Level 2	Level 3
PE05 – Prepare Recipient Explanation of Medical Benefits (REOMB)	Level 1	Level 1
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 2
Conceptual Data Model	Level 2	Level 3
Logical Data Model	Level 2	Level 3
Data Standards	Level 2	Level 2
Technical Architecture	Level 1	Level 2
Access and Delivery	Level 1	Level 2
Intermediary and Interface	Level 1	Level 2
Integration and Utility	Level 1	Level 3

Exhibit 3-8: Performance Management Profile

3.8.1 BUSINESS ARCHITECTURE

Performance Management business processes use a mix of manual and automated processes to monitor the Medicaid Program.

- The PE01 – Identify Utilization Anomalies business process was assessed at a Level 2, and is expected to increase to Level 3, primarily using advanced data analytics in the new EDW to be implemented. In addition, the ability to obtain data directly from FMMIS will improve speed.
- The PE02 – Establish Compliance Incident, PE03 – Manage Compliance Incident Information and PE05 – Prepare REOMB processes are all assessed at Level 1. The main basis for establishing a compliance incident is the response received from recipients to the REOMB. Whereas other states perform a sampling function within their MMIS to produce REOMBs, sampling is not performed in the State of Florida. The REOMB is generated from FMMIS for all Florida Medicaid recipients and manually mailed to them. FMMIS generates and the fiscal agent mails an REOMB to each member at least three times a year to verify whether they have received specified services from a provider. Members return paper REOMBs to MPI. Response rates are



low. Whenever conflicting information is received from the member, the compliance incident process begins. PE05 – Prepare REOMB is expected to remain at Level 1 in the next five years but PE02 – Establish Compliance Incident and PE03 – Manage Compliance Incident Information are expected to improve to Level 2, primarily using the advanced data analytics capability in the new EDW to be implemented.

- The PE04 – Determine Adverse Action Incident business process was also determined to be at a Level 2 maturity level. The assessment at a Level 2 was based on the increased automation of the process. Although the end-to-end process of handling cases is based on the type of case being managed, the timeliness of the process was improved due to increased automation, better coordination with other processes, and the introduction of standards. Likewise, the data access and accuracy, as well as the efficiency, are enhanced by the mixture of automated and manual processes and reduction of duplicative work. The cost effectiveness of the process is measured by the costs associated with performing audits. The goal is to pass the audit costs back to the provider, which in turn will improve the cost-effectiveness of the process. Coordination within the Agency and the information shared with stakeholders through the *dashboard* also support Level 2 maturity. Improvement to Level 3 is expected through improved coordination and automated workflows, as well as adoption of the new case management system and using the advanced data analytics capability in the new EDW.

3.8.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Performance Management is Level 2 and is not expected to advance beyond that level due to lack of adoption of statewide standard data definitions, data semantics, data and harmonization strategies. There is a goal by AHCA with the FX Project to mature in data governance, CDMs, LDMs. However, to get all Florida sister agencies and their systems aligned will take more than five years.

Below are the initiatives planned with the FX Project within the next five years that would improve this business area and help advance towards a To-Be Level 3 maturity:

- Adoption of intrastate metadata repository with defined data entities, attributes, data models, and relationships sufficient to convey the overall meaning and use of Medicaid data and information.
- Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.
- Adoption of intrastate enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise knowledge.

3.8.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Performance Management is a Level 1. The Agency expects 13 of the 15 TSCs to advance in maturity within the next five years.



The FX Project will enable maturity through better data governance, increased analytics capabilities with EDW and business intelligence tools, multi-factor authentication, enterprise modeling, enterprise business rules, IT standards and policies. The Agency has already moved forward in maturity with better reporting by health plans, the Florida Health Finder web-portal and with the planned implementation of a Provider Data Management System (PDMS).

Below are the initiatives planned with the FX Project within the next five years that would improve this business area and help advance towards a To-Be Level 2 maturity:

- **Client Support** – New Provider and Recipient modules will further enhance beneficiary and provider access to appropriate Medicaid business functions via web portal with single online access point but will not mature enough and remain a Level 3.
- **Business Intelligence** – The new EDW and expanded use of business intelligence tools will enable adoption of a strategic business intelligence environment with defined governance policies and enforcement maturing to a To-Be Level 4.
- **Forms and Reporting** – The FX Project will enable online electronic forms acceptance in limited file type (e.g., txt, xls, or pdf) attachments. The Agency will adopt periodic submission of electronic reports maturing to a To-Be Level 3.
- **Performance Measurement** – The EDW will enable the Agency to adopt CMS-defined performance standards and metrics, define performance measures and metrics for specific business processes for collection and reporting of performance standards maturing to a To-Be Level 3.
- **Security and Privacy** – The FX implementation will provide member and provider access to services via browser, kiosk, voice response system, or mobile phone maturing to a To-Be Level 2.
- **Business Process Management** – The FX Project will allow the Agency to adopt specification and management of business processes in conformance with nationally recognized BPM standards with a full integration of the MITA initiative with business, architecture, and data within the intrastate maturing to a To-Be Level 3.
- **Business Relationship Management** – FX implementation and the new EDW will enable the Agency to adopt intrastate basic BRM, including tracking relationships between Medicaid system users and the services requested and received. The Agency provides services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards maturing to a To-Be Level 3.
- **Data Connectivity** – The IP Services will allow the Agency to conduct electronic information exchange within the Agency via an information hub using secure information. The location and format are transparent to the stakeholder and the results delivered in a defined style that meets the stakeholder's needs maturing to a To-Be Level 2.
- **Service Oriented Architecture** – The IP Services will include a MITA recommended ESB, automated arrangement, coordination, and management of system. The Agency



conducts system coordination between intrastate agencies and some external entities maturing to a To-Be Level 3.

- **System Extensibility** – The IP Services will use web services for improved coordination and integration with HHS maturing to a To-Be Level 3.
- **Configuration Management** – The Agency will use Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products maturing to a To-Be Level 3.
- **Data Access and Management** – The Agency will conduct information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards maturing to a To-Be Level 3.
- **Decision Management** – The Agency will use standardized business rules definitions that reside in a separate application or rules engine. Business rules execute in a runtime environment, use production or inference rules, to represent behaviors. A rules editor maintains the current version of standardized business rules definitions in a language that businesspeople can interpret and transforms them into machine language to automate them maturing to a To-Be Level 3.
- **Logging** – The Agency will authenticate using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The Agency will use role-based authorization to system resources using log-on credentials maturing to a To-Be Level 3.
- **Utility** – The Agency will adopt business processes orchestration in an event-driven environment, use SDLC governance activities, and adopts all industry standards for requirements, development, and testing phases of projects maturing to a To-Be Level 3.

3.9 PLAN MANAGEMENT

The profiles in **Exhibit 3-9: Plan Management Profile** show the Plan Management’s current and projected five-year maturity levels for Business, Information, and Technical Architectures.

PLAN MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 1
PL01 – Develop Agency Goals and Objectives	Level 1	Level 2
PL02 – Maintain Program Policy	Level 2	Level 2
PL03 – Maintain State Plan	Level 2	Level 3
PL04 – Manage Health Plan Information	Level 2	Level 3
PL05 – Manage Performance Measure	Level 1	Level 2
PL06 – Manage Health Benefit Information	Level 2	Level 3
PL07 – Manage Reference Information	Level 1	Level 2
PL08 – Manage Rate Setting	Level 2	Level 2



PLAN MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 1
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 2
Conceptual Data Model	Level 2	Level 3
Logical Data Model	Level 2	Level 3
Data Standards	Level 2	Level 2
Technical Architecture	Level 2	Level 3
Access and Delivery	Level 3	Level 3
Intermediary and Interface	Level 2	Level 3
Integration and Utility	Level 2	Level 3

Exhibit 3-9: Plan Management Profile

3.9.1 BUSINESS ARCHITECTURE

The Plan Management business area contains eight business processes related to decision-making activities to manage the actual Medicaid Program, including Agency goals and objectives, setting policy, maintaining the State Plan, establishing performance measures and managing the rate setting process.

- Two business processes, PL02 – Maintain Program Policy and PL08 – Manage Rate Setting, use a mix of manual and automated processes to complete their respective activities. They were each assessed at a Level 2 maturity and are expected to remain at a Level 2 until AHCA can collaborate with federal entities using information sharing, standards, and regional information hubs.
- The PL03 – Maintain State Plan business process handles the scheduled and unscheduled review and change procedure for the State Plan, which is the formal agreement between the Centers for Medicare and Medicaid Services (CMS) and the State of Florida to administer the Medicaid Program. This process was assessed a Level 2, because it uses a mix of manual and automated processes to complete the activity and has established an easy to reference repository on the AHCA website. The process is expected to mature to a Level 3.
- The PL01 – Develop Agency Goals and Objectives business process was assessed at a Level 1 maturity level as there are multiple lists of goals and objectives maintained throughout the enterprise. Each list follows a unique format, depending on the needs of the originating office. Goals and objectives also originate from external entities such as the Governor’s Office and the State Legislature, and internal planning activities. During the 2018 workshop, the SMEs recommended the development of a single repository, using a single methodology for identifying and maintaining goals and objectives, and suggested expanding the existing AHCA Project Governance site to include a broader scope of Agency goals and objectives. This repository would unify all goal and objective tracking and would advance the maturity of this process to a Level 2.



- The PL07 – Manage Reference Information business process was assessed at a Level 1 and is expected to mature to a Level 2. The Agency projected that all three methods of adding or removing fee-for-service benefits (mandated by legislation or court decision or supported by clinical documentation) will remain primarily paper-based and manual due to the nature of the processes.
- The PL05 – Manage Performance Measures business process was assessed at a Level 1 and is expected to progress to Level 2. To increase to a Level 2, there needs to be a greater coordination of scheduling, increased automation, and intrastate collaboration for monitoring of data for performance measures.
- The PL06 – Manage Health Benefit Information business process was assessed at Level 2 and is expected to mature to a Level 3 for the next five years. The level could be increased through adoption of the MITA Framework, industry standards and greater information exchange with intrastate agencies and entities.
- The PL04 – Manage Health Plan Information business process was assessed at Level 2 and is expected to progress to Level 3. The improvement should be accomplished primarily through greater data sharing with other state agencies and establishment of performance measures.

3.9.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Plan Management is Level 2 and is not expected to advance beyond that level due to no planned activities to adopt intrastate metadata repository, standardized data structure, or vocabulary. One of AHCA's goals with the FX Project is to mature in data governance, conceptual, and logical data models. The Agency has already standardized data submission in their managed care contracts.

Below are the initiatives planned with the FX Project within the next five years that would improve this business area and help advance towards a To-Be Level 3 maturity:

- Adoption of statewide standard data definitions, data semantics, data and harmonization strategies.
- Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.
- Adoption of intrastate enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise knowledge.
- Development of CDMs that depict the business area high-level data and general relationships for intrastate exchange is planned within the next five years.
- Development of LDMs that identify the data classes, attributes, relationships, data standards, and code sets for intrastate exchange is planned in the next five years.



3.9.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Plan Management is a Level 2 due to the capabilities of SOA, System Extensibility, and Configuration Management. The Agency expects 11 of the 15 TSCs to advance in maturity within the next five years.

The FX Project will enable maturity through the FX implementation, statewide managed care contracts, structured data governance, and increased analytics capabilities with EDW, SSO, a member portal, enhanced interoperability, multi-factor authentication, and IT standards and policies.

