

KHPA MITA State Self-Assessment Report



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October 26, 2007

Deliverable No. 3, Version 3.0

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1.0 Executive Summary

1.1 MITA Overview

MITA is an initiative of the Centers for Medicaid and State Operations intended to stimulate an integrated business and technological transformation of the Medicaid enterprise in all States. MITA can improve Medicaid program administration by aligning business processes and supporting technology with national guidelines. The MITA Framework 2.0 is a consolidation of principles, business and technical models, and guidelines that creates a template for States to use to develop their individual enterprise architectures, in a manner that is consistent with CMS expectations. In the future, MITA guidelines will support States' requests for appropriate Federal financial participation (FFP) for their Medicaid Management Information Systems (MMIS).

MITA is intended to provide states with an information architecture which they can use as a framework for improving Medicaid and exchanging data throughout the enterprise, including among beneficiaries, vendors and service providers, state and Federal Medicaid agencies, and other agencies and programs which are supported by federal matching funds.

MITA identifies common Medicaid business processes and seeks to convert them into web services. Web services encompass standards which enable automated applications to communicate and exchange data over the Internet (or Intranet) across many sites and organizations. Standards allow interoperability across different platforms, integration of applications, and modular programming so that changes can be introduced incrementally and existing information assets can be leveraged. MITA entails far more than paying and documenting claims; it envisions business processing, information, and technical changes:

- Improvements in monitoring programs and the quality of care through data sharing across the Medicaid enterprise,
- Efficient use of resources through sharing reusable software,
- More timely responses to program changes and emerging health needs, and
- More access to high quality information so that patients and providers can make more informed decisions about health care.

This transformation, however, is a profound one because of the scope of needed change and the fact that some required technologies have not yet evolved. Some changes can be made in two to three years, but others will take five to ten years.

MITA is therefore not a replacement system, but a collaborative federal/state plan to transform Medicaid over the next decade. After four years of work with states and Medicaid system vendors, CMS has issued a MITA Framework (2.0), the result of which is an ongoing collaborative process in which states implement MITA to meet their particular needs and CMS distills their experience into future iterations of the Framework.



The MITA Framework consolidates the *principles* reflected in its goals and objectives, various *models* adapted from best practices in industry to meet the unique requirements of Medicaid, and *national guidelines* emanating from the National Coordinator for Health IT, the Federal Enterprise Architecture, and the Federal Health Architecture. It is business-driven with an integrated Business Architecture, Information Architecture, and Technical Architecture, as shown in Figure 1:



Figure 1 The Integrated Architecture of MITA

(Source: CMS, MITA Business Process Architecture, I.1-1, March 2006)

1.1.1 Business Architecture

The Business Architecture summarizes the Medicaid business as CMS in the MITA planning process distilled it from states and stakeholders. The Information Architecture describes the data and information needed to support the business. The Technical Architecture includes models and approaches for implementing business operations and information processing. (MITA makes a point of not implementing a new technology unless it promises a business payoff for Medicaid.)

The MITA *Business Process Model* (BPM) arrays 78 business processes into eight major business areas which share common purposes and use common data. The eight areas are shown in Figure 2. Section 3.1 lists the business processes that fall within each business area.

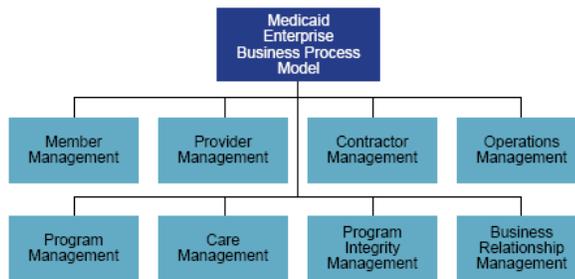


Figure 2 MITA Business Process Model

(Source: CMS, MITA Business Process Architecture, I.4-3, March 2006)

The MITA *Maturity Model* (MMM) measures the transformation of a business process and depicts paths of improvement over time. Also derived from industry and government models, it entails five levels of maturity. Levels one and two represent how Medicaid currently functions in most states. Level three is considered to be a realistic target for improvement in the near term of about five years. Levels four and five depend on the emergence of enabling technologies to facilitate improved levels of business performance and are considered to be realistic goals for program improvements from eight to ten years in the future. For more detailed maturity level



descriptions, see section 1.2.3, below, As-Is Business Area Maturity Levels. Typically, the characteristics by which each maturity level is measured include timeliness, data accuracy and accessibility, efficiency and ease of performance, cost effectiveness, the quality of results and their value to stakeholders. Not all of these factors were rated within the limited scope of the Kansas Health Policy Authority MITA Self Assessment project. Figure 3 illustrates major dimensions of program improvement from maturity levels one and two through levels four and five.



Figure 3 Major Aspects of the MITA Maturity Model
(Source: CMS, MITA Business Process Architecture, I.3-4, March 2006)

Maturity levels correspond to increasingly powerful business capabilities and together provide a road map for making the transition from present Medicaid systems (“As Is”) to improved future systems (“To-Be”). The MITA process culminates in a self-assessment in which a state identifies its target capabilities for improvement and builds them into its future system procurement requirements. The **Business Capability Matrix** (BCM) depicts and compares maturity levels and capabilities across business processes so that assessment participants can identify improvement targets. Figure 4 is a schematic illustration of a completed Framework 2.0 BCM for selected business processes with maturity and capability descriptions for each maturity level.

Business Process	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
Enroll Provider	Level 1 Capability	Level 2 Capability	Level 3 Capability	Level 4 Capability	Level 5 Capability
Authorize Service	Level 1 Capability	Level 2 Capability	Level 3 Capability	Level 4 Capability	Level 5 Capability
Adjudicate Claim	Level 1 Capability	Level 2 Capability	Level 3 Capability	Level 4 Capability	Level 5 Capability
Verify Eligibility	Level 1 Capability	Level 2 Capability	Level 3 Capability	Level 4 Capability	Level 5 Capability

Figure 4 A Fully Populated Business Capability Matrix
(Source: CMS, MITA Business Process Architecture, I.5-9, March 2006)

Few, if any states, however, will have processes functioning at level four, and none will have a process at level five, which presumes functioning national health information systems. The typical state assessment will contain “As-Is” descriptions distributed mostly in levels one and two with perhaps a few at level three.



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The MITA Business Architecture translates these maturity levels into business process capabilities which would support each maturity level. There is a one-to-one correspondence between maturity and capability at each level. Using the Enroll Provider business process as an example, Figure 5, below, describes business capabilities associated with each maturity level:

Enroll Provider Business Capabilities				
Level 1	Level 2	Level 3	Level 4	Level 5
Agency reviews (nonstandard) application data and validates much of it manually. Agency conducts verification by contacting internal and external sources via phone or fax. Agency decisions may be inconsistent. Agency requires a large staff. Agency decisions may take several days.	Agency receives standardized and automated applications that providers can submit via a portal. Agency conducts verification by a mix of manual and automated steps. Agency decisions improve in consistency. Agency requires fewer staff. Agency decisions take less time.	Agency reviews application data that is standardized nationally ("one-stop shop" within a State or region). Almost all verifications can be automated, though agency may continue to take some manual steps. Agency decisions are consistent. Agency decisions can be immediate.	Agency receives internal and external validation sources, notices of change in provider status, and recertification notices automatically. Agency can access clinical data directly and use it to process enrollment requests. Agency takes manual steps only to handle exceptions. Agency decisions can be immediate.	Agency can send or receive enrollment process inquiries on provider status to or from any other State or Federal agency or other entity. Data exchange partners can send notifications regarding providers enrolled with the Medicaid program in any State.

Figure 5 A Fully Populated Business Capability Matrix
(Source: CMS, MITA Business Process Architecture, I.5-5, March 2006)

Each capability is further defined according to the set of qualities representing aspects of the capability which are measurable. Such qualities include:

- Timeliness of the process,
- Data accuracy and accessibility,
- Ease of user performance and process efficiency,
- Cost effectiveness,
- Quality of process results

MITA Framework 2.0 includes qualities which capability levels should evidence, but many of the quantitative measures (referred "Conformance Criteria") are to be developed. The goal of self assessment is to include for each business process a detailed description of its maturity level, capabilities and qualities along with current and potential measures.

The core of assessing maturity levels and capabilities is to apply the MITA Framework by working with state staff to evaluate the functioning of a business process against the general MITA levels and to develop measures to articulate those levels which meet state program management needs. For example, a reporting system under the "Develop and Manage Performance Measures and Reporting" business process might postulate a user-accessible, parameter-driven On-line Analytical Processing (OLAP) tool for the Medicaid enterprise, which would probably represent a maturity level three, and could have capabilities at a parallel level three if it were appropriately embedded in the program management function at multiple levels of the enterprise with flexibility appropriate to each level.



1.1.2 Technical Architecture

The MITA Technical Architecture (TA) describes the set of business and technical services, their connectivity, and standards that a State can use to plan (for the near-term and the long term) and to specify new IT systems for a State Medicaid enterprise.

Several overarching concepts apply to all aspects of the MITA Framework. Those discussed here address the “what” of the MITA TA:

Standards First - The MITA TA will increase the use of data and technical standards to improve the cost effectiveness of IT development.

Commonality and Differences Coexist - The MITA TA is designed to differentiate between processes, data, and technical solutions that are common to many State Medicaid agencies and those that are State-specific.

Business-Driven Design - The MITA TA is grounded firmly in enterprise architecture methodology to allow States to align IT solutions with their business needs.

Built-In Security and Privacy - MITA defines security and privacy capabilities and weaves them into the TA. MITA identifies access requirements in the business processes, defines them within the data models, and implements them through the technical models.

Common Interoperability and Access - The MITA TA makes it possible to implement common interoperability and access. Interoperability refers to system-to-system communication. Access refers to system-to-person communication.

Adaptability and Extensibility - Adaptability allows States to customize MITA common core processes to meet their unique needs. Extensibility allows States to add new functionality to MITA to meet their needs, yet still meet MITA goals and objectives. Both characteristics build in the capabilities needed to accommodate both common needs and unique State needs.

Performance Metrics - The MITA Framework requires performance measurements.

The MITA TA includes the following components:

- MITA technical principles, goals, and objectives
- The Service-oriented architecture concept
- Business services
- Technical capability matrix
- Technical services
- Application architecture
- Technology standards
- Solution sets



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MITA Technical Principles, Goals, and Objectives - The MITA TA defines technical principles, goals, and objectives for MITA, based on the Medicaid visions and objectives contributed by States, CMS, and other agencies.

Service-Oriented Architecture - Service-oriented architecture (SOA) is a software design strategy that packages common functionality and capabilities (referred to as *services*) with standard, well-defined service interfaces to provide formally described functions that can be invoked using a published service contract. A service can be built using new applications, legacy applications, commercial off-the-shelf (COTS) software, or all three. SOA meets the MITA objectives of reusability and interoperability.

Over time, the SOA will tie together the key features of MITA to achieve interoperability and data sharing across the Medicaid enterprise and ultimately among all States and data-sharing partners

Business Services - A business service is software that implements a business capability of a business process. It has a defined interface for its invocation, performs a defined function that corresponds to the capability, and returns defined results. MITA specifies a business service for each business capability.

Technical Capability Matrix - The MITA *Technical Capability Matrix* (TCM) defines a set of high-level (coarse-grained) technical components needed to do the following:

- Enabling one or more MITA Business Process capabilities at different levels of maturity. Examples include forms management and workflow management for automating provider enrollment.
- Supporting the success of the Medicaid mission and goals by realizing one or more MITA goals/objectives. An example is enabling the MITA objective, “Promote reusable components – modularity,” by Technical Capabilities that are part of an SOA, such as the use of an Enterprise Services Bus (ESB)
- Meeting the MITA goals/objectives by enabling the transition of a legacy system or process to the MITA Enterprise Architecture. An example is the development of a wrapper for integrating a legacy mainframe application (e.g., written in COBOL and using an IDMS database) into the MITA SOA.

The TCM provides a benchmark for States to follow in their alignment with MITA principles. The Business Capability Matrix (BCM) and the TCM use the five levels of maturity described in the MITA Maturity Model (MMM)¹. The TCM technical components associated with each level are intended as enablers of the corresponding business capability. Each technical capability consists of one or more technical services.

The MITA Technical Capabilities are grouped into categories and subcategories. The top-level Categories in the matrix are called technical areas and are as follows:

- Business-Enabling Services

¹ The BCM and MMM are described in the KHPA As-is Business Process Assessment Report



- Access Channels
- Interoperability
- Data Management and Sharing
- Performance Measurement
- Security and Privacy
- Flexibility – Adaptability and Extensibility

Technical areas are logical groupings of technical functions; the relationship between technical area and technical function is equivalent to the relationship between business area and business process.

Technical Services - Technical services are composed of a detailed set of technical functions that, taken together, define the MITA technology infrastructure. Each technical service, as with each business service, has a defined interface for its invocation, performs a defined function that corresponds to the capability, and returns defined results (e.g., authentication, data access, logging, presentation, and device-specific services).

Application Architecture - The MITA application architecture provides the information necessary to develop enterprise applications through the use of both business and technical services. An application, in the context of the TA, is a collection of software services that implement a business process at a specific level of maturity. The TA is essentially a set of diagrams that show how business and technical services are invoked and how they are coordinated to implement business processes.

1.1.3 MITA Transitioning Planning

The size and scope of MITA is such that the necessary business, information, and technical transformation must be made in an evolutionary manner. Essential to the process is collaboration from the many stakeholders supported by a clear identification of the business benefits for each stakeholder at every step. The recommended MITA approach to transition planning is one that enables states to plan their business, information, and technical transformation to meet their strategic goals and to bring their business changes and information technology evolution in alignment with the MITA vision. The process can and must be tailored to fit each state's needs, while allowing them to make effective choices and keeping their options open.

The MITA Transition Planning Process is divided into four general phases:

- **Phase 1, Self-Assessment:** The state examines current capabilities (both business and technical) and compiles a list of new or combined target capabilities.
- **Phase 2, State Medicaid Enterprise Architecture (EA) Development:** The state collects the information necessary to project planning, utilizing its Medicaid or state EA. An EA provides a structure for aligning the state's business and technical architectures and ensures that IT investments are aligned with business needs.
- **Phase 3, Transition Plan Development:** The state identifies transition projects that will deliver the target capabilities identified in Phase 1.



- Phase 4, Transition Plan Execution and Iterative Updates:** The state periodically reviews its progress through data compiled regarding the business outcomes of the transition. Any necessary business and technical changes are made in response to the degree of progress toward target capabilities that is achieved. States may report their progress during legislative sessions or as part of other stakeholder activities.

Figure 6 illustrates these phases, all of which require ongoing collaboration with stakeholders.

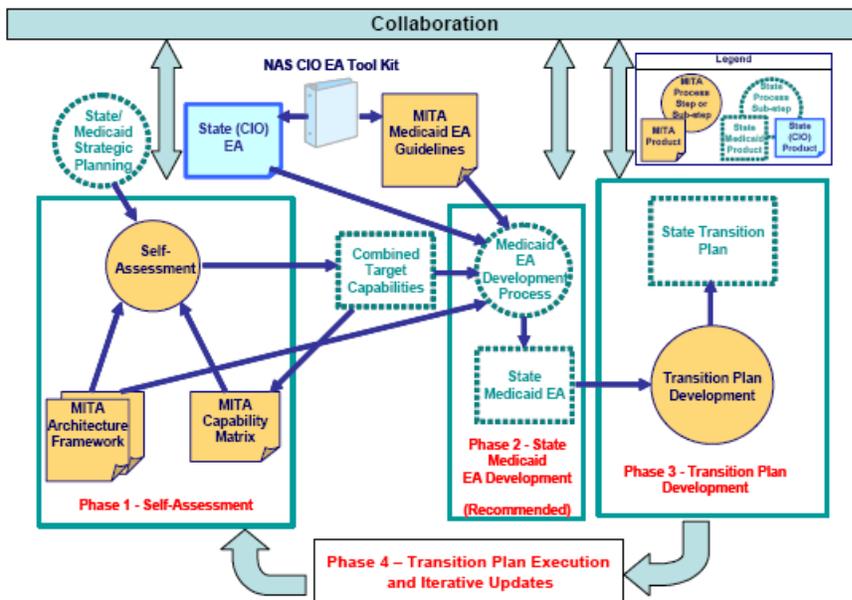


Figure 6 Transition Planning Phases

(From the CMS White Paper “Planning for MITA – An Introduction to Transition Planning”)

Evolutionary transition planning is an iterative process that is focused on the delivery of value to each Medicaid stakeholder. Iterative transition planning steps should provide the common answers for those and other simple questions that are part of every state’s transition planning:

- Is it of value?
- Can we support it technically?
- Does our Governance Structure allow us to?
- What are our priorities?
- What have been our successes/where are our strengths?

Medicaid agency self-assessment results should be updated as the agency implements improvements to its business processes and supporting systems. EAs are constantly evolving; in a sense, they are never finished. Therefore, Medicaid agencies should focus on the parts of the



EA most critical to their goals. The iterative approach allows incremental changes such that the entire transition plan does not need to be updated each time a change is made. Specific capabilities can be added, modified, and deleted, so that only the affected portions of the EA and the transition plan are updated as needed.

1.2 KHPA Assessment Project

1.2.1 Background

The KHPA MITA Enterprise Architecture assessment includes:

- Business Process “As-Is” Assessment and Validation
- Systems and Technology “As-Is” Assessment
- Targeted “To-Be” Business Process Planning

An overview of the steps involved in the KHPA State Self-Assessment project can be found in Figure 7. The initial project phase, i.e., the mapping, assessment and description of the KHPA business against the MITA framework (78 business processes in eight key business areas) is documented in the KHPA As-Is Business Process Assessment Report. The second phase, which assessed KHPA’s technical maturity, is documented in the KHPA As-Is System and Technology Assessment Report. The first two phases were conducted in parallel. This document addresses the third phase of the process where the results of the As-Is assessments are brought together to inform the goal setting and strategy development that will support KHPA’s attainment of its To-Be capabilities.

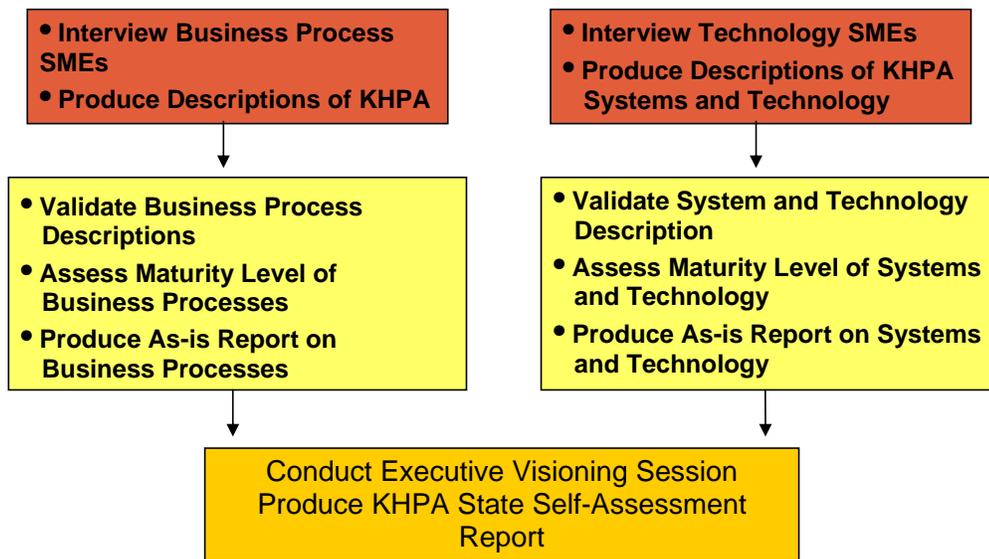


Figure 7 - KHPA State Self-Assessment Project Overview



For a full discussion of the assessment methodologies employed by FOX and KHPA, see Section 2.2 below.

1.2.2 Participants

Participants and subject matter experts in the Business Process Assessment task of the project were identified with the assistance of KHPA project executives and management, and validated with KHPA’s fiscal agent. For a full listing of all participants, see Section 4.1, Business Process Interview Participants, in the KHPA As-Is Business Process Assessment Report.

The participants in the Systems and Technology Assessment task of the project included KHPA, staff, EDS staff and FOX project team members. The following table lists the participants.

KHPA - EDS Participants	FOX Participants
Mr. Tom Laughlin – KHPA	Ms. Pat Martin – Project Manager
Ms. Susan McClacherty – KHPA	Ms. Robin Pratt – Project Manager
Mr. Barry Nason – EDS – Systems Architect	Mr. Jacob Thomas – Senior Technical Analyst
Ms. Patrice Ticehurst – EDS – Provider Relations Manager	

Table 1 - Systems and Technology Assessment Participants

The Executive Visioning session was conducted on September 19, 2007. Participants included the following KHPA management staff, the KHPA project manager, and FOX project team members:

KHPA Participants	FOX Participants
Andy Allison	Robin Pratt
Christiane Swartz	Andrea Danes
Scott Brunner	Jacob Thomas
Diane Davidson	Carmen Davidson
Susan McClacherty	Katie Sullivan
Janice DeBoer	
Tom Laughlin	
Margaret Smith	
Rebecca (Becky) Ross	
Hareesh Mavoori	
Boyd Jantzen	

Table 2 Participants in the Executive Visioning Session



1.3 Summary of Key Findings

1.3.1 Aligning KHPA Vision with MITA Vision

One of the key elements of MITA is the consideration of mission and vision principles for the Medicaid Program, other state agencies, and the overall goals of the state’s government. To facilitate the Executive Visioning session, the FOX Team began by aligning the KHPA Vision Principles to the MITA Goals from the MITA Framework 2.0.

KHPA Vision Principles	MITA Goals					
	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 are aligned with Medicaid business processes and technologies	Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for healthcare 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
Access to Care	✓	✓	✓	✓	✓	✓
Quality and Efficiency in Health Care	✓		✓	✓		✓
Affordable and Sustainable Health Care	✓				✓	
Promoting Health and Wellness				✓		✓
Stewardship	✓	✓	✓	✓	✓	✓
Education and Engagement of the Public						✓

Table 3 - KHPA Vision Principles Mapped to MITA Goals

This table represents the shared vision between KHPA and the CMS MITA Team developing the course of action for states to follow as they plan business process improvement and business needs driven technical implementations. Each of the KHPA Vision Principles and MITA Goals are explained in more detail below to further substantiate the link between the Federal and KHPA goals.



KHPA Vision Principles

- **Access to Care**—Every Kansan should have access to patient-centered health care and public health services ensuring the right care, at the right place, and the right price. Health promotion and disease prevention should be integrated directly into these services.
- **Quality and Efficiency in Health Care**—The delivery of care in Kansas should emphasize positive outcomes, safety and efficiency and be based on best practices and evidence-based medicine.
- **Affordable and Sustainable Health Care**—The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers and government.
- **Promoting Health and Wellness**—Kansans should pursue healthy lifestyles with a focus on wellness—to include physical activity, proper nutrition, and refraining from tobacco use—as well as a focus on the informed use of health services over their life course.
- **Stewardship**—The Kansas Health Policy Authority will administer the resources entrusted to us by the citizens and the State of Kansas with the highest level of integrity, responsibility and transparency.
- **Education and Engagement of the Public**—Kansans should be educated about health and health care delivery to encourage public engagement in developing an improved health system for all.

MITA Goals

- Develop *seamless and integrated systems* that effectively communicate, achieving common Medicaid goals through interoperability and 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 aligned 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
- Coordinate with Public Health and other partners and *integrate health outcomes* within the Medicaid community

1.3.2 Summary of As-Is Business Process and Technical assessments

One of the first steps in a MITA State Self-Assessment is to map the State's business process to the MITA defined business processes. For the most part, KHPA processes fell rather neatly into the MITA organization of business processes with only a few exceptions. These exceptions highlight a characteristic of the KHPA organization that position KHPA well to move further along the Maturity Model and indicates an orientation within the Authority that is in alignment with MITA: centralization.

FOX found that in some areas, KHPA is even more centralized than the MITA business processes envision: Kansas has a centralized fair hearing process that serves members and



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providers and KHPA has a single contracting process that handles both Administrative and Health Services Contracts. As well, the KHPA enterprise involves more than a state Medicaid program, it centralizes most State health care purchasing and policy under one agency. KHPA plans to combine similar functionalities or support them with centralized systems reflect an outlook that mirrors that of MITA.

At this point, no organization is expected to have processes with a maturity level above that of level two. In fact, most are expected to be at level one. One aspect of MITA that it is helpful to be aware of is that MITA was developed with an eye to accommodating future industry and technological developments. As a result, some of the standards and technologies discussed in the MITA 2.0 Framework document do not exist at the present time. This is true for the MITA standards addressed at levels three and above. For this reason, no business process *can* be at a level three at the present time. However, there are a few KHPA processes that come very close to meeting level three capabilities. One reason for this is that KHPA does *not* have a legacy system. The assumption behind the various MITA levels of maturity is that most States still rely on legacy systems as the backbone of their MMIS.

Figure 8 shows the level of maturity for each KHPA Business Area and Technical Area. The diagram uses a bar graph to demonstrate that while all of these areas must be technically assigned a level one, the reality is somewhat more fluid. Individual business processes (BP) and technical functions can be fully at level two, or well on their way to being at level three.

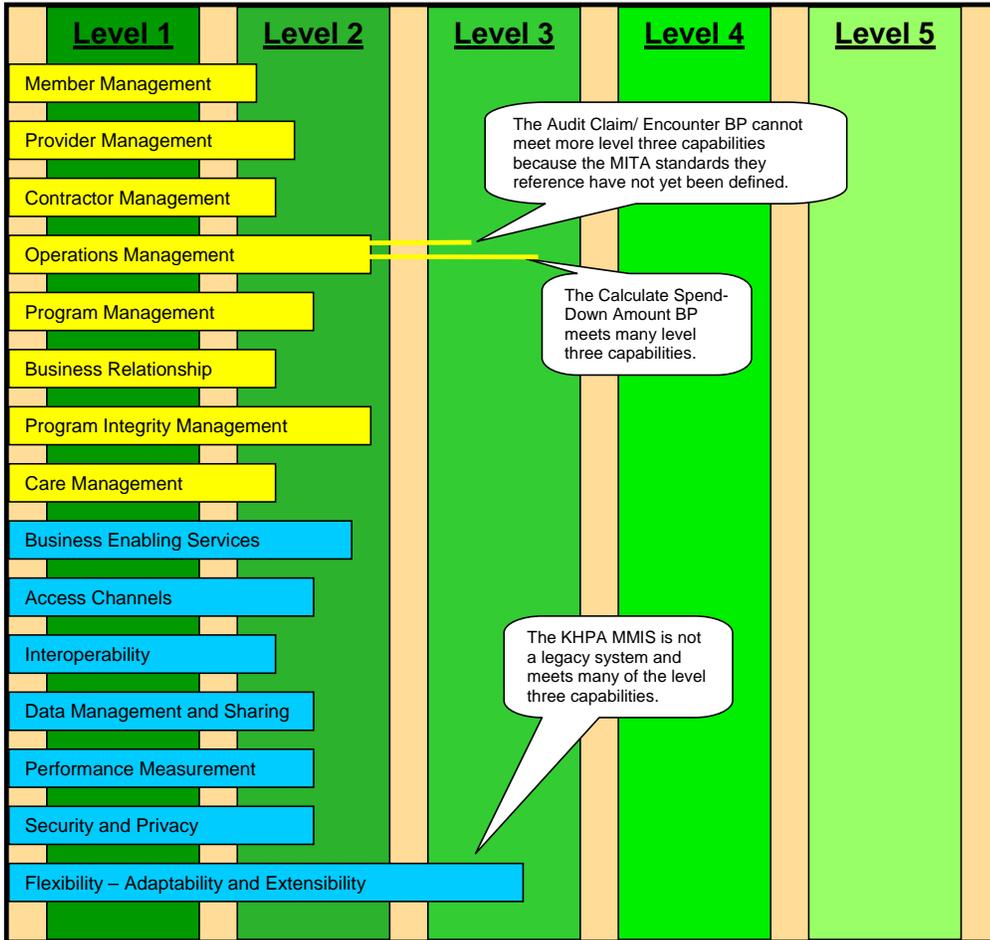


Figure 8 Maturity Levels of As-Is KHPA Business Areas and Technical Areas

1.3.3 Summary of To-Be MITA Vision for KHPA

The participants in the Executive Visioning Session identified the following priority projects for the Authority, listed below in no particular order:

- Data Analytic Interface
- Premium Assistance Program
- New Eligibility System
- Electronic Health Record



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- Health Information Exchange
- Plastic ID Cards
- Workflow Management System
- Document Management System

Based on the current capabilities of the KHPA systems, the goals of the priority projects, and discussion that took place during the session, FOX has come to the conclusion that KHPA is looking to go as far towards meeting level three capabilities as is possible at the present time. Currently, full level three capabilities cannot be met by any State because many of the standards that are specified at this level have not been defined.

Figure 9 below depicts the assumed maturity level which, given the above goal regarding MITA maturity levels, each KHPA Business Area and Technical Area will have reached once *all* of the priority projects are implemented. Some of the Technical Areas will not be able to achieve level three, or even fully reach level 2 because the capabilities require MITA standards that have yet to be defined.

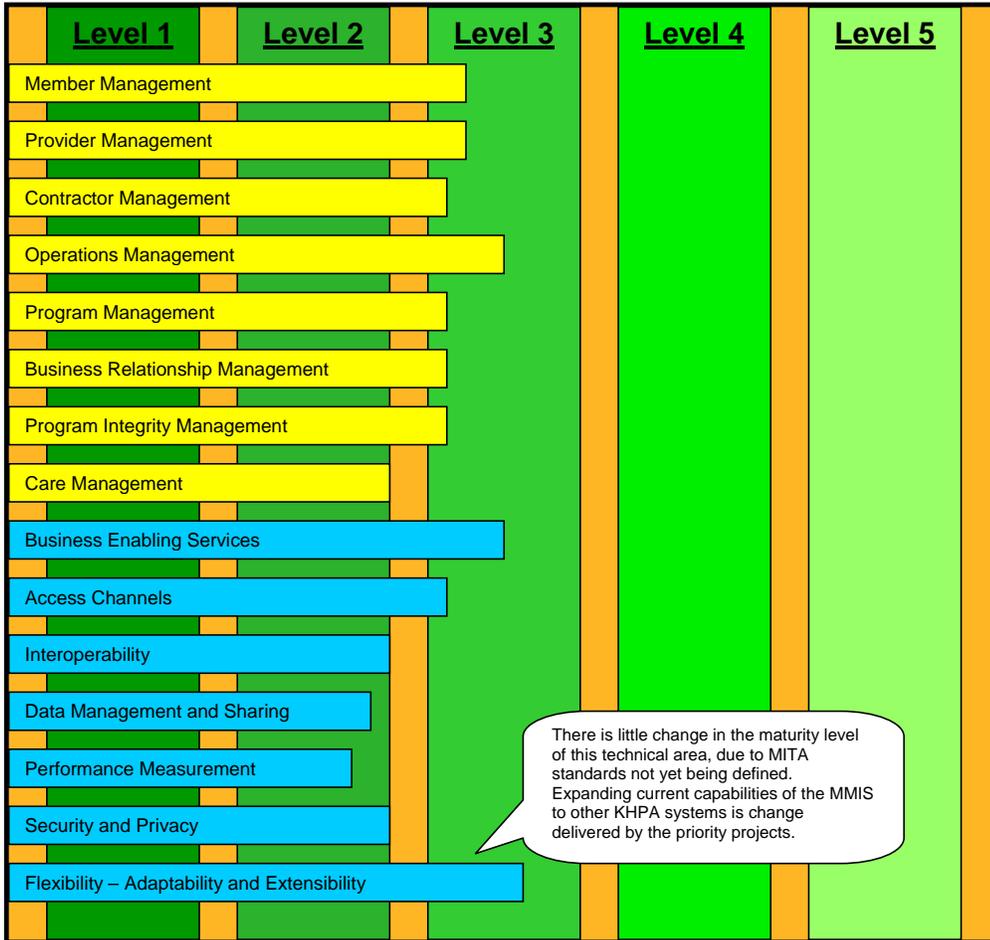


Figure 9 Maturity Levels of To-Be KHPA Business Areas and Technical Areas

1.4 Deliverable Document Overview

The remainder of this document is organized in four major sections:

- KHPA MITA Project Overview – describes the overall MITA project
- Review of Key Findings from Prior Deliverables – presents a summary of the results of the first two portions of the project, the As-Is Business Process and Systems and Technology assessments.



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- KHPA Priorities and MITA To-Be Vision – discusses KHPA efforts already under way and addresses each of the priorities identified during the Executive Visioning Session
- Transitioning Forward with MITA – presents recommendations on how to implement the identified priorities and on how to keep up with an evolving MITA framework.



2.0 Kansas MITA Project Overview

2.1 Project Scope and Approach

FOX consultants worked with key stakeholders, management and subject matter experts (SME) throughout the State's Medicaid business and technology enterprise(s) to develop the MITA Enterprise Architecture (EA) assessment. These initial tasks include the following major areas:

- Project Start-up
- Documentation of KHPA Mission and Goals
- Definition of the KHPA Organizational Hierarchy
- Documentation of the KHPA Systems and Technology
- Definition/Documentation of the KHPA 'As-Is' Business Processes
- Mapping KHPA 'As-Is' to MITA Framework Processes
- Assignment of 'As-Is' Maturity Level to KHPA Business Processes
- Facilitation of KHPA Definition of 'To-Be' Strategy
- Documentation of Self-Assessment Findings and Recommendations

2.2 Assessment Process

The assessment process consisted of the following tasks:

Validate As-Is Business Process Descriptions

The FOX team, in concert with KHPA subject matter experts, completed a comprehensive review and validation of its work product, the "As-Is Business Process Description" document submitted to KHPA in December of 2006.

Validate Mapping of KHPA Business Processes to MITA

Concurrent with the validation of business process descriptions, the FOX team also validated and refined the mapping of KHPA business processes to the MITA framework.

Assign MITA Maturity Level to As-Is Business Processes

The assessment and assignment of maturity levels to various business processes is an ongoing activity. The findings represent only a "snapshot in time" assessment of where various business processes fall on the maturity index. Moreover, the assignment of maturity levels is an inexact science; i.e., there is no "right" or "wrong" number, only an estimation of where KHPA currently falls within the current assessment. Maturity level assessment is actually an ongoing process which begins during project initiation activities and continues through the review of state documentation, business processes and system/technology, and on through future phases of system and business process maturation. KHPA business process descriptions and maturity level assessments can be found in the first deliverable of the project: KHPA As-Is Business Process Assessment Report.



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Finalize and Validate System and Technical Capability Assessment

In a related project task, the KHPA Medicaid systems and technology environment has been examined and documented. The findings of this technical assessment were integral to determining MITA business process maturity levels. These findings can be found in the second deliverable of the project: KHPA As-Is System and Technology Assessment Report.

Facilitate Executive Vision Strategy Discussion

The FOX MITA Methodology includes the Strategy Development phase, which is devoted to facilitating KHPA's determination of target ("To-Be") capabilities for improvement and strategies for implementing them. It is a fairly straightforward task of facilitating the state's identification of target capabilities, identifying recommendations regarding the realization of these capabilities, and framing a high level implementation strategy.

Develop State Self-Assessment Report

Assessment concludes with completion of the final Self-Assessment deliverable, this document, and recommendations for a MITA implementation strategy. The Self-Assessment and strategy recommendations, however, are not an implementation plan. The strategy recommendations accompanying the Self-Assessment recognize technological trends and describe implementation directions to be articulated in a subsequent MITA transition phase. In each cycle of the MITA transition process, it is expected that KHPA will update its Self-Assessment of at least those processes involved in the current cycle and then implement MITA improvements, either on their own or through contracted services.



3.0 Review of Key Findings from Prior Deliverables

3.1 KHPA As-Is Maturity Level Assessments

3.1.1 Maturity Levels

The MITA Framework uses the maturity model to define boundaries and provide guidelines for the transformation of the Medicaid Enterprise from the current level of maturity (As-Is Business Process/As-Is Technical Function) to progressively higher levels of performance (To-Be Business Process/To-Be Technical Function). Prior to any discussion of the maturity assessment of business processes or technical functions for an organization, an understanding of what capabilities are expected at a given maturity level is necessary. The following describes at a high level the capabilities associated with each maturity level.

Level 1

At Level 1, the agency focuses on meeting compliance thresholds dictated by state and federal regulations. It primarily targets accurate enrollment of program eligibles and timely and accurate payment of claims for appropriate services.²

Level One has many manual operations in fragmented programs and automated Medicaid Management Information System (MMIS) data is used for claims processing and post-payment validation.

Level 2

At Level 2, the agency focuses on cost management and improving quality of and access to care within structures designed to manage costs, e.g., managed care, catastrophic care management, disease management.²

Level Two has a mix of manual, fax, scanning, mainframe, distributed, desktop and web operations but still with fragmented programs and limited use of MMIS data outside of claims processing and related functions.

Level 3

At Level 3, the agency focuses on coordination with other agencies and collaboration in adopting national standards and developing shared business services as a means to improving cost-effectiveness of health care service delivery. The agency promotes usage of intra-state data exchange.²

In Level Three the MITA framework supports the Medicaid enterprise as a whole with stakeholders accessing the program over the web and Medicaid data informing most program planning and management decisions.

² From the MITA Framework 2.0, page I.B-14



Level 4

At Level 4, widespread and secure access to clinical data enables the Medicaid enterprise to improve healthcare outcomes, empower beneficiary and provider stakeholders, measure quantitative objectives, and focus on program improvement.²

Level Four extends Level Three capabilities to all health and human services programs whose beneficiaries receive Medicaid, incorporates external clinical data, and has automated data exchange among health and human services programs.

Level 5

At Level 5, national (and international) interoperability allows the Medicaid enterprise to focus on fine tuning and optimizing program management, planning, and evaluation.²

Medicaid through MITA is integrated with the National Health Information System (NHIS) with real time information sharing among federal and state agencies and program stakeholders.

3.1.2 KHPA Summary As-Is Business Process Maturity Matrix

The following table allows the reader to see, at a glance, the maturity levels assessed for each business process. This demonstrates the potential variety of maturity levels for the individual business processes that contribute to the maturity level for the entire business area. Capabilities displaying characteristics similar to those described in section 3.1.1 were evaluated for each business processes.

BP #	KHPA Business Process	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
Member Management Business Area (MM)		X				
MM01	Determine Eligibility	X				
MM02	Disenroll Beneficiary	X				
MM03	Enroll Beneficiary	X				
MM04	Inquire Beneficiary Eligibility		X			
MM05	Manage Applicant and Beneficiary Communication	X				
MM06	Manage Beneficiary Grievance and Fair Hearing	X				
MM07	Manage Beneficiary Information	X				
MM08	Perform Population and Beneficiary Outreach	X				
Provider Management Business Area (PM)		X				
PM01	Disenroll Provider	X				
PM02	Enroll Provider	X				
PM03	Inquire Provider Information		X			
PM04	Manage Provider Communication	X				
PM05	Manage Provider Fair Hearing	X				



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PM06	Manage Provider Information	X				
PM07	Perform Provider Outreach	X				
Contractor Management Business Area (CM)		X				
CM01	Award Administrative Contract	X				
CM01	Award Health Services Contract	X				
CM02	Manage Administrative Contract	X				
CM02	Manage Health Services Contract		X			
CM03	Close Out Administrative Contract	X				
CM03	Close Out Health Services Contract	X				
CM04	Manage Contractor Information	X				
CM05	Manage Contractor Communication	X				
CM06	Perform Contractor Outreach	X				
CM07	Support Contractor Administrative Review & Appeal	X				
CM08	Inquire Contractor Information	X				
Operations Management Business Area (OM)		X				
OM01	Authorize Referral	X				
OM02	Authorize Service	X				
OM03	Authorize Plan of Care	X				
OM04	Apply Claim Attachment	X				
OM05	Apply Mass Adjustment		X			
OM06	Audit/Claim-Encounter		X			
OM07	Edit Claim/Encounter		X			
OM08	Price Claim/Value Encounter		X			
OM09	Prepare COB	X				
OM10	Prepare EOMB	X				
OM11	Prepare HCBS Payment		X			
OM12	Prepare Premium EFT Check		X			
OM13	Prepare Provider EFT Check		X			
OM14	Prepare Remittance Advice/Encounter Report		X			
OM15	Prepare Capitation Premium Payment	X				
OM16	Prepare Health Insurance Premium Payment	X				
OM17	Prepare Medicare Premium Payments		X			
OM18	Inquire Payment Status		X			
OM19	Manage Payment Information	X				
OM20	Calculate Spend Down Amount		X			
OM21	Prepare Beneficiary Premium Invoice	X				
OM22	Manage Drug Rebate		X			
OM23	Manage Estate Recovery	X				
OM24	Manage Recoupment	X				



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OM25	Manage Settlement	X				
OM26	Manage TPL Recovery	X				
Program Management Business Area (PG)		X				
PG01	Designate Approved Service/Drug Formulary	X				
PG02	Develop and Maintain Benefit Package	X				
PG03	Manage Rate Setting	X				
PG04	Develop Agency Goals and Objectives	X				
PG05	Develop and Maintain Program Policy	X				
PG06	Maintain State Plan	X				
PG07	Formulate Budget	X				
PG08	Manage Federal Finance Participation for MMIS	X				
PG09	Manage F-MAP	X				
PG10	Manage State Funds	X				
PG11	Manage 1099s		X			
PG12	Generate Financial and Program Analysis Report	X				
PG13	Maintain Benefits-Reference Information	X				
PG14	Manage Program Information	X				
Business Relationship Management Business Area (BR)		X				
BR01	Establish Business Relationship	X				
BR02	Manage Business Relationship Communications	X				
BR03	Manage Business Relationship	X				
BR04	Terminate Business Relationship	X				
Program Integrity Management Business Area (PIM)		X				
PIM01	Identify Candidate Case	X				
PIM02	Manage Program Integrity Case	X				
Care Management Business Area (CR)		X				
CR01	Establish Case	X				
CR02	Manage Medicaid Population Health	X				

Table 4 - KHPA Summary As-Is Business Process Maturity Matrix



3.1.3 KHPA As-Is Summary Technical Area Maturity Matrix

The following table is an abbreviated form of the MITA Technical Capabilities Matrix. While a complete matrix contains descriptions at each level, this table shows the level determinations resulting from the assessment using a simple indicator but does not contain the reasoning behind the assessed level. The system and technology analysis included KHPA systems only. Systems supported by other agencies (i.e. the SRS KAECSES system) were not included.

No.	Technical Function	Capabilities				
		Level 1	Level 2	Level 3	Level 4	Level 5
B.0 Business Enabling Services Technical Area						
B.1	Forms Management	X				
B.2	Workflow Management	X				
B.3	Business Process Management (BPM)		X			
B.4	Business Relationship Management (BRM)		X			
B.5	Foreign Language Support		X			
B.6	Decision Support		X			
B.6.1	Data Warehouse		X			
B.6.2	Data Marts		X			
B.6.3	Ad hoc Reporting		X			
B.6.4	Data Mining		X			
B.6.5	Statistical Analysis		X			
B.6.6	Neural Network Tools		X			
A.0 Access Channels						
A.1	Portal Access	X				
A.2	Support for Access Devices		X			
I.0 Interoperability						
I.1	Service-Oriented Architecture	X				
I.1.1	Service Structuring and Invocation	X				
I.1.2	Enterprise Service Bus	X				
I.1.3	Orchestration and Composition	X				
I.2	Standards-Based Data Exchange		X			
I.3	Integration of Legacy Systems				N/A	



No.	Technical Function	Capabilities				
		Level 1	Level 2	Level 3	Level 4	Level 5
D.0 Data Management and Sharing						
D.1	Data Exchange Across Multiple Organizations	X				
D.2	Adoption of Data Standards		X			
P.0 Performance Measurement						
P.1	Performance Data Collection and Reporting		X			
P.2	Dashboard Generation	X				
S.0 Security and Privacy						
S.1	Authentication	X				
S.2	Authentication Devices		X			
S.3	Authorization and Access Control		X			
S.4	Intrusion Detection		X			
S.5	Logging and Auditing		X			
S.6	Privacy		X			
F.0 Flexibility – Adaptability and Extensibility						
F.1	Rules-Driven Processing		X			
F.2	Extensibility		X			
F.3	Automate Configuration and Reconfiguration Services		X			
F.4	Introduction of New Technology		X			

Table 5 - KHPA As-Is Summary Technical Area Maturity Matrix

3.2 Observations that Emerged from Detailed Findings

There were some observations that the business process assessment team made that cut across business areas. We were interested to note that a number of these observations are in sync with a number of technical functions. Outlined below are the observations. Listed under each are some of the business processes from which the observation was drawn and the associated technical functions.

- Recovery processes are all highly manual.
 - Business Processes
 - Manage Estate Recovery
 - Manage Recoupment



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- Manage TPL Resources
- Technical Functions
 - Forms Management
 - Workflow Management
- Setting of policies, agency objectives, service coverage relies on federal and legislative mandates and does not focus on health data such as healthcare outcomes.
 - Business Processes
 - Develop and Maintain Benefit Packages
 - Develop and Maintain Program Policy
 - Generate Financial and Program Analysis Report
 - Maintain Benefits-Reference Information
 - Manage Program Information
 - Technical Functions
 - Decision Support Data Warehouse
 - Decision Support Data Mart
- DSS related: Centralized data, it is often difficult for most individuals to access, must be done manually (prone to errors), and is labor intensive.
 - Business Processes
 - Manage Program Information
 - Prepare Remittance Advice-Encounter Report
 - Prepare Provider EFT-check
 - Manage Provider Communication
 - Manage Applicant and Member Communication
 - Technical Functions
 - Decision Support, Data Warehouse
 - Decision Support, Data Mart
- Full fledged Forms Management - some of this functionality already exists in processes primarily performed by vendor staff. Similar functionality is not available to most KHPA staff.
 - Business Processes
 - Manage Estate Recovery
 - Manage Recoupment
 - Manage TPL Resources
 - Technical Function
 - Forms Management
- Electronic routing of files to business processes and individuals involved in processing that require Work flow Management - some of this functionality already exists in processes primarily performed by vendor staff. Similar functionality is not available to most KHPA staff.



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- Business Processes
 - Manage Estate Recovery
 - Manage Recoupment
 - Manage TPL Resources
- Technical Function
 - Workflow Management
- There is no formal Web Portal.
 - Business Processes
 - Manage Applicant and Member Communication
 - Perform Population and Member Outreach
 - Manage Medicaid Population Health
 - Manage Provider Information
 - Perform Provider Outreach
 - Technical Function
 - Portal Access



4.0 KHPA Priorities and the MITA To-Be Vision

4.1 *KHPA Current Change Initiatives and Other Implementation Considerations*

4.1.1 KHPA Health Reform Goals

In addition to the KHPA Vision Principles, the state has also developed specific goals related to Health Reform efforts. Like the Vision Principles, these align well with the goals of seamless interoperability, reduced administrative costs, more strategic deployment of technology, and a business-needs driven approach to Program improvement. For example, effective chronic disease management will require a broader set of health data and the supporting policies and technology to allow data sharing among separate entities, when necessary. MITA supports business process improvement with goals of interoperability and secure data exchange. The other KHPA Health Reform efforts are outlined below, and were utilized in the Executive Visioning Session to further moor the discussion to KHPA directives.

- Providing and protecting affordable health insurance for all Kansans.
 - Health insurance reforms, as outlined in SB 11:
 - *Health Connector*
 - *Reinsurance*
 - *Consumer Driven Health Care*
 - *Premium Assistance/Subsidies for Low Income*
 - *Assistance for Small Business*
- Paying for prevention and a primary care medical home; this will improve health outcomes and result in long term health care savings to the state.
 - Chronic disease management
 - Implementing tobacco control policies
 - Managing obesity and related health conditions
- Promoting personal responsibility. This will ensure that everyday Kansans are focused on improving their own health and utilizing health resources wisely.
 - Improving personal health behaviors and incentivizing healthy communities, schools, and workplaces
 - Promoting the informed use of health care services and improving health literacy
 - Contributing to the cost of health insurance/health care based on the ability to pay, such as sliding scale payment reforms

4.1.2 KHPA Planned Projects

As well as, or as part of, the KHPA health reform efforts are projects that are already underway or have been identified as important to KHPA. These efforts must be taken into account when identifying To-Be goals as part of the MITA State Self-Assessment. A list of these projects can be found in the accompanying document:



Future_Medicaid_Projects_Impacting_MITA_To-Be_Position_20070905.doc

4.1.3 National Trends

Today, more than ever before, organizations in the healthcare industry are pressured from many sides to improve technology, reduce costs, extend service, and create a patient-centric environment for Program participants. Many of these initiatives bring additional pressure to bear on the Medicaid agency and are also a factor in determining the strategic direction in the MITA “To-Be” phase. Several of these initiatives are described below.

- Electronic Medical Records: The Electronic Medical Record Advisory groups are moving toward the development of a standard electronic medical record architecture and processing model. There may be implications in these proposed structures for the data that will be required by an MMIS or the structure required for that data, particularly as MMIS systems participate in Health Information Exchanges (HIE). HL7 has already developed standards for data contained within an electronic health record and these are in use through the Certification Commission for Healthcare Information Technology (CCHIT) initiative for the certification of EHR software products.
- HIPAA: Many healthcare organizations have yet to implement all the requirements from the published HIPAA rules. Additionally, the original HIPAA legislation requires the promulgation of several more regulatory mandates in the next few years, including additional or updated Privacy and Security requirements, as well as updates and new initiatives within the Transactions and Code Sets compliance requirements.
- Managed Care Expansion: Managed care expansion is always considered at both the State and Federal levels of government. States are aware of the potential impact to the Program, system, and administration if or when these changes occur.
- Medicare Modernization Act: This legislation provides prescription drug benefits to seniors and people with disabilities under Medicare. It is likely that this program will evolve over the next few years and could impact MMIS requirements.
- Nursing Home Quality of Care: Quality of care in nursing home is a perennial issue and one that is gaining increased attention.
- Health Outcomes Data Access: Access to the extensive health process data that implicitly resides in MMIS systems is being increasingly sought by researchers and oversight agencies.
- Budget Initiatives: The structure of the economic recovery and the necessity to decrease the deficit will place pressure on funding for public health insurance programs for some time to come. Changing population demographic will add to that pressure.
- Additional State and Federal Legislative Initiatives
- MITA Alignment and Updates to the MITA Framework 2.0.

4.2 KHPA Executive Visioning

4.2.1 Strategies for To-Be Goal Setting

There are several directions from which to approach the definition of To-Be goals under MITA:



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- Business Area/Business Process Strategies
 - Center around improving the capabilities of a business area or process
 - May address specific stakeholder constituency needs
 - May include benefit to other business area/process
- Crosscutting Strategies
 - Address agency *business* needs that affect more than one business area or process
 - Can involve improving the capabilities of a technical area or function to support the business needs
- A blending of the two approaches
 - Some priorities address improvements to business areas or business processes
 - Some address business needs or capabilities that affect more than one business area or process

FOX recommended that KHPA take the third approach and look at their priorities from both an individual business area/business process perspective and a crosscutting perspective.

The participants in the Executive Visioning Session held on September 19, 2007, identified the following priority projects for the Authority, listed below in no particular order:

- Data Analytic Interface (DAI)
- Premium Assistance Program
- New Eligibility System
- Electronic Health Record
- Health Information Exchange
- Plastic ID Cards
- Workflow Management System
- Document Management System

Based on the current capabilities of the KHPA systems, the goals of the priority projects, and discussion that took place during the session, FOX has come to the conclusion that KHPA is looking to go as far towards meeting level three capabilities as is possible at the present time. Currently, full level three capabilities cannot be met by any State because many of the standards that are specified at this level have not been defined.

4.2.2 KHPA's Priorities and To-Be Goals

This section presents a discussion of each of the priority projects identified during the Executive Visioning Session. The following diagram lists the projects and the time frames within which each effort is estimated to take place.

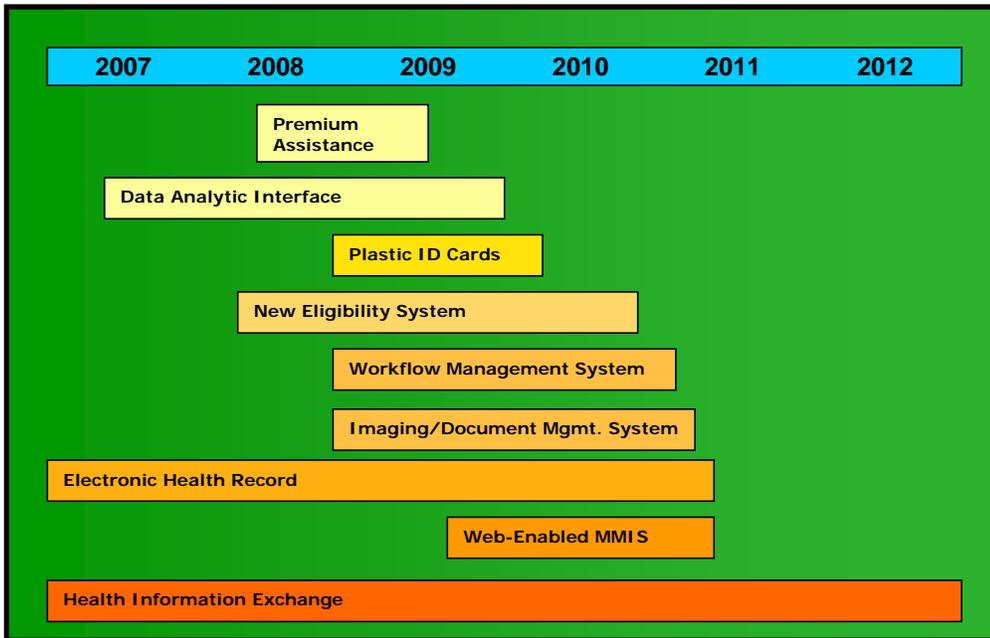


Figure 10 KHPA's Priorities Timeline

The remainder of this section contains brief discussions of each priority projects that identifies the current level of maturity of the processes impacted by the project and a high-level summary of the capabilities the processes must have to reach the KHPA maturity level goal. Following the discussion are tables that identify the business processes and technical functions impacted by these projects. These tables contain the business process or technical function number, name, current level of maturity. There is also a comments column that may contain notes discussing how the project may impact a process. A few of the tables have rows that reference entire business areas or multiple processes within a business area. For these rows, the current level of maturity column reflects to overall level of maturity for the business area or referenced processes. Some processes within the group may have a different level of maturity. The priority projects are presented in the same order in which they appear in Figure 10.

NOTE: A “P” in the comments column indicates that the process may be impacted. Whether it will be or not depends on how the project is implemented. Examination of the process to determine if there is impact is recommended.

4.2.2.1 Premium Assistance Program

The Premium Assistance Program is an initiative designed to assist low income citizens of Kansas in obtaining affordable healthcare by assisting residents in acquiring health insurance and covering a portion of the premium cost. The Premium Assistance Program will be phased in for



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select segments of the population, and is scheduled to begin in fiscal year 2008 and be implemented by January 2009.

The current configuration of KHPA business processes and technical functions that support this project is, for the most part, at level one. While, many of the processes are automated, communications with beneficiaries and potential eligibles is still primarily manual and does not support the production of linguistically and/or culturally appropriate materials. As well, beneficiary related processes are supported by multiple systems on a variety of platforms, one of which is a legacy system (KAECSES) that does not provide the flexibility to support KHPA needs. MMIS and payment based processes are better positioned to meet level three capabilities. A few processes are already functioning fully at level two.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase automation of processes and procedures. Implement the use of automated/electronic forms of communication with beneficiaries (web based applications, ability to review program information on line, etc.). Automate the ability to produce linguistically and culturally appropriate communication (for both outreach and standard communications).
- Increase use of standard transactions to support business processes (e.g. the use of automated methods of payment that adhere to HIPAA requirements and other national standards).
- Improve methods of outreach to potential beneficