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## **Abstract**

The Patient Protection and Affordable Care Act of 2010 (PPACA) mandates an expansion of Medicaid enrollment by 2014 that is predicted to increase Virginia's Medicaid membership by 35% to 45%. Virginia state government does not currently have the business process or technology capacity to manage the additional membership. PPACA and the American Recovery and Reinvestment Act (ARRA) provide federal funding for States to modernize Health Information Technology (HIT) systems. Medicaid Information Technology Architecture (MITA), a joint initiative between the Centers for Medicare and Medicaid Services (CMS) and the Center for Medicaid & State Operations (CMSO), is intended to foster integrated business and IT transformation across the national Medicaid enterprise that will enable successful administration of the expanded Medicaid program under PPACA. Using the MITA State Self Assessment (MITA SS-A), Virginia identified the future state agency HIT capabilities needed to meet the MITA objectives, and a series of enterprise-level IT projects that will support those capabilities. The HIT/MITA Program Office was formed under Secretary of Health and Human Resources Dr. William A. Hazel, Jr. to promote and manage HIT/MITA enterprise IT projects in close coordination with our Federal and State government partners.

Regardless if PPACA is upheld, replacement of eligibility systems that build on the investments made for Health Reform will still provide significant value for the investment: reduced opportunities for Fraud and abuse; better detection of fraud and abuse; increased operational efficiencies; decreased operational cost; improved enrollment accuracy; and improved government services to all Virginians. Virginia's strategic direction is well aligned with Federal direction: MITA, National Information Exchange Model (NEIMEM) etc.

SDW - See other document

## **The MITA Program**

The American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act of 2010 (PPACA) present significant funding opportunities to improve the quality and value of Virginia healthcare. PPACA mandates Medicaid expansion in 2014, which is predicted to increase Virginia's Medicaid membership by 35-45%. Virginia considered two options for PPACA compliance from a cost perspective: expand capacity of legacy eligibility systems and increase administration and operational staff by an average of 40%, or develop new business processes and technology capacities to manage expanded Medicaid membership. Based on projections, an operational staff expansion of 40% would result in a \$40M per year increase in cost to Virginia's Medicaid program, half of which would likely be paid with State funds that would produce little to no return on investment. In contrast, by developing new systems based on the Medicaid Information Technology Architecture (MITA), and using the enhanced Federal funding match rates available under ARRA and PPACA, the return on Virginia's IT investments can be measured

in months. Leveraging MITA also provides cost avoidance and significant improvements in the administration of State government health services.

Leveraging the Federal funding opportunities to offset the impact of Medicaid expansion is an important investment in Virginia's future. The Federal funding available under ARRA and PPACA provides opportunities to achieve the following outcomes for Virginia:

- Build on current health reform efforts;
- Modernize information technology infrastructure as an enabler for future business transformation;
- Provide a technical environment where standards-based interoperability is possible between new and legacy systems;
- Provide web based, self-directed options for health services;
- Reduce the need for large administrative and operational staff for Federal and State programs;
- Reduce overall long-term technology costs for Federal and State programs; and
- Provide an enterprise technology environment that is accessible on a pay-for-use basis by Federal, State, and local governments as well as non-government organizations, community based-services, and commercial interests as allowed by policy.

ARRA and PPACA have many interdependencies and commonalities between them. Together they present significant opportunities to establish technical foundations for the future transformation of Virginia government services.

### ***Medicaid Information Technology Architecture (MITA)***

A joint program between Centers for Medicare and Medicaid Services (CMS) and Center for Medicaid & State Operations (CMSO), MITA is both an initiative and a framework. As an initiative, MITA is a plan to promote improvements in the national Medicaid enterprise and the systems that support it through collaboration between CMS and the States. As a framework, MITA is a blueprint consisting of models, guidelines and principles to be used by States as they implement enterprise solutions.

MITA is intended to foster integrated business and IT transformation across the national Medicaid enterprise to improve the administration of the Medicaid program. MITA's common business and technology vision for State Medicaid organizations emphasizes a patient-centric view not constrained by organizational barriers. Using common standards, MITA promotes broad interoperability between Medicaid organizations within and across States, as well as with other agencies involved in healthcare. Other MITA hallmarks include web-based access and integration of public health data into central repositories.

MITA is aligned with the National Health Infrastructure Initiative (NHII), a voluntary network comprising clinical, public health, and personal health knowledge-based information systems that make health information available to improve decision-making.

### ***MITA State Self-Assessment (SS-A)***

Using a standard methodology and tools, the MITA State Self-Assessment (SS-A) provides a mechanism for State agencies to document the way the State conducts Medicaid business now, and plans to conduct business in the future. The purpose of a completed SS-A is threefold:

1. To identify where the State agency's business processes are located along the continuum from the current As-Is state to the future To-Be (target) state of a State's Medicaid services;
2. To provide a State baseline that will facilitate collaboration between the States and the Federal government, between the States and industry, and among the States themselves; and,
3. To provide input to help States develop a transition plan to guide their business and technical transformations.

Virginia completed its first SS-A in 2007 and more recently updated it in 2010/2011 to assess its alignment with ARRA and PPACA. A number of agencies participated in the 2010/2011 SS-A effort, including the Department of Social Services, Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, Virginia Department of Health, Department of General Services, Division of Consolidated Laboratory Services, Virginia Information Technology Agencies, Department of Motor Vehicles, Department of Corrections, Department of Rehabilitative Services, Virginia Department of Aging, and the HIT Advisory Committee (HITSAC). A Behavioral Health MITA SS-A (BH-SS-A) was also performed. The efforts resulted with an updated, HHR Secretariat-approved MITA Transition Plan. The materials are located at: [http://dmasva.dmas.virginia.gov/Content\\_pgs/mita.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/mita.aspx)

### ***MITA Transition Plan***

HIT business process and technology transformation on the scale of MITA requires close cooperation between Federal, State and local governments, standards groups and private industry. It will also require a sustained effort by DMAS to facilitate alignment and coordination efforts between Virginia's state and local governments. Accordingly, DMAS has designated a MITA program manager to coordinate the transition in Virginia. A great deal has been accomplished since the 2007 SS-A in this area, building State and local government awareness of, and participation in, MITA and its processes. The national health care efforts and Federal initiatives have been a catalyst resulting in a formal alignment of vision, strategy, and coordination for MITA in the Commonwealth.

The transition strategy is to:

- Repeat the SS-A every two years to align Virginia's effort with the national MITA direction and industry standards;
- Incorporate MITA business, information, and technical standards into Virginia's existing enterprise architecture;
- Leverage Virginia's existing working groups, steering committees, councils, industry and user groups to educate, convey information, collaborate, and coordinate efforts;
- Position enterprise technology platforms to support MITA compliant information systems;
- As business needs dictate, replace or enhance non-MITA compliant HIT systems.

### ***Federal Confirmation***

In June 2010, Virginia met with CMS to discuss MITA, related Federal initiatives, and a proposed direction for Virginia. The meeting confirmed Virginia's decision to leverage MITA as the central planning strategy and vision, and to address both ARRA and PPACA requirements from an enterprise perspective.

In June 2011, Virginia met with CMS and the Administration for Children and Families (ACF) to discuss how Virginia's MITA efforts align with the National Human Services Interoperability Architecture (NHSIA). Similar to MITA, NHSIA is a framework that supports common eligibility and information sharing across programs and agencies, improves delivery of services, prevents fraud, and improves outcomes for children and families. While MITA and NHSIA are each tailored for a specific purpose, they have many key IT architecture features in common.

In the concluding remarks from both sessions, our Federal partners confirmed that Virginia's MITA enterprise efforts are on track with the Federal direction. In addition, ACF and CMS both noted that due to the efforts of Secretary Hazel and the HIT/MITA Program Office, Virginia is one of the national leaders in MITA planning and adoption.

### **HIT/MITA Program Office**

Program management emphasizes the coordination and prioritization of resources across projects, and management of links between the projects and the overall costs and risks of the program. Typically such complex, integrated efforts involve multiple parallel projects, and "traditional" individual project management approaches fall short for such undertakings.

### ***Purpose***

To coordinate HIT/MITA Program projects focusing on objectives and business value, prioritize projects and the use of project resources, and provide an environment where enterprise projects can be run successfully in a cost-effective manner.

## ***Vision***

In close coordination with Federal and State partners, promote and manage HIT/MITA Program projects that improve healthcare and human services for Virginians by providing access to the right services for the right people at the right time and for the right cost.

## ***Focus Areas***

The program balances stakeholder expectations, requirements, resources, and timing conflicts across program projects. The core focus areas of the program office are:

- *Benefits Management*: Includes the planning, modeling, and tracking of tangible and intangible benefits throughout the program lifecycle;
- *Program Stakeholder Management*: Identifies how the program will affect stakeholders (both internal and external) and then develops a communication strategy to engage the affected stakeholders, manage expectations, and improve acceptance of the objectives of the program;
- *Program Governance*: Concerns controlling the organization's investment as well as monitoring the delivery of benefits as the program progresses; monitors progress reports and reviews on a routine basis, and specifically at each phase of the program's life cycle;
- *Leadership and Communication*: Establishes the clear leadership required to realize the vision, accompanied by effective communications to all potential audiences; gives direction and setting strategies for achieving organizational change; mobilizes and encourages participation in the program at all stages;
- *Program Infrastructure*: Ensures coordinated management across all projects by using formal program structures and processes, including risk and issue management, financial management, change control, progress and status reporting, program dashboards, project administration support, quality assurance, project initiation and closure, stage gate reviews, and project delivery reviews;
- *Program Integration*: Assures integrity and consistency of project delivery, managing the interdependencies of tasks and deliverables among the projects within and external to the program across solution delivery disciplines; assuring that projects adhere to and integrate with the appropriate business and technical architectures; ensures alignment and consistency with program level decisions/models/constraints across disciplines; and
- *Resource Management*: Manages the challenges of identifying, acquiring, retaining, training, motivating and allocating personnel across projects within the program; selects and manages contractors and contractor relationships.

### ***Goals and objectives***

The HIT/MITA Program's goals and objectives will be documented in the Secretary of Health and Human Resources IT Strategic Plan that will be submitted to the CIO of the Commonwealth for review by October 28, 2011 and will be published on Virginia Performs. The goals are:

Goal 1: Leverage MITA as the forward vision to align Virginia's efforts to the Federal direction and thereby enable maximum Federal funding participation

Goal 2: Fulfill Federal requirements for Health Information Exchange (HIE) and Meaningful Use under ARRA

Goal 3: Fulfill Federal requirements for Medicaid expansion and the Health Insurance/Benefit Exchange under PPACA to minimize long-term fixed cost increases

Goal 4: Communicate progress, status, issues, and risks for a complex program to stakeholder groups in an understandable manner

Goal 5: Provide a program management infrastructure that each chartered project can leverage to eliminate duplicative efforts and reduce project management overhead

Goal 6. Provide change management assistance, coordination, and support to impacted organizations as part of business process reengineering (BPR) efforts.

### **HIT/MITA Reference Documentation**

- MITA Framework v2 documentation <http://www.cms.gov/MedicaidInfoTechArch/>
- COV HIE Strategic and Operational Plans <http://www.hits.virginia.gov/>
- Virginia State Medicaid HIT Plan [http://dmasva.dmas.virginia.gov/Content\\_pgs/pr-  
arra.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/pr-<br/>arra.aspx)
- Virginia MITA Transition Plan [http://dmasva.dmas.virginia.gov/Content\\_pgs/mita.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/mita.aspx)