Below are some items that would improve this business area and help them advance to a higher maturity level:

- **Business Intelligence** – EDW will ensure that the Agency adopts a strategic business intelligence environment with defined governance policies and enforcement. Enterprise-wide performance standards will drive business analysis and strategies enabling maturity to a To-Be Level 4.
- **Performance Measurement** – The FX implementation and IP will enable the Agency to produce automatic system alerts and alarms when a performance metric is not within defined performance standard boundaries maturing to a To-Be Level 4.
- **Security and Privacy** – SSO and multi-factor authentication will allow the Agency to progress in authentication and authorization functions maturing to a To-Be Level 4.
- **Business Process Management** – FX implementation will enable the Agency to align and advance increasingly in MITA maturity for business, architecture, and data. The Agency will develop MITA Maturity Model Roadmap to monitor progress in MITA maturity and have full integration of the MITA initiative with business, architecture, and data within the interstate maturing to a To-Be Level 4.
- **Relationship Management** – FX implementation and EDW will enable the Agency to adopt business analytics for its BRM and offer personalization capabilities to beneficiaries, providers, and business partners. The Agency will provide services and support using a cross-enterprise services registry maturing to a To-Be Level 4.
- **Data Connectivity** – The IP Services will allow the Agency to use canonical data models to communicate between different data formats. The Agency will adopt enterprise integration strategy, migrating from a point-to-point to message-based exchange and obtain information easily and exchanges with intrastate agencies and entities maturing to a To-Be Level 4.
- **Service Oriented Architecture** – IP will allow the Agency to adopt MITA recommended ESB, automated arrangement, coordination, and management of system. SMS conducts system coordination between intrastate agencies and some external entities maturing to a To-Be Level 3.
- **System Extensibility** – The IP Services will use web services for improved coordination and integration with HHS maturing to a To-Be Level 3.



- **Configuration Management** – The FX implementation, governance, and IP will enable the Agency to use Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. The Agency will identify intrastate configuration items and baselines maturing to a To-Be Level 3.
- **Data Access and Management** – The FX Project and full integration of MITA will enable the Agency to conduct information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. The Agency will have information residing in multiple locations, but accessible to stakeholders providing uniform access in an intrastate mediated schema remaining at a Level 3 maturity level.
- **Decision Management** – With the FX implementation and modules, the Agency will use rules engine that utilizes technical call-level interface, using API standard, and use Event Condition Action rules. The reactive rules engine detects and reacts to incoming events and processes event patterns. The rules editor provides traceability, impact analysis, and capabilities so the Agency will evaluate changes across multiple areas, establish an integrated environment for development, authoring, and testing. The Agency uses multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates maturing to a To-Be Level 4.
- **Logging** – SSO and multifactor authentication will allow the Agency to conduct user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. The Agency will use role-based authorization for system resources using log-on credentials remaining at a Level 3 maturity level.
- **Utility** – FX implementation will allow the Agency to use measured business services involving business activity monitoring along with event-driven dashboard information. The Agency has multiple enterprises involving shared Business-to-Business services maturing to a To-Be Level 4.

3.10 PROVIDER MANAGEMENT

The profiles in **Exhibit 3-10: Provider Management Profile** show the Provider Management’s current and projected five-year maturity levels for Business, Information, and Technical Architectures.

PROVIDER MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 2
PM01 – Manage Provider Information	Level 2	Level 3
PM02 – Manage Provider Communication	Level 2	Level 2
PM03 – Perform Provider Outreach	Level 1	Level 3
PM07 – Manage Provider Grievance and Appeal	Level 1	Level 2



PROVIDER MANAGEMENT PROFILE	AS-IS	TO-BE
Business Architecture / Business Processes	Level 1	Level 2
PM08 – Terminate Provider	Level 2	Level 2
Information Architecture	Level 2	Level 2
Data Management Strategy	Level 2	Level 3
Conceptual Data Model	Level 2	Level 2
Logical Data Model	Level 2	Level 2
Data Standards	Level 2	Level 2
Technical Architecture	Level 2	Level 3
Access and Delivery	Level 2	Level 4
Intermediary and Interface	Level 2	Level 3
Integration and Utility	Level 3	Level 4

Exhibit 3-10: Provider Management Profile

3.10.1 BUSINESS ARCHITECTURE

The Provider Management business area includes four business processes that cover managing provider information, managing outreach and communications with a provider, processing grievances and appeals as allowed in federal law, and terminating a provider. Florida Medicaid enrolls individual providers, medical facilities, ancillary providers, and managed care organizations as providers, all of whom were considered in the Provider Management business process workshops. While the various provider types have some differences, the management of the various provider types is similar.

During the 2018 Provider Management workshops, the SMEs discussed numerous activities to enhance the provider portal maintained by the fiscal agent. Education and outreach in the form of provider alerts have been implemented and are reaching all providers who have signed up for the service. Providers can now track the process of their enrollment applications online.

To mature the Provider Management to a higher level, the SMEs recommended these enhancements to provider-related business processes:

- Implementation of performance standards.
- Streamlining of data collection.
- Establishing a single Master Provider Index that could be shared across all programs in the enterprise.
- Determination of a method to track data on all current and past providers within the enterprise, including applications that have been received and are in process or have been declined.

In addition, the SMEs outlined the desired functionality for a new provider system:



- The new system could trace a provider's program participation, authorized services, and the locales where serviced. Use of unique provider identification, such as NPI, would allow the State to identify providers within provider networks or managed care organizations (MCOs), as well as to track relationships between practitioners and networks and MCOs.
- Self-service functionality would allow providers to request updates to their information, while providing security and the ability to audit and validate the data.
- A database about disciplinary actions on providers, including those from sources beyond Florida, would add value.
- The use of stakeholder surveys for information collection, and the capability to summarize provider information via reports and dashboards would improve the State's knowledge base of providers.
- Additional improvements could be realized by centralizing grievance and appeal data, and automating reports related to provider grievances.

In 2019, the Provider module functional requirements were further expanded through recommendations made by the SEAS Vendor. Additional requirements include:

- Redesigning the Onboarding and Enrollment Process
- Augmenting Performance Management
- Redesigning the Claims Web Portal
- Developing Workflow and Assignment Management
- Upgrading Customer Care
- Enhancing Communications

3.10.2 INFORMATION ARCHITECTURE

The overall IA MITA Maturity Level for Provider Management is Level 2 and is not expected to advance beyond that level due to no planned activities with conceptual data or LDMS and data standards. There is a goal adopted by AHCA for the FX Project and PDMS to mature the data management process by aligning provider licensing activities across the Agency and with DOH.

3.10.3 TECHNICAL ARCHITECTURE

The overall TA MITA Maturity Level for Provider Management is a Level 2. The Agency expects 13 of the 15 TSCs to advance in maturity within the next five years.

The FX Project will enable maturity through the FX implementation, structured data governance and increased analytics capabilities with EDW, SSO, enhanced interoperability, multi-factor authentication, IT standards and policies, and an enhanced provider portal that allows providers self-service capabilities that streamline required activities.



Below are some items that would improve this business area and help them advance to a higher maturity level:

- **Client Support** – The new FX modules and IP will further enhance beneficiary, provider, and other staff access to beneficiary electronic health information online, including clinical information and capability to exchanges of health information, with HIE maturing to a To-Be Level 4.
- **Business Intelligence** – The FX implementation and new EDW will ensure that the Agency adopts a strategic business intelligence environment with defined governance policies and enforcement. Business objectives will drive business analysis and performance management strategies with enterprise-wide performance standards and metrics for business analysis maturing to a To-Be Level 4.
- **Forms and Reporting** – The FX Project and IP will enable the Agency to adopt real-time submission of claims, clinical, and other reporting information maturing to a To-Be Level 4.
- **Performance Measurement** – The FX implementation and IP will allow the Agency to produce automatic system alerts and alarms when a performance metric is not within defined performance standard boundaries maturing to a To-Be Level 4.
- **Security and Privacy** – SSO and multi-factor authentication will provide user authentication via SecureID tokens and delivery of results to authentication and authorization functions maturing to a To-Be Level 4.
- **Business Process Management** – FX implementation will enable the Agency to adopt specification and management of business processes in conformance with nationally recognized BPM standards with full integration of the MITA initiative with business, architecture, and data within the intrastate and remain a maturity of To-Be Level 3.
- **Relationship Management** – FX implementation and EDW will enable the Agency to adopt business analytics for its BRM, and offers personalization capabilities to beneficiaries, providers, and business partners. The Agency provides services support using a cross-enterprise services registry maturing to a To-Be Level 4.
- **Data Connectivity** – The IP Services will allow the Agency to conduct electronic information exchange with multiple intrastate agencies via an information hub, perform advanced information monitoring, and route system alerts and alarms to communities of interest if the system detects unusual conditions maturing to a To-Be Level 3.
- **Service Oriented Architecture** – IP will allow the Agency to adopt a MITA recommended ESB, use SOA and SDLC methodologies, and will ensure improved coordination and integration with intrastate agencies and entities, HIE and HIX maturing to a To-Be Level 3.
- **System Extensibility** – The IP Services will use web services for improved coordination and integration with HHS maturing to a To-Be Level 3.
- **Configuration Management** – The FX implementation, governance, and IP will enable the Agency to adopt Build Management, Process Management, and



Environment Management through the SDLC. The Agency will adopt a system development process between interstate agencies and external entities maturing to a To-Be Level 4.

- **Data Access and Management** – The FX Project and full integration of MITA will enable the Agency to conduct information exchange (internally and externally) using MITA Framework, and other nationally recognized semantic data standards maturing to a To-Be Level 4.
- **Decision Management** – With the FX implementation and modules, the Agency will use rules engines with a technical call-level interface via API standard. The reactive rules engine detects and reacts to incoming events and processes event patterns. The rules editor provides traceability, impact analysis, and capabilities so the Agency can evaluate changes across multiple areas, establish an integrated environment for development, authoring, and testing. The Agency will use multiple methods for rule creation and management, including decision trees, scorecards, decision tables, formula builder, graphical decision flows, and customized templates maturing to a To-Be Level 4.
- **Logging** – SSO and multifactor authentication will allow the Agency to use contemporary enterprise-based auditing tools such as, TrustedBSD, or OpenBSM to generate and process audit records maturing to a To-Be Level 4.
- **Utility** – FX implementation will allow the Agency to use measured business services involving business activity monitoring along with event-driven dashboard information. The Agency has multiple enterprises involving shared Business-to-Business services maturing to a To-Be Level 4.

3.11 CONDITIONS AND STANDARDS

This section summarizes the updated maturity level for each of the Conditions and Standards, shown at a high-level in **Exhibit 3-11: Summary of Maturity Levels for AHCA's Conditions and Standards**. The profiles that contain the detailed findings are included in Appendix D: Conditions and Standards Profiles.

Workshops were conducted in April 2018 for 23 Business Processes across all 10 Business Areas to assess the BA. IA and TA workshops were also conducted for the 10 Business Areas. The limited review focused on data use and provider-related processes to support the upcoming EDW and Provider module procurements. The data collected from these sessions were used to evaluate the 2019 IA and TA maturity levels.

As-Is maturity levels have increased since the 2014 MITA SS-A in the MITA Condition and the Business Results Conditions areas. Alignment and adherence to the MITA Condition criteria have improved and are now assessed at an overall Level 4 with the intent to reach Level 5 within the next five years. The Business Results Condition is now assessed at a Level 2 with the expectation of achieving Level 3 within the next five years. The other five conditions and standards remain at their current As-Is Maturity Level but are expected to increase at least one level due to the system changes planned in the FX Project.



CONDITIONS AND STANDARDS OVERALL SUMMARY	AS-IS	TO-BE
Modularity Standard	Level 1	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 1	Level 3
Interoperability Condition	Level 1	Level 2

Exhibit 3-11: Summary of Maturity Levels for AHCA's Conditions and Standards

3.11.1 MODULARITY STANDARD

For seven of the Business Areas (BR, CM, FM, OM, PE, PL, PM), the As-Is BA capabilities are assessed at Level 2, indicating a mix of manual and automated processes with some standardized business rules. The IA and TA capabilities were assessed at a Level 3, indicating that data standards are reflected in a CDM and LDM, and that the Agency uses open or API interfaces. The Agency expects the BA capabilities to increase to Level 3 and the IA and TA capabilities to increase to Level 4 with the implementation of FX governance processes and standards and overall project modular procurements.

For CO, the As-Is levels for all three architectures were determined to be at a Level 1 for Modularity, as this is primarily a manual activity managed outside of an automated system. With the current expansion of an Agency-wide database to track and report information about contracts and business associate agreements, the To-Be Maturity Level will increase to Level 3.

For ME, the As-Is BA capabilities are assessed at a Level 3, indicating member information is shared at an intrastate level and business processes can be re-used. Advancement to Level 4 is expected over the next five years through FX processes that share data at an interstate level. The IA and TA capabilities are assessed at a Level 2 and will increase to Level 3 when AHCA adopts management of business processes in conformance with nationally recognized BPM standards with full integration of MITA through the FX Project.

The EE business area is the most advanced, with As-Is capabilities of Level 3 and expectation of advancement to Level 4 within the next five years for the three architectures. Member eligibility information is currently shared on an intrastate level and has the capability of sharing at a regional level. Capabilities to share provider eligibility information is expected to increase to Level 4 with the procurement of a Provider Services module through the FX Project.

3.11.2 MITA CONDITION

The MITA Condition measure was by far the most significant change to the Conditions and Standards. The measure increased from an As-Is Level of 2 to a Level 4 due to the 2012 MITA



SS-A and the 2014 MITA SS-A where AHCA developed MITA Roadmaps and used Roadmap information to identify advancements to include in APDs. Now that AHCA has a contract with the SEAS Vendor to update the SS-A annually, it is expected that AHCA will advance to a Level 5 maturity.

3.11.3 INDUSTRY STANDARDS CONDITION

All 10 Business Areas for the Industry Standards Condition are assessed at an As-Is Maturity Level 2 and a To-Be Maturity Level 3. Level 2 indicates that a mix of state and federal standards are applied in the State's processes. As national standards are formalized, and the Medicaid Enterprise adopts the national standards, the maturity level is expected to increase.

3.11.4 LEVERAGE CONDITION

Eight of the Business Areas for the Leverage Condition are assessed at an As-Is Maturity Level 2, which indicates some collaboration with other intrastate agencies to identify components and solutions with high applicability for reuse. The BA, IA and TA will advance to Level 3 within the next five years, indicating that AHCA expects to further collaborate with other in-state agencies in adopting electronic data interchange standards, adopting off-the-shelf or open source technical solutions, and identifying duplicative systems with the intention of merging them.

The CO capability related to the Leverage Condition is at a Level 2 for BA, and at Level 1 for IA and TA, meaning that minimal collaboration occurs with other agencies and entities to standardize business, data, or technical solutions for Contractor Management. Maturity has improved for the BA with the implementation of the Agency-wide CATS tracking system. As the FX projects are implemented, stakeholders from the across the Medicaid Enterprise will further identify other systems, tools, and processes that can be leveraged and reused in order to increase the maturity to Level 3.

3.11.5 BUSINESS RESULTS CONDITION

For all 10 Business Areas, the As-Is Business Results Condition was evaluated at a Level 2 for all three architectures, meaning that the Agency has established service level agreements (SLAs) and some key performance indicators (KPIs) for monitoring of system and data standards. The maturity level for all three architectures is expected to increase to Level 3 when business processes become highly automated, the State identifies SLAs and KPIs for business processes, and identifies statewide information performance standards.

3.11.6 REPORTING CONDITION

For 9 of the 10 business areas, the BA, IA, and TA As-Is capability is at a Level 2, because AHCA has some basic processes for identifying and correcting adjudication errors, produces Health Insurance Portability and Accountability Act (HIPAA) compliant transaction data, some reports, and some performance information. Over the next five years, the maturity level for all three architectures is expected to increase to Level 3, as the FX Project establishes more



sophisticated transaction data, automated reports, audit trails, and performance information and shares eligibility data and audit trail information.

For Contractor Management, BA and IA was evaluated at a Level 2 for the Reporting Condition. The maturity level is expected to increase to Level 3 over the next five years as the FX Project establishes more sophisticated transaction data, automated reports, audit trails and performance information and shares eligibility data and audit trail information. For TA, the As-Is and To-Be Reporting Condition is at a Level 1, meaning that AHCA does not report technical transaction or performance data for contractors. The maturity level is expected to increase to Level 3 over the next five years as the FX Project establishes more sophisticated transaction data, automated reports, audit trails, and performance information and shares eligibility data and audit trail information.

3.11.7 INTEROPERABILITY CONDITION

For eight business areas, the BA and TA are assessed at Level 2, meaning that the Agency has identified business interactions and created technology standards for interoperation with outside entities. IA is assessed at a Level 3, because national data standards have been adopted for interaction with the Exchange or state Health Information Exchanges (HIE), or other state agencies to allow intrastate Agency interoperability. All three architectures are expected to be at Level 3 in five years, as AHCA implements seamless coordination and integration of business processes with other state agencies and adopts national technology standards for interaction with outside entities.

For Business Relationship Management and Contractor Management, the Interoperability Condition was determined to be at a Level 1 and will increase to a Level 3 and 2, respectively. All three architectures are expected increase by at least one level in five years, as AHCA implements improved coordination and integration of business processes with other state agencies and adopts national technology standards for interaction with outside entities through the FX Project.



SECTION 4 THE 2019 MITA ROADMAP

4.1 THE ROLE OF THE MITA CONCEPT OF OPERATIONS (CONOPS)

In Part 1, Chapter 2 of the MITA 3.0 Framework published by CMS, the Concept of Operations (ConOps) is defined as a description of the current operations and future environment of the Medicaid Enterprise. The ConOps is a non-technical description that presents the viewpoints of the various stakeholders, describes the agreement about how the State Medicaid Enterprise will operate, documents responsibilities, and defines the lines of communication. It lists the high-level concepts and business-driven requirements to be implemented as part of the five-year Roadmap. A ConOps also contains criteria to validate whether the SMA achieves a goal or objective.

In addition, the ConOps contains a vision for the State's Medicaid Enterprise that meets specific goals as defined by CMS. It identifies major stakeholders, addresses data exchanges that occur among stakeholders, and summarizes the drivers that initiate changes to the Medicaid Enterprise, such as new legislation and technology, changes in the Medicaid population or changes in funding. Finally, the ConOps describes the expected stakeholder impacts when the To-Be vision is realized.

The SEAS Vendor has produced the MITA ConOps as a separate deliverable that can be accessed [here](#) on the FX Projects Repository.

4.1.1 GOALS AND OBJECTIVES

To develop the MITA ConOps for the Agency, the first step was to identify and document any new objectives. This approach provided a broad review of both the current Medicaid landscape and a look at the activities and changes affecting the Medicaid Program now and in the future.

MITA Statement of Goals and Objectives

The MITA Maturity Model Roadmap addresses goals and objectives, as well as key activities and milestones, covering a 5-year outlook for proposed system solutions, annually and as part of the APD process.

Exhibit 4-1: MITA Statement of Goals

The SEAS Vendor began by planning for and facilitating a Strategic Visioning session with Agency executive leadership on December 13, 2017. As an output to the session, the SEAS Vendor helped the Agency executives develop and finalize the FX Vision, supporting goals, and objectives. The Agency executives used the Agency's Mission, Vision, and Goals as guides to produce the FX Guiding Principles, which served as the updated 2018 goals and objectives that were used to guide the update of the 2019 SS-A and MITA Roadmap. The same goals and objectives will be used to inform the Agency's investment decisions during the transition to a modular environment and support the FX Strategic Priorities that will be acted upon first as a part of the MES. The Strategic Priorities include:



- Integration Components
- Recipient Operations
- Provider Operations

The 2018 and 2019 FX goals and objectives also support the CMS's MITA Goals and Objectives as illustrated in **Exhibit 4-2: Alignment with MITA Goals and Objectives.**

FX 2018 AND 2019 GOALS	MITA GOALS	MITA OBJECTIVES
Enable high-quality and accessible data	<ul style="list-style-type: none"> ▪ Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards ▪ Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration 	<ul style="list-style-type: none"> ▪ Adopt data and industry standards ▪ Support interoperability and integration using open architecture standards ▪ Promote good programmatic practices ▪ Break down artificial boundaries between systems, geography, and funding
Improve healthcare outcomes	<ul style="list-style-type: none"> ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration ▪ Provide performance measurement for accountability and planning ▪ Coordinate with public health and other partners, and integrate health outcomes within the Medicaid community 	<ul style="list-style-type: none"> ▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Provide a beneficiary-centric focus ▪ Support interoperability and integration using open architecture standards ▪ Support integration of clinical and administrative data for decision-making
Reduce complexity	<ul style="list-style-type: none"> ▪ Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards ▪ Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies 	<ul style="list-style-type: none"> ▪ Adopt data and industry standards ▪ Support interoperability and integration using open architecture standards ▪ Promote good programmatic practices ▪ Break down artificial boundaries between systems, geography, and funding



FX 2018 AND 2019 GOALS	MITA GOALS	MITA OBJECTIVES
Use evidenced-based decision making	<ul style="list-style-type: none"> ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration ▪ Provide performance measurement for accountability and planning 	<ul style="list-style-type: none"> ▪ Support integration of clinical and administrative data for decision-making
Improve integration with partners	<ul style="list-style-type: none"> ▪ Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards ▪ Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology ▪ Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration ▪ Coordinate with public health and other partners, and integrate health outcomes within the Medicaid community 	<ul style="list-style-type: none"> ▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Support interoperability and integration using open architecture standards ▪ Promote good programmatic practices ▪ Break down artificial boundaries between systems, geography, and funding
Improve Provider and Recipient experience	<ul style="list-style-type: none"> ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration ▪ Provide performance measurement for accountability and planning 	<ul style="list-style-type: none"> ▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Provide a beneficiary-centric focus ▪ Support interoperability and integration using open architecture standards ▪ Break down artificial boundaries between systems, geography, and funding



FX 2018 AND 2019 GOALS	MITA GOALS	MITA OBJECTIVES
Provide good stewardship of Medicaid funds	<ul style="list-style-type: none"> ▪ Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards ▪ Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology ▪ Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration ▪ Provide performance measurement for accountability and planning 	<ul style="list-style-type: none"> ▪ Promote secure data exchange ▪ Promote reusable components through modularity ▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Support interoperability and integration using open architecture standards ▪ Break down artificial boundaries between systems, geography, and funding
Enable holistic decision making rather than short-term focus	<ul style="list-style-type: none"> ▪ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision-making for health care management and program administration ▪ Provide performance measurement for accountability and planning ▪ Coordinate with public health and other partners, and integrate health outcomes within the Medicaid community 	<ul style="list-style-type: none"> ▪ Provide a beneficiary-centric focus ▪ Support integration of clinical and administrative data for decision-making

Exhibit 4-2: Alignment with MITA Goals and Objectives

4.1.2 STATEMENT OF PURPOSE

The 2018 and 2019 goals and objectives guided the business and technical development outlined in the SS-A and Roadmap. The 2018 Florida goals and objectives reset the Agency's vision for the next five years and the MITA Roadmap lays out the specific action steps required to accomplish its goals and objectives.

4.2 DEVELOPING THE MITA ROADMAP

The SS-A Companion Guide provided with the MITA 3.0 Framework describes the MITA Roadmap as containing the four key components illustrated in **Exhibit 4-3: MITA Roadmap Components**. First it addresses goals, objectives, activities, and milestones for a five-year outlook for proposed system solutions. Second, it describes AHCA's plan to improve in MITA maturity over the five-year period and provides the anticipated timing for full MITA maturity. Next, the MITA Roadmap provides a sequencing plan, which considers cost, benefit, schedule, and risk information. Finally, it ensures that Florida Medicaid's Business Architecture conforms to its MITA ConOps and to the MITA Business Process templates. If any processes differ from the way they are described in the templates, those are noted in the MITA ConOps.

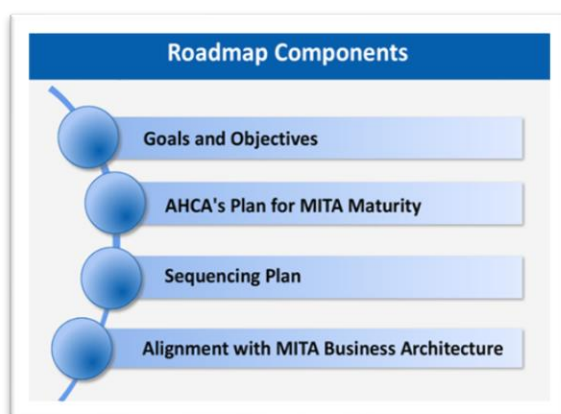


Exhibit 4-3: MITA Roadmap Components

When the remaining four member-related processes are released, CMS will require SMAs to update the MITA Roadmap on an annual basis and demonstrate via the MITA Roadmap how to improve MITA maturity over the next five years.

4.2.1 ANALYZING ROADMAP NOTES

After the goals and objectives are set and the assessment is complete, the assessment data must be analyzed to produce an updated MITA Roadmap for Florida. The SEAS Vendor began by analyzing the many recommendations for advancing MITA maturity levels that were identified by SMEs during the 2018 SS-A workshops and recorded them as *Roadmap Notes*. The new 2018 Roadmap Notes were consolidated into one document along with the Roadmap Notes from 2014's assessment to ensure the items that were identified for processes that were not reassessed in 2018 were brought forward in the 2018 and 2019 Roadmap. Items that were repeated helped identify areas of broad interest. Each Roadmap Note was then aligned with one or more of the revised 2018/2019 Roadmap Categories and High-Level Activities listed in **Exhibit 4-4: 2014 and 2018/2019 Roadmap Categories/High-Level Activities**.



2014 ROADMAP CATEGORIES	2018/2019 ROADMAP CATEGORIES
1-Increase Automation of Business Processes and Reduce Manual Activities	1-Increase Automation and Reduce Manual Activities
2-Exchange Information with Intrastate, Interstate and Federal Agencies	2-Exchange Information with Intrastate, Interstate and Federal Agencies
3-Identify and Manage Workflow	3-Identify and Improve Process Workflows
4-Centralize Business Processes	4-Centralize Business Documentation and related processes
5-Expand Internet Use/Security/Tools	5-Expand Internet Functionality/Security/Tools
6-Determine Performance Measures/Monitoring/Reporting	6- Performance Measures-Develop, Monitor and Report
7-Re-procure/Enhance MMIS, DSS and Other Systems	7-Reprocurement/Enhancements
8-Implement Standards (State, Federal and Industry)	8-Implement Standards (State, Federal and Industry)
9-Expand Collaboration with Intrastate, Interstate, and Federal Agencies	9-Expand Collaboration with Intrastate, Interstate, and Federal Agencies
10-Facilitate MITA Framework Compliance	10-MITA Framework Compliance
11-Increase Stakeholder Involvement	11-Encourage Stakeholder Involvement to improve Satisfaction
12-Comply with Affordable Care Act (ACA) Initiatives	13-Implement Fraud and Abuse Detection/Prevention Solutions
13-Implement Fraud and Abuse Detection/Prevention Solutions	14-Improve Data Integrity/Analysis/Reporting
14-Improve Data Integrity/Analysis/Reporting	16-Manage Risks
15-Advocate for Legislation and Funding	17-Identify Organizational Changes
16-Manage Risks	18-Improve Provider and Member Experience
17-Identify Organizational Changes Associated/Needed Due to SMMC	

Exhibit 4-4: 2014 and 2018/2019 Roadmap Categories/High-Level Activities

Below is a brief definition of each of the Roadmap categories and high-level activities:



- **Increase Automation and Reduce Manual Activities** – identify opportunities for automation of manual processes across the Medicaid Enterprise to improve timeliness, accuracy, and reduce costs.
- **Exchange Information with Intrastate, Interstate, and Federal Agencies** – exchange of information, among intrastate agencies within and outside of the Medicaid Enterprise with partners; develop interfaces with system that feed information to and from the Florida MES.
- **Identify and Improve Process Workflows** – identify opportunities to re-engineer processes by documenting workflows or enhancing system workflows to match exactly how each business process operates.
- **Centralize Business Documentation and Related Processes** – identify a central work unit responsible for managing and ensuring all business process related documentation is accessible by the entire enterprise in a centralized location.
- **Expand Internet Functionality/Security/Tools** – expand use of the Internet by developing or enhancing web portals and to improve access for the Medicaid Enterprise; increase security to ensure private and secure access to data; and use of tools to perform business activities.
- **Performance Measures-Develop/Monitor/Report** – develop measures/metrics to monitor and report on the performance progress of program activities; improve the performance reporting capabilities of the Medicaid Program including reports and accessibility to the performance and monitoring data across the enterprise.
- **Procurements/Re-procurement/Enhancements** – procure or re-procure a new MES project or system or enhance functionality, features and capabilities to existing systems in the Medicaid Enterprise.
- **Implement Standards (State, Federal, and Industry)** – adopt nationally recognized standards, common state standards and industry standards; includes use of standardized processes and procedures, templates and style guides learning theories, and project management practices.
- **Expand Collaboration with Intrastate, Interstate, and Federal Agencies** – improve collaboration with intrastate, interstate, and federal agencies through integration of processes, systems, and data to ensure consistency, efficiency and effectiveness.
- **MITA Framework Compliance** – Supports the Medicaid Agency’s MITA maturity goals and objectives.
- **Encourage Stakeholder Involvement to Improve Satisfaction** – include stakeholders and the public to improve Medicaid business processes and access to information.
- **Implement Fraud and Abuse Detection/Prevention Solutions** – use of tools, techniques and processes to prevent and detect fraud by Medicaid providers and recipients to ensure compliance with Medicaid policies and proper use of Medicaid funds.



- **Improve Data Integrity/Analysis/Reporting** – ensure integrity of the data that is shared across the Medicaid Enterprise and with other entities is accessible for analysis through usable reporting from the MES.
- **Manage Risks** – implement strategies to identify, minimize, manage, and mitigate potential risks to the Medicaid Program.
- **Identify Organizational Changes** – evaluate AHCA’s organizational structure to match the changes in the program.
- **Improve Provider and Member Experience** – identify opportunities to improve the provider or member experience with the Florida Medicaid Program.

After the Roadmap Notes were categorized, they could be further analyzed to pinpoint areas of concern based on the number of times a similar note was identified. The top 10 Roadmap Categories/High-Level Activities are presented in **Exhibit 4-5: Top Ten Roadmap Categories/High-Level Activities**, with a count of the number of Roadmap Notes associated with what came up during each workshop.

RANK	TOP 10 ROADMAP CATEGORIES/HIGH-LEVEL ACTIVITIES	COUNT
1	Re-procurement/Enhancement of MMIS, EDW, and other systems	463
2	Improve Data Integrity/Analysis/Reporting	241
3	Expand Internet Functionality Security/Tools	172
4	Exchange Information with Intrastate, Interstate, and Federal Agencies	167
5	Implement Standards (State, Federal, and Industry)	159
6	Increase Automation and Reduce Manual Activities	158
7	Encourage Stakeholder Involvement to Improve Satisfaction	148
8	Performance Measures-Develop/Monitor/Report	136
9	Expand Collaboration with Interagency, Other States, and Federal Agencies	131
10	Identify and Improve Process Workflows	78

Exhibit 4-5: Top Ten Roadmap Categories/High-Level Activities



4.2.2 BUSINESS ARCHITECTURE

The top 10 Roadmap Categories/High-Level Activities are briefly summarized below with some of the specific tasks SMEs indicated are needed for the business process or business area to advance in MITA maturity.

4.2.2.1 PROCUREMENTS/RE-PROCUREMENT/ENHANCEMENTS

The Procurement/Re-procurement/Enhancements category was the most frequently mentioned category cited for enabling Florida Medicaid MITA maturity within the next five years. The contract with the current fiscal agent, DXC, was set to end in July 2020, however AHCA extended the contract until December 2024 so that AHCA could implement its FX solution and comply with modularity standards required as one of the many conditions to obtain federal funding.

This category was aligned to most MITA business areas such as Care Management, Eligibility and Enrollment Management, Financial Management, Member Management, Operations Management, Performance Management, Plan Management, and Provider Management.

The activities identified by the SMEs to advance in MITA maturity for this category can be broken down into Procurements/Re-procurements or Enhancements. Some of the suggestions SMEs identified to be able to advance maturity include:

Procurements/Re-procurements

- Replace FLAIR with the Planning Account and Ledger Management (PALM) System
- Obtain a data analytics tool with business rules functionality to automate the process
- Implement IP Services
- Replace the DSS with an EDW that can provide the following:
 - › User friendly interface
 - › Enhanced data fields for reporting
 - › Improved reporting of program data
 - › Flexible in compiling and retrieving data
 - › Ability to create dashboard reports with performance measures
 - › Improved reporting features
 - › Include functional area specific data marts (i.e., TPL)
- Develop or obtain a tool to encrypt electronically signed submissions to legally validate the submitter of a request is the owner of the record
- Replace the Florida Online Recipient Integrated Data Access (FLORIDA) System with a new eligibility system



- Obtain a Grievance and Appeals system to centralize and store grievance and appeals with the capability to share data with other intrastate agencies
- Acquire an integration solution to obtain the Medicaid Enterprise data from a single source
- Implement a Member Management module
- Implement a Member portal for Recipients to be able to validate claims as a part of the Explanation of Medicaid Benefits (EOMB) process
- Obtain an online survey tool that will be used to measure stakeholder satisfaction across the Medicaid Enterprise
- Implement the Portfolio Management tool for the Medicaid Enterprise
- Implement a Provider Management module
- Develop a Provider Master Index within the Medicaid Enterprise that would store provider information maintained by all agencies and organizations in the Florida Medicaid Enterprise
- Obtain validation tools to assist with the capitation process
- Implement a Case Management Tracking module
- Implement a Claims/Encounter/Financial module

System Enhancements

- Enhance the web portal to reduce the number of *clicks* a provider must perform to gain access to provider information
- Need an indicator in FMMIS to link a provider with a health plan – currently only the Enrollment Broker system allows for this tracking
- Bring the Fair Hearing Process into FMMIS
- Integrate Florida HIE with MES
- Provide functionality for pending claims for a procedure code
- Automate the system to use health plan information to help set rates more accurately
- Electronic Verification and Validation for Behavioral Analysis Services
- Home Health Program support in FMMIS
- Streamline provider enrollment

4.2.2.2 IMPROVE DATA INTEGRITY/ANALYSIS/REPORTING

Improving data integrity is vital to managing the Florida Medicaid Program. Accurate data is instrumental in determining the effectiveness of the Managed Care Program and gaining insight into the accuracy and timeliness of encounter processing, enrollment, and fraud and



abuse identification activities. Accurate Medicaid data will produce reliable federal reporting and improve stakeholder satisfaction.

This category was aligned to business areas such as Care Management, Eligibility and Enrollment Management, Financial Management, Operations Management, Performance Management, Plan Management, and Provider Management.

Some of the activities identified by the SMEs to advance this category include:

- Exchange electronic information within the Agency via a secure information hub
- Continue development of business intelligence capabilities
- Improve Medicaid Enterprise data quality:
 - › Have one source of data using an integrator
 - › Implement solutions to reduce duplication
 - › Use common standards for interfaces, vocabulary, and code sets across the Medicaid Enterprise to reduce errors
 - › Enable integration of information for provider data
- Improve the accessibility to data across the Medicaid Enterprise:
 - › Implement a process to access all business partner data stores
 - › Provide easier ways to obtain denial data for encounters
 - › Define how data will be accessed for each functional area and determining which models to use (i.e., Federated Model)
- Implement credentialing standards

4.2.2.3 EXPAND INTERNET FUNCTIONALITY/SECURITY/TOOLS

The SMEs determined that this category of activities would allow more accessibility to data and reports, thus making overall operations more efficient. This category aligned with Financial Management, Care Management, Member Management, Performance Management, Provider Management, and Operations Management.

Some of the activities identified by the SMEs to advance this category include:

- Improve portal functionality for Provider, Recipients, Suppliers/Vendors and Agency staff such as:
 - › Reduce the number of *clicks* users must perform to gain access to information
 - › Provide targeted information to assist with outreach efforts and improving communications
 - › Provide self-service options to reduce labor and printing costs for the Agency such as:



- Allow providers, the ability to update their information themselves in a secure authenticated manner
- Post 1099s on the provider's secure portal and allow them to be downloaded rather than be printed
- Allow recipients to receive REOMBs online and/or allow online secure access to verify services rendered
- Allow recipients to electronically check their eligibility status
- Allow suppliers/vendors to review contract information online
- › Expand the AHCA Project Governance site to include a broader scope of Agency goals and objectives

4.2.2.4 EXCHANGE INFORMATION WITH INTRASTATE, INTERSTATE, AND FEDERAL AGENCIES

The SMEs determined that the exchange of information with Intrastate, Interstate, and Federal Agencies was important for several different reasons. Exchanging information would allow the SMA to better monitor the SMMC services that are being rendered and ensure that Medicaid is running as efficiently as possible throughout the State. Exchange of information would provide insight into best practices within the State and outside of the State.

This category was aligned to business areas such as Business Relationship Management, Care Management, Eligibility and Enrollment Management, Financial Management, Operations Management, Plan Management, and Provider Management.

Some of the activities identified by the SMEs to advance this category include:

- Exchange information with other State agencies based on MITA Framework and industry standards
- Identify opportunities to exchange information via a regional information exchange hub
- Integrate systems to establish a *single source of truth*
- Continue identifying ways to share information with other sister agencies like it does with the Department of Juvenile Justice (DJJ) and DCF
- Implement bi-directional data exchanges in situations where information is passed to another system for assessment, and the results are conveyed back to the source system (such as posting of final orders when program integrity cases conclude)
- Exchange information within the SMA via a secure information hub
- Share updates to provider information by Health Quality Assurance (HQA) with Medicaid entities (health plans, Fee for Services (FFS), etc.) in which the provider is enrolled and participating



- Share provider financial obligation information, which can affect eligibility and payment activity with the Medicaid Enterprise, to ensure providers with financial obligations cannot enroll
- Coordinate care plans and services between agencies

4.2.2.5 IMPLEMENT STANDARDS (STATE, FEDERAL, AND INDUSTRY)

The implementation of state, federal, and industry standards is critical to the success of any Medicaid program, and the State of Florida makes this category a high priority. Resources are consistently dedicated to ensuring that Florida is compliant in all mandated requirements and standards in a timely manner as outlined by state, federal, and industry definitions.

This category aligned with Business Relationship Management, Care Management, Eligibility and Enrollment, Operations Management, and Performance Management.

Some of the activities identified by the SMEs to advance this category include:

- Define Enterprise Performance Standards
- Centralize data collection and eliminating duplicate reporting among different entities
- Create a single source for Agency-wide performance monitoring
- Implement additional HIPAA standards to improve business relationship information
- Implement use of X12 Transactions such as:
 - › 274-in addition to the File Transfer Protocol (FTP) files provided by the plans
 - › 824-to improve error reporting to plans using the transaction
- Develop standardized agreements to support upcoming Medicaid Enterprise procurements and FX module implementations
- Improve Health Plan communication and training
- Develop information standards for SMMC Health Plan data submissions to ensure consistent data is received from all plans
- Allow agency technical solutions to export search results into Microsoft Excel, CSV format, or XML formats
- Develop and implement provider credentialing standards across the State
- Determine data needs for each data store and consider a federated model
- Incorporate standards for the acceptance of electronic signatures (clarify authority)

4.2.2.6 INCREASE AUTOMATION OF BUSINESS PROCESSES AND REDUCE MANUAL ACTIVITIES

Increasing automation of business processes and reducing manual activities would be more efficient and cost-effective. Reduced manual activities would allow more time for managing various programs, including more time to focus on managing health plans contracts.



This category aligned with Business Relationship Management, Care Management, Eligibility and Enrollment Management, Financial Management, Operations Management, Plan Management, and Provider Management.

Some of the activities identified by the SMEs to advance this category include:

- Automate the TPL, Fraud Abuse Case Tracking System (FACTS), Management Accounting Reporting (MAR) inputs to FMMIS so that information from these ancillary systems is fed directly into FMMIS, where some information is entered manually
- Eliminate manual gross adjustment process where possible, and use an automated online system to eliminate paper processing and improve timeliness and accountability
- Create functionality to directly upload or update risk factor calculations into FMMIS
- Automate the risk factor calculation process for capitation payment to reduce cost
- Automate financial and federal report generating process including reporting of Medicaid expenditures to HHS
- Automate data entry using electronic forms
- Automate the reimbursement rate loading process into FMMIS to eliminate manual upload
- Automate the calculation of spend down amounts
- Automate provider letter generation and distribution
- Improve the Manage Data business process speed by implementing automation
- Implement methods to automate business relationship communications
- Develop ways to automate secure and authenticated provider updates using a tool such as the web portal
- Automate the process for receiving information on Level 2 background screenings from the AHCA Care Provider Background Screening (BGS) Clearinghouse
- Automate legal cases in a new case management tracking system
- Evaluate Manage Accounts Receivable Information processes and complete some business process mapping to automate and improve the provider experience
- Improve automation of Manage Accounts Receivable information to allow exchange within intrastate and interstate exchanges regarding: adopting national and industry standards for the business process, enhancing accuracy and accessibility of information, and exchanging accounts receivable information
- Implement business rules to automate provider disenrollment (along with other processes) from Medicaid when:
 - › A notice of the death of a provider is received via the vital statistics file
 - › A provider is identified in either the DOH or HQA licensure file exchanges as having lost their license to provide services



- › A provider is identified in the Office of Inspector General's (OIG) LEIE file exchange as a provider to be excluded from the Medicaid Program
- › A lapse in business registration occurs, as identified by the Secretary of State (SOS) Division of Registration, preventing the provider from doing business in Florida

4.2.2.7 ENCOURAGE STAKEHOLDER INVOLVEMENT TO IMPROVE SATISFACTION

SMEs determined that stakeholder involvement could be enriched by improving outreach efforts and providing avenues for providers and recipients to respond to online surveys and collect suggestions for improving satisfaction.

Some of the business areas, which had goals aligned with stakeholder satisfaction, include Care Management, Eligibility and Enrollment Management, Provider Management, Plan Management, and Operations Management.

Some of the activities identified by the SMEs to advance the category include:

- Develop more robust online self-service options for providers and recipients
- Provide multiple avenues to allow stakeholders to contribute to enhancing processes or understanding the efficacy of Medicaid programs to stakeholders
- Develop or obtain an on-line survey tool to measure stakeholder satisfaction
- Develop performance measures to evaluate and monitor all efforts taken by the SMA to increase stakeholder satisfaction
- Increase collaboration between sister agencies – working closer together to achieve common goals to better manage Health Benefit and Case Information
- Conduct outreach to recipients for eligibility redetermination
- Share information with sister agencies similar to how is currently done with DJJ and DCF with other agencies
- Implement an ongoing awareness campaign to ensure the Agency staff incorporate goals and objectives into the planning activities and daily operation of the Medicaid Enterprise
- Allow providers the ability to collaborate with the Agency by encouraging them to make comments on updates being made to the policy handbooks

4.2.2.8 PERFORMANCE MEASURES-DEVELOP, MONITOR, AND REPORT

Defining performance measures refers to the internal activity of monitoring the efficiency of the Medicaid Program. It assists Florida Medicaid in monitoring the fiscal agent, health plans, and other vendors; holding them accountable for performing their functions as contractually defined.



This category aligned with Business Relationship Management, Care Management, Contractor Management Eligibility and Enrollment Management, Financial Management, Member Management, Operations Management, Performance Management, Plan Management, and Provider Management.

The performance measures for each business process were recorded in the Performance Measures section of the MITA Business Process Workshop Reports. Not all business processes assessed contained performance measures. The primary source for performance measures remains the PL05-Manage Performance Measures business process, which is housed in the *Supporting Evidence* folders in the MITA Repository in the Plan Management MITA business area. The business process documentation for PL05 lists performance measures and SLAs for contractors such as the FMMIS Fiscal Agent Report Card, HQA Performance Measures, and Managed Care Performance Measures.

Some of the activities identified by the SMEs to advance this category include:

- Implement new FX projects or modules with improved reporting capabilities to help monitor service levels and performance measures
- Develop more robust Agency performance dashboards to track performance across the enterprise
- Improve CMS outcomes reporting
- Define Enterprise Performance Standards for the FX Project and the Medicaid Enterprise
- Improve Health Plan communication and training
- Incorporate CMS recommended performance measures noted in the MITA 3.0 Business Process templates and the Business Capability Matrices for each process within the next five years
- Incorporate the relevant CMS recommended performance measures in projects that are planned to begin as part of FX

4.2.2.9 EXPAND COLLABORATION WITH INTRASTATE, INTERSTATE, AND FEDERAL AGENCIES

Expanding collaboration with intrastate, interstate, and federal agencies can improve efficiency in numerous ways.

This category aligns with Care Management, Eligibility and Enrollment Management, Financial Management, Operations Management, Plan Management, and Provider Management.

Some of the activities identified by the SMEs to advance this category include:

- Collaborate with other agencies in the enterprise, implement the new governance structure, and bring in other State agencies



- Increase collaboration between sister agencies – working closer together to achieve common goals to better manage Health Benefit and Case Information
- Identify and use COTS and open-source solutions collaboratively with other State agencies and entities
- Share/leverage/reuse other State agency existing tools and processes paid for by Medicaid dollars such as the Portfolio Management Tool and the FX Strategic Plan
- Collaborate with other states to identify and implement statewide or national standards
- Improve collaboration with other bureaus and agencies in implementing changes and sharing information between the Agency and CMS
- Expand the existing AHCA Project Governance site to include a broader scope of Agency goals and objectives
- Enhance the sharing of information with other sister agencies, similar to what is currently being done with DJJ and DCF

4.2.2.10 IDENTIFY AND IMPROVE PROCESS WORKFLOWS

The ability for a SMA to Identify and Improve Process Workflows is important to the overall success of a state's Medicaid Enterprise. It allows agencies the ability to prioritize and manage multiple aspects of the Medicaid Program to ensure that every area is working as efficiently as possible.

This category aligned with Eligibility and Enrollment Management, Operations Management, Plan Management, and Provider Management.

Some of the activities identified by the SMEs to advance this category include:

- Improve manual processes by establishing workflows to automate business processes such as:
 - › Reference file updates
 - › Grievance and appeals
 - › Fraud tracking
 - › Member and Plan information monitoring
 - › Provider updates

4.2.3 INFORMATION ARCHITECTURE

The IA Roadmap Notes identified by the SMEs have been grouped under the IA component they relate to in the subsections below.



4.2.3.1 DATA MANAGEMENT STRATEGY (DMS)

The DMS consists of four components: Data Governance, Common Data Architecture, Enterprise Modeling, and Data Sharing Architecture.

Data Governance facilitates enterprise-wide decision-making and helps determine ownership and data standards. Effective Data Governance decreases data duplication and increases cost effectiveness.

Common Data Architecture includes all the activities that improve consistency in the development and deployment of systems. Common data architecture increases the data quality, decreases the complexity of the extract, transform, and load (ETL) process, decreases resource expenditures and increases performance.

Enterprise Modeling describes the development of models to view data and ensure that all processes, entities, relationships, and data flows have been identified. Approaches for developing data models include using enterprise data modeling techniques and building LDMs and CDMs. Its benefits are increased model effectiveness, increased data sharing, decreased resource expenditures, and increased enterprise knowledge.

The Data Sharing Architecture category includes activities that describe technology considerations for the SMA to participate in information-sharing communities. This also addresses data semantics, data harmonization strategies, and shared-data ownership.

The following are a few examples of activities recommended by the SMEs for advancing AHCA's DMS:

- Adopt an intrastate metadata repository with defined data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information
- Adopt the FX governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls
- Adopt intrastate enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditures and increase enterprise knowledge
- Adopt statewide standard data definitions, data semantics, data and harmonization strategies
- Plan to share more data within State agencies within the next five years
- Comprehensive data governance, architecture, and modeling must be developed that encompass the data shared among intrastate entities



4.2.3.2 DATA MODELS (CDM AND LDM)

The following are activities recommended by SMEs for advancing AHCA's Conceptual and Logical Enterprise Data Modeling:

- Adopt a comprehensive CDM that depicts the business area high-level data and general relationships for intrastate exchange
- Adopt a comprehensive LDM that identifies the data classes, attributes, relationships, data standards, and code sets for intrastate exchange

4.2.3.3 DATA STANDARDS

Data Standards are maintained using structure and vocabulary data standards to support current and emerging health data standards.

The following are activities recommended by SMEs for advancing AHCA's Data Standards:

- Agency continues to implement MITA Framework, industry standards, and other nationally recognized standards for intrastate
- Agency continues to progress in standardized structure and vocabulary data for automated electronic intrastate interchanges

4.2.4 TECHNICAL ARCHITECTURE

The TA Roadmap Notes, identified by the SMEs, have been grouped under the TA Components they relate to below.

4.2.4.1 ACCESS AND DELIVERY

Access and Delivery contains five capabilities: Client Support, Business Intelligence, Forms and Reporting, Performance Measurement, Security and Privacy.

- Client Support requires the improvement of user access to the Medicaid functions via different devices and portals.
- Business Intelligence includes all the roadmap activities identified by the SMEs that will help the Agency advance in its ability to capture, manage, and report functional data.
- The Forms and Reporting category includes all the roadmap items identified by the SMEs that will improve the Agency's ability to receive data via electronic forms or interfaces. These activities help the SMA and stakeholders in conducting data entry.
- The Performance Measurement category focuses on the ability of AHCA's systems to collect and report program performance data based on user-defined criteria.
- The Security and Privacy category of the Roadmap Notes includes the activities that enhance the ability of the Agency to maintain secure access to information.



The following activities were recommended by SMEs for advancing the Access and Delivery component:

- The FX implementation with modules will enable provider and member portals to further enhance beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point.
- The FX implementation, EDW and maturity of business intelligence tools used, will enable adoption of a strategic business intelligence environment with defined governance policies, enforcement, and a *single source of truth*.
- The FX Project and IP that promotes interoperability will enable real-time submission of claims, clinical, and other reporting information.
- The new managed care contracts adopt defined performance standards and metrics. The contracts will enable the Agency to define performance measures and metrics for specific business processes for collection and reporting of performance standards.
- The implementation of IP will enable system alerts for performance anomalies across the enterprise.
- SSO and multifactor authentication will provide member and providers access to services online via mobile device and support automatic user authentication. The Agency will provide staff with SSO functionality to most of the applications in the enterprise and restrict access to data elements based on defined access roles.

4.2.4.2 INTERMEDIARY AND INTERFACE

The Intermediary and Interface category consists of five classifications: Business Process Management, Relationship Management, Data Connectivity, SOA, and System Extensibility.

- Business Process Management standards are used within the process automation service that enables the addition of new business areas or COTS capabilities.
- Relationship Management activities help the Agency advance its systems to exchange data with external business entities.
- The Data Connectivity classification activities focus on improving the ability of AHCA's systems to use an enterprise standard data exchange with other systems and entities.
- The activities under SOA focus on the ability of components within AHCA's systems to act as independent objects, each with standard inputs and outputs. These objects are loosely coupled with no embedded external calls. SOA promotes reusability, granularity, and interoperability.
- The System Extensibility category focuses on the ability of systems to extend functionality across the enterprise using web services.

The following are activities recommended by SMEs for advancing AHCA's Intermediary and Interface category:



- FX implementation will enable the Agency to adopt specification and management of business processes in conformance with nationally recognized BPM standards with full integration of the MITA initiative with business, architecture, and data
- FX implementation and EDW will enable the Agency to adopt intrastate basic BRM, including tracking relationships between Medicaid system users that complies with the MITA Framework, and other nationally recognized interface standards
- IP will allow the Agency to use canonical data models to communicate between different data formats
- IP will allow the Agency to adopt a MITA recommended ESB, use SOA and SDLC methodologies, and ensures improved coordination and integration with intrastate agencies
- The IP will use web services for improved coordination and integration with HHS and other business processes
- Implement web services more widely rather than using batch processes

4.2.4.3 INTEGRATION AND UTILITY

The Integration and Utility category consists of five TSAs: Configuration Management, Data Access and Management, Decision Management, Logging, and Utility.

- Configuration Management includes all the roadmap activities identified by the SMEs that will help advance the Agency's ability to change business rules as needed
- Data Access and Management includes all the activities that focus on the ability of AHCA's systems to receive, translate, and process data to support the business need
- The Decision Management activities, identified by the SMEs, will help the Agency advance in its ability to create and execute business rules within the system in both human and machine-readable format
- Logging focuses on the ability of MES to log, audit, and report access attempts
- Utility focuses on the ability of AHCA's systems to meet the business needs of the enterprise

The following are activities recommended for advancing AHCA's Integration and Utility capabilities:

- The FX implementation, governance, and IP will enable the Agency to adopt Build Management, Process Management, and Environment Management through SDLC
- The FX Project and full integration of MITA will enable the Agency to conduct information exchange (internally and externally) using the MITA Framework, industry standards, and other nationally recognized semantic data standards for clinical information and electronic health records



- EDW will enable the adoption of information archiving solutions to meet data-retention policies and compliance guidelines
- The FX implementation and future modules will use rules engines that utilize a technical call-level interface using API standards, and use Event Condition Action rules
- SSO and multifactor authentication will allow the Agency to use contemporary enterprise-based auditing tools
- FX implementation will allow the Agency to use measured business services involving business activity monitoring along with event-driven dashboard information

4.2.5 CONDITIONS AND STANDARDS

The Conditions and Standards Roadmap Notes were identified by the SEAS Vendor SS-A Assessment Team based on the information uncovered during the BA, IA, and TA assessments with the SMEs. These Roadmap Notes have been grouped under the condition or standard to which they relate. A brief description of each is provided.

4.2.5.1 MODULARITY STANDARD

The modularity activities will help AHCA improve its ability to easily change and maintain systems and integrate and interoperate with clinical and administrative networks to deliver services and benefits.

The following activities will advance the Modularity Standard:

- Use BPM methodology to decompose interstate business operations into manageable business processes for re-usability and maintainability
- Use intrastate standardized business rule definitions separate from core programming
- Use open interfaces within intrastate agencies and stakeholders
- Document and inventory open interfaces
- Implement a MITA recommended ESB using SOA and SDLC methodologies to ensure improved coordination and integration
- Adopt a global SDLC methodology
- Procure, award, and implement an IP
- Identify and participate in a regional data service hub if/when available
- Use web services for improved coordination and integration with HHS
- Enable integration of internal information to improve provider registration information
- Allow electronic information exchange with multiple intrastate agencies with advanced information monitoring and route system alerts and alarms to communities of interest if the system detects unusual conditions
- Achieve full integration as guided by MITA



- Identify other FX projects that will advance the Modularity standards

4.2.5.2 MITA CONDITION

The MITA Condition requires AHCA to align and advance increasingly in MITA maturity for business, architecture, and data. CMS expects AHCA and other states to complete and continue to make measurable progress in implementing their MITA roadmaps.

The following activities were recommended by the SMEs to advance the MITA Condition:

- Update the BA, IA, and TA MITA Roadmaps annually
- Develop an updated MITA ConOps annually
- Develop BPMs using Business Process Model and Notation (BPMN) to advance alignment with the MITA Maturity Model
- Develop CDM and LDM using Unified Modeling Language (UML)
- Develop Technical Process Models using BPMN and UML

4.2.5.3 INDUSTRY STANDARDS CONDITION

The Industry Standards Condition includes activities that will help AHCA incorporate standards such as those specified in HIPAA. These activities will promote reuse, data exchange, and reduction of administrative burdens on patients, providers, and applicants.

The following activities were recommended by the SMEs to advance the Industry Standards Condition:

- Use MITA Framework, industry standards, and other nationally recognized standards for business analysis within intrastate agencies
- Use industry standards in business, data, and technical modeling techniques (e.g., UML and BPMN)
- Incorporate industry standards such as Section 508(c) of the SDLC for software and interfaces in technical modeling techniques
- Use common interfaces, database, vocabulary, and code sets across regions
- Implement internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis
- Identify data classes and attributes relationships, data standards, and code sets within the Agency
- Incorporate industry standards such as Section 508(c) compliance for all interfaces in requirements, development, and testing phases
- Use MITA Framework, industry standards, and other nationally recognized messaging and technology standards with other agencies and stakeholders within the State



- Exchange information with other State agencies based on MITA Framework, industry standards, and other nationally recognized standards
- Work collaboratively with other states to identify other opportunities to implement industry standards for the Business Architecture
- Implement statewide provider credentialing standards

4.2.5.4 LEVERAGE CONDITION

The activities under this category could help the Agency achieve substantial benefits from the experience and investments of other entities through the reuse of components and technologies already developed and publicly available or commercially sold.

The following activities were recommended by the SMEs to advance the Leverage Condition:

- Work collaboratively with State agencies and entities to promote and leverage the reuse of Medicaid business processes and tools such as CATS
- Collaborate and identify existing intrastate data management and standardization of data solutions
- Identify existing duplicative system and technical components within the State
- Identify components and solutions with high applicability for reuse, and begin to use COTS and open-source solutions when developing requirements for FX module solutions
- Identify existing intrastate message, technical components, and technology solutions, before embarking on ground-up custom development when considering FX projects
- The FX Project will identify projects that may increase maturity of the Leverage Condition

4.2.5.5 BUSINESS RESULTS CONDITION

This condition facilitates the monitoring and measuring of business results such as timely processing of claims.

The following activities were recommended by the SMEs to advance the Business Results Condition:

- Improve customer satisfaction by improving the web portal's account self-management functionality
- Execute a Plan of Action with Milestones (POAM) when SLAs or KPIs are not met
- Develop information and system performance standards for the FX solution vendor contracts
- Further develop, refine, and include SLAs that comply with industry standards in upcoming FX solution vendor contracts



- Define performance measures and metrics for specific business processes for collection and reporting of performance standards to the Agency in the FX solution vendor contracts
- Continue automating processes using web functionality
- Allow for automatic system alerts and alarms when a performance metric is not within defined performance standard boundaries
- Adopt defined performance standards and metrics
- The FX Project will identify projects that may increase maturity of the Business Results Condition

4.2.5.6 REPORTING CONDITION

Accurate reporting activities will produce data to facilitate oversight, administration, evaluation, integrity, and transparency.

The following activities were recommended by the SMEs to advance the Reporting Condition:

- Produce more comprehensive transaction data, reports, and performance information
- Make inter-agency transaction data and reports with performance information available for program management
- Produce decision audit trails
- Produce audit trails for information within the system
- Enhance the reporting to enable bureaus to monitor their processes
- Improve monitoring and reporting of transaction failures and time outs by making them more real-time notifications
- Improve reporting by providing quicker access to data
- Automatically generate reports through open interfaces to designated State agencies and entities using repositories or data hubs, with appropriate audit trails
- Adopt real-time reporting of information
- Continue to Implement enhanced data analytics
- Identify FX projects that will increase maturity of the Reporting Condition

4.2.5.7 INTEROPERABILITY CONDITION

The activities that comprise the Interoperability Condition ensure seamless coordination and integration with external agencies, organizations, and systems to share business services and technology investments to produce seamless and efficient customer experiences. These activities help maximize value and minimize burden and costs on providers, recipients, and other stakeholders.



The following activities were recommended by the SMEs to advance the Interoperability Condition:

- Collaborate more with other bureaus, agencies, and vendors to identify opportunities to allow for interoperability
- Collaborate with other State agencies and entities to adopt standards and electronic data interchange transactions
- Collaborate more with other bureaus, agencies, and CMS to enhance information sharing
- Use MITA Framework, industry standards, and other nationally recognized standards for exchange of information with State agencies and stakeholders
- Identify FX projects that will increase maturity of the Interoperability Condition

4.2.5.8 DEVELOPING THE 2019 MITA MATURITY ROADMAP

The next step was to take the consolidated document used to create the categories defined previously that contained all the Roadmap Notes. The SEAS Vendor reviewed each Roadmap Note and mapped it to a MITA and corresponding Florida goal(s) to develop a way to illustrate how the activities identified by SMEs in the Roadmap Notes also aligned with MITA, thus creating the Florida MITA Roadmap that outlines all the tasks necessary to achieve the strategic goals. More details on items not mentioned above can be found by selecting the link in Appendix F. **Exhibit 4-6: Screenshot of AHCA’s MITA Maturity Roadmap Detail** provides a snapshot of the detail used to develop the MITA Roadmap.

APPENDIX F – FLORIDA MEDICAID 2018 AND 2019 MITA MATURITY ROADMAP DETAIL

MITA GOALS	UPDATED FLORIDA GOALS	HIGH LEVEL ACTIVITIES FOR MATURITY	SME IDENTIFIED ACTIVITIES FOR MATURITY
Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards.	Reduce Complexity	Increase Automation of Business processes/Reduce manual activities	Monitoring electronically for Care Services
	Use Evidence-Based Decision Making	Exchange Information with Interagency, Other States, and Federal Agencies	More coordination of scheduling and collaboration for monitoring of data for performance measures
	Improve Integration with Partners	Identify and Improve Process Workflows	More flexibility and accessibility of data (Improved reporting including MAR reports)
	Provide Good Stewardship of Medicaid funds	Centralize Business Documentation and related processes	More transparency, improve internal user manuals
		Re-procurement/Enhancements	Move more toward a real time or quicker update file for members if it could ensure that there are no duplicates that would be ideal
		Implement Standards (State, Federal, and Industry)	Move to a daily process in receiving Medicare information instead of monthly with the addition of data on the third-party liability (TPL) resource panel
		Expand Collaboration with Intra-state, Interstate and Federal Agencies	New EDW (or new system like the DSS) could use some new Technical and analytical capabilities and features from current system.
		MITA Framework Compliance	Policies for access and data sources
		Encourage Stakeholder Involvement to improve Satisfaction	Possible change match criteria



Exhibit 4-6: Screenshot of AHCA’s MITA Maturity Roadmap Detail

Exhibit 4-7: MITA Goals by Roadmap Notes illustrates the top Florida goals where the Roadmap Note was mapped. This information was also consistent with what was heard from SMEs during the workshops throughout the assessment.

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

Exhibit 4-7: MITA Goals by Roadmap Notes

The eight Florida strategic goals are also listed in order of highest to lowest rank in **Exhibit 4-8: Ranking of Florida Goals by Roadmap Notes**. This provides another view of the types of Roadmap Notes the executives and SMEs indicated were necessary to advance the Agency's MITA maturity.

RANK	FLORIDA GOALS	COUNTS
1	Enable High Quality and Accessible Data	2084
2	Improve Integration with Partners	2058
3	Provide Good Stewardship of Medicaid Funds	2058
4	Use Evidence-Based Decision-Making	2058
5	Reduce Complexity	1811
6	Improve Healthcare Outcomes	1536



RANK	FLORIDA GOALS	COUNTS
7	Enable Holistic Decision-Making Rather Than Short-Term Focus	463
8	Improve Provider and Member Experience	26

Exhibit 4-8: Ranking of Florida Goals by Roadmap Notes

4.2.6 CURRENT ENVIRONMENT PROJECTS AND BUDGET

The next step in updating the Florida MITA Roadmap was to review a list of projects to determine AHCA's current environment. Florida identified nine active technology or program-related projects scheduled in the next five years. Some of the projects were federally mandated, while others are State required program changes or enhancements to systems and projects to improve the FMMIS/DSS or specific Medicaid processes. One of the largest and most impactful projects for MITA maturity is the FX Project, which will replace the current FMMIS and DSS with a series of modular solutions including an Integration Services Platform, EDW, and other modules.

Activities suggested in 2018 by the SMEs during the workshops, were reviewed to identify which of the activities could be associated with the scope of work for an active AHCA project. Most were already addressed in the defined scope of the projects, with the FX Project being the one with the most, followed by changes to the current FMMIS.

Exhibit 4-9: Current Environment Projects lists all current projects and provides details on which business areas these activities are tied to, as well as the MITA architecture believed to be addressed by the project.

PROJECT/INITIATIVE NAME	DEPENDENCIES	START DATE	END DATE	BA	ARCH
Client Data Management System	State and Federal	3/2015	9/2019	CM	All and 7C&S
Social Security Number Removal Initiative (SSNRI)	State and Federal	5/2017	9/2018	ME and EE	All and 7C&S
Referring, Ordering, Prescribing, and Attending (ROPA) - Provider Enrollment and other ACA Provider Requirements	State and Federal	11/2016	11/2018	PM EE	All and 7C&S
FX Project Phases I and II	State and Federal	12/2016	1/2021	ALL	All and 7C&S
FX Project Phase III	State and Federal	8/2019	1/2025	ALL	All and 7C&S
Agency for Persons with Disabilities (APD) Interface Project	State and Federal	4/2016	10/2019	CM	All and 7C&S



PROJECT/INITIATIVE NAME	DEPENDENCIES	START DATE	END DATE	BA	ARCH
PDMS-Phase 2	State and Federal	5/2017	9/2018	PM EE	All and 7C&S
FMMIS/DSS Fiscal Agent Project	State and Federal	7/2008	12/2024	ALL	All and 7C&S
DOEA eCIRTS Project	State and Federal	1/2018	9/2023	CM EE ME PE PL	All and 7C&S
HITECH-Electronic Health Records (EHR) Project	State and Federal	9/2015	9/2018	PM EE FM PE	All and 7C&S
Electronic Verification and Validation (EVV)	State and Federal		9/2019	CM FM OM PM	All and 7C&S
Provider Enhancement Project	State and Federal	7/2019	TBD	EE PL PM	All and 7C&S

Exhibit 4-9: Current Environment Projects

4.2.7 PLANNED FUTURE PROJECTS

As a part of the FX Project, noted in **Exhibit 4-9: Current Environment Projects**, the first phase of the project is planning and identifying the strategy to replace the current FMMIS with a modular solution. Two of the projects at the time of the submission of this deliverable have already been identified and are currently in the planning or solicitation development phase. These include the IS/IP vendor, who will provide integration services and an integration platform, and EDW, which is expected to replace the current DSS. The other projects noted in **Exhibit 4-10: Planned Projects** are not planned to start until after State fiscal year (SFY) 2019. **Exhibit 4-10: Planned Projects** also provides an additional view of how advancement can be addressed in each of the planned projects that are not in place yet but planned to begin in the next five years.

FX PROJECT	FUNDING DEPENDENCIES	EST. START DATE	EST. END DATE	BA	ARCH
IS/IP	State and Federal	1/2018	11/2021	ALL	IA, TA and 7C&S
EDW	State and Federal	7/2018	4/2022	ALL	All



FX PROJECT	FUNDING DEPENDENCIES	EST. START DATE	EST. END DATE	BA	ARCH
Provider Management	State and Federal	8/2019	6/2023	PM EE PL OM FM CM	All
Case Management	State and Federal	1/2020	2/2022	CM PL	All
Core (Claims, Encounters, Financial)	State and Federal	10/2020	2/2024	OM FM CM ME	BA
Recipient Enrollment	State and Federal	8/2021	12/2024	EE ME	All
Recipient Management	State and Federal	8/2021	12/2024	EE ME PL	All
Care Management	State and Federal	10/2021	4/2024	CM ME	All
Pharmacy Benefit Management	State and Federal	4/2022	6/2023	CM FM PM	All
Third Party Liability	State and Federal	4/2022	11/2023	FM PE OM ME	BA
Plan Management	State and Federal	7/2022	11/2024	PE PL PM BR	All
Contractor Management	State and Federal	4/2022	11/2023	CO BR	7C&S

Exhibit 4-10: Planned Projects

4.2.8 ITEMS TO BE CONSIDERED FOR ADVANCEMENT

There were a few Roadmap Notes that could not be tied to an existing project but could be a project or initiative that will help in achieving MITA maturity goals. Some of those activities include

- Develop Enterprise-Wide Performance Measures to monitor processes managed by the Medicaid Agency
- Standardize agreements to make it faster to bring on new solution vendors

- Adopt a governance process including the implementation of a data governance structure

4.2.9 PROJECT PLAN

The final piece of the MITA Roadmap is the development of a project plan to demonstrate how many of the activities, identified by SMEs, can be accomplished within the next five years. To do this the SEAS Vendor used the start and end dates of the projects in **Exhibit 4-10: Planned Projects** and created a sample project plan. **Exhibit 4-11: Sample AHCA Project Plan** below, provides a timeline of the start and end dates of AHCA projects planned for the next five years. These dates assume that the projects were underway at the time this deliverable was written and that the projects will be completed within the five years.

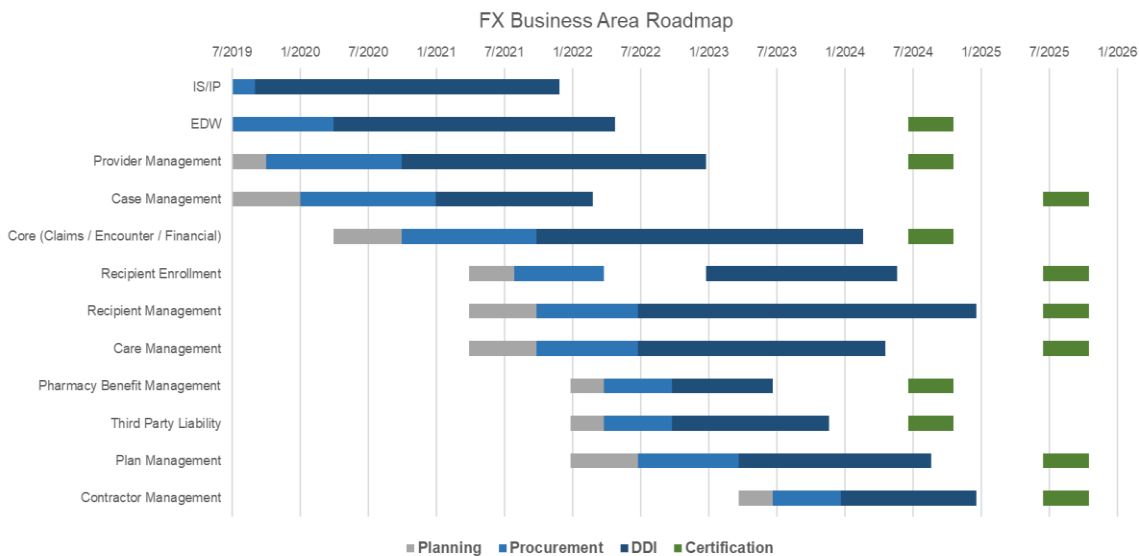


Exhibit 4-11: Sample AHCA Project Plan

4.2.10 RECOMMENDED ACTIVITIES FOR ADVANCEMENT

The Roadmap section details activities that SMEs identified as activities for reaching the desired levels of maturity. **Exhibit 4-12: Recommended Activities for Advancing MITA Maturity** aligns those activities with the MITA Objectives defined by CMS and the 2018 strategic goals identified by AHCA for the FX Project.



MITA GOAL	STRATEGIC GOALS	RECOMMENDED ACTIVITIES FOR MITA MATURITY ADVANCEMENT
<p>Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards</p>	<ul style="list-style-type: none"> ▪ Reduce complexity ▪ Use evidence-based decision-making ▪ Improve integration with partners ▪ Provide good stewardship of Medicaid funds 	<ul style="list-style-type: none"> ▪ Increase automation of business processes/reduce manual activities ▪ Exchange information with interagency, other states, and federal agencies ▪ Identify and improve process workflows ▪ Centralize business documentation and related processes ▪ Procurement/enhancements ▪ Implement standards (state, federal, and industry) ▪ Expand collaboration with intrastate, interstate, and federal agencies ▪ MITA Framework compliance ▪ Encourage stakeholder involvement to improve satisfaction ▪ Implement fraud and abuse detection/prevention solutions ▪ Identify organizational changes
<p>Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology</p>	<ul style="list-style-type: none"> ▪ Use evidence-based decision-making ▪ Provide good stewardship of Medicaid funds 	<ul style="list-style-type: none"> ▪ Increase automation and reduce manual activities ▪ Exchange information with intrastate, interstate, and federal agencies ▪ Identify and improve process workflows ▪ Centralize business documentation and related processes ▪ Procurement/enhancements ▪ Implement standards (state, federal, and industry) ▪ Expand collaboration with intrastate, interstate, and federal agencies ▪ MITA Framework compliance ▪ Manage risks ▪ Identify organizational changes



MITA GOAL	STRATEGIC GOALS	RECOMMENDED ACTIVITIES FOR MITA MATURITY ADVANCEMENT
<p>Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies</p>	<ul style="list-style-type: none"> ▪ Reduce complexity ▪ Use evidence-based decision-making ▪ Provide good stewardship of Medicaid funds 	<ul style="list-style-type: none"> ▪ Increase automation and reduce manual activities ▪ Exchange information with intrastate, interstate, and federal agencies ▪ Identify and improve process workflows ▪ Centralize business documentation and related processes ▪ Expand internet functionality/security/tools ▪ Performance measures-develop, monitor, and report ▪ Procurement/enhancements ▪ Implement standards (state, federal, and industry) ▪ Expand collaboration with intrastate, interstate, and federal agencies compliance ▪ Encourage stakeholder involvement to improve satisfaction ▪ Implement fraud and abuse detection/prevention solutions



MITA GOAL	STRATEGIC GOALS	RECOMMENDED ACTIVITIES FOR MITA MATURITY ADVANCEMENT
<p>Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision making for health care management and program administration</p>	<ul style="list-style-type: none"> ▪ Improve integration with partners ▪ Use evidence-based decision-making ▪ Provide good stewardship of Medicaid funds ▪ Enable high quality and accessible data ▪ Improve provider and member experience 	<ul style="list-style-type: none"> ▪ Increase automation and reduce manual activities ▪ Exchange information with intrastate, interstate, and federal agencies ▪ Identify and improve process workflows ▪ Centralize business documentation and related processes ▪ Expand internet functionality/security/tools ▪ Performance measures-develop, monitor, and report ▪ Procurement/enhancements ▪ Implement standards (state, federal, and industry) ▪ Expand collaboration with intrastate, interstate, and federal agencies MITA Framework compliance ▪ Encourage stakeholder involvement to improve satisfaction ▪ Implement fraud and abuse detection/prevention solutions ▪ Improve data integrity/analysis/reporting ▪ Manage risks ▪ Identify organizational changes ▪ Improve provider and member experience
<p>Provide performance measurement for accountability and planning</p>	<ul style="list-style-type: none"> ▪ Improve healthcare outcomes ▪ Provide good stewardship of Medicaid funds ▪ Enable high quality and accessible data ▪ Improve provider and member experience 	<ul style="list-style-type: none"> ▪ Identify and improve process workflows ▪ Expand internet functionality/security/tools ▪ Performance measures-develop, monitor, and report ▪ Procurement/enhancements ▪ Implement standards (state, federal, and industry) ▪ Expand collaboration with intrastate, interstate, and federal agencies ▪ MITA Framework compliance ▪ Implement fraud and abuse detection/prevention solutions ▪ Improve data integrity/analysis/reporting ▪ Manage risks ▪ Improve provider and member experience



MITA GOAL	STRATEGIC GOALS	RECOMMENDED ACTIVITIES FOR MITA MATURITY ADVANCEMENT
<p>Coordinate with public health care and other partners, and integrate healthcare outcomes within the Medicaid community</p>	<ul style="list-style-type: none"> ▪ Reduce complexity ▪ Improve integration with partners ▪ Enable holistic decision-making rather than short term focus ▪ Improve provider and member experience 	<ul style="list-style-type: none"> ▪ Exchange information with intrastate, interstate, and federal agencies ▪ Expand internet functionality/security/tools ▪ Performance measures-develop, monitor, and report ▪ Procurement/enhancements ▪ MITA Framework compliance ▪ Encourage stakeholder involvement to improve satisfaction ▪ Improve provider and member experience

Exhibit 4-12: Recommended Activities for Advancing MITA Maturity



APPENDIX A – BUSINESS ARCHITECTURE PROFILES

For a business process to mature from one level to the next, all six criteria must meet or exceed the lowest level. For example, if one of the six criteria are at a Level 1, then the entire business process is at a Level 1, even if the other five criteria are at a higher level. The profiles can also be found [here](#) in the AHCA MITA Repository.

2019-Business Architecture Profile – Business Relationship Management					
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
Establish Business Relationship	As-Is/To-Be				
Manage Business Relationship Communication	As-Is/To-Be				
Manage Business Relationship Information	As-Is	To-Be			
Terminate Business Relationship	As-Is/To-Be				
2019-Business Architecture Profile – Care Management					
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
Establish Case	As-Is	To-Be			
Manage Case Information	As-Is	To-Be			
Manage Population Health Outreach	As-Is	To-Be			
Manage Registry	As-Is	To-Be			
Perform Screening and Assessment	As-Is	To-Be			
Manage Treatment Plan and Outcomes	As-Is	To-Be			
Authorize Referral	As-Is/To-Be				
Authorize Service		As-Is	To-Be		
Authorize Treatment Plan	As-Is	To-Be			
2019-Business Architecture Profile – Contractor Management					
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
Manage Contractor Information	As-Is/To-Be				
Manage Contractor Communication	As-Is/To-Be				
Perform Contractor Outreach	As-Is	To-Be			
Inquire Contractor Information	As-Is	To-Be			
Produce Solicitation	As-Is	To-Be			
Award Contract	As-Is	To-Be			
Manage Contract	As-Is	To-Be			
Close Out Contract	As-Is	To-Be			
Manage Contractor Grievance and Appeal	As-Is	To-Be			
2019-Business Architecture Profile – Eligibility and Enrollment Management					
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
Determine Member Eligibility		As-Is	To-Be		
Enroll Member			As-Is	To-Be	
Disenroll Member			As-Is	To-Be	
Inquire Member Eligibility			As-Is	To-Be	
Determine Provider Eligibility		As-Is/To-Be			
Enroll Provider		As-Is/To-Be			
Disenroll Provider		As-Is/To-Be			
Inquire Provider Information	As-Is	To-Be			
2019-Business Architecture Profile – Financial Management					
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
Manage Provider Recoupment		As-Is/To-Be			
Manage TPL Recovery		As-Is/To-Be			
Manage Estate Recovery	As-Is/To-Be				
Manage Drug Rebate		As-Is	To-Be		
Manage Cost Settlement		As-Is/To-Be			
Manage Accounts Receivable Information		As-Is/To-Be			
Manage Accounts Receivable Funds		As-Is/To-Be			



Prepare Member Premium Invoice	As-Is/To-Be				
Manage Contractor Payment	As-Is/To-Be				
Manage Member Financial Participation	As-Is/To-Be				
Manage Capitation Payment	As-Is/To-Be				
Manage Incentive Payment	As-Is/To-Be				
Manage Accounts Payable Information	As-Is	To-Be			
Manage Accounts Payable Disbursement	As-Is/To-Be				
Manage 1099	As-Is/To-Be				
Formulate Budget	As-Is/To-Be				
Manage Budget Information	As-Is/To-Be				
Manage Fund	As-Is/To-Be				
Generate Financial Report	As-Is/To-Be				
2019-Business Architecture Profile – Member Management					
<i>Business Process</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Manage Member Information	As-Is/To-Be				
Manage Applicant and Member Communication	Not Assessed				
Perform Population and Member Outreach	Not Assessed				
Manage Member Grievance and Appeal	Not Assessed				
2019-Business Architecture Profile – Operations Management					
<i>Business Process</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Submit Electronic Attachment	As-Is	To-Be			
Apply Mass Adjustment	As-Is/To-Be				
Process Claims	As-Is/To-Be				
Generate Remittance Advice	As-Is/To-Be				
Inquire Payment Status	As-Is/To-Be				
Calculate Spend-Down Amount	As-Is/To-Be				
Prepare Provider Payment	As-Is/To-Be				
Manage Data	As-Is To-Be				
Process Encounters	As-Is To-Be				
2019-Business Architecture Profile – Performance Management					
<i>Business Process</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Identify Utilization Anomalies	As-Is To-Be				
Establish Compliance Incident	As-Is	To-Be			
Manage Compliance Incident Information	As-Is	To-Be			
Determine Adverse Action Incident	As-Is To-Be				
Prepare REOMB	As-Is/To-Be				
2019-Business Architecture Profile – Plan Management					
<i>Business Process</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Develop Agency Goals and Objectives	As-Is	To-Be			
Maintain Program Policy	As-Is/To-Be				
Maintain State Plan	As-Is To-Be				
Manage Health Plan Information	As-Is To-Be				
Manage Performance Measures	As-Is	To-Be			
Manage Health Benefit Information	As-Is To-Be				
Manage Reference Information	As-Is	To-Be			
Manage Rate Setting	As-Is/To-Be				
2019-Business Architecture Profile – Provider Management					
<i>Business Process</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Manage Provider Information	As-Is To-Be				
Manage Provider Communication	As-Is/To-Be				
Perform Provider Outreach	As-Is				To-Be
Manage Provider Grievance and Appeal	As-Is	To-Be			
Terminate Provider	As-Is/To-Be				



APPENDIX B – INFORMATION ARCHITECTURE PROFILE

The profiles can also be found [here](#) in the AHCA MITA Repository.

2019 Information Architecture Profile					
<i>Business Area</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Business Relationship Management	As-Is/To-				
Care Management		As-Is/To-Be			
Contractor Management	As-Is	To-Be			
Eligibility and Enrollment Management		As-Is/To-Be			
Financial Management		As-Is/To-Be			
Member Management	As-Is	To-Be			
Operations Management		As-Is/To-Be			
Performance Management		As-Is/To-Be			
Plan Management		As-Is/To-Be			
Provider Management		As-Is/To-Be			

APPENDIX C – TECHNICAL ARCHITECTURE PROFILE

The profiles can also be found [here](#) in the AHCA MITA Repository.

2019 Technical Architecture Profile					
<i>Business Area</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
Business Relationship Management	As-Is/To-Be				
Care Management	As-Is	To-Be			
Contractor Management	As-Is/To-Be				
Eligibility and Enrollment Management		As-Is	To-Be		
Financial Management	As-Is	To-Be			
Member Management	As-Is		To-Be		
Operations Management		As-Is	To-Be		
Performance Management	As-Is	To-Be			
Plan Management		As-Is	To-Be		
Provider Management		As-Is	To-Be		



APPENDIX D –CONDITIONS AND STANDARDS PROFILES

The profiles can also be found [here](#) in the AHCA MITA Repository.

<i>Condition and Standard</i>	<i>As-Is Level</i>	<i>To-Be Level</i>
2019 Business Area: Business Relationship Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 1	Level 3
2019 Business Area: Care Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
2019 Business Area: Contractor Management		
Modularity Standard	Level 1	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 1	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 1	Level 3
Interoperability Condition	Level 1	Level 2
2019 Business Area: Eligibility and Enrollment Management		
Modularity Standard	Level 3	Level 4
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
2019 Business Area: Financial Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3



2019 Conditions and Standards Profile		
<i>Condition and Standard</i>	<i>As-Is Level</i>	<i>To-Be Level</i>
2019 Business Area: Member Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
2019 Business Area: Operations Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
2019 Business Area: Performance Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
2019 Business Area: Plan Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
2019 Business Area: Provider Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3



APPENDIX E - MITA eSS-A SCORECARD

Assessment data from the baseline MITA SS-A completed in 2012 as well as the 2014, 2018, and 2019 SS-A Maturity Levels from all capability matrices are consolidated in the eSS-A scorecard tool that was provided by CMS in the MECT 2.3 Toolkit. The completed eSS-A Scorecard can be accessed [here](#).

APPENDIX F – UPDATED MITA ROADMAP DETAIL

The detail used to produce the MITA Roadmap in Section 4 can be found [here](#) in the AHCA Repository.

APPENDIX G – RECOMMENDATIONS

The Recommendations section from the 2018 SS-A can be found [here](#) in the AHCA MITA Repository.

APPENDIX H – NEXT STEPS

The Next Steps section from the 2018 SS-A can be found [here](#) in the AHCA MITA Repository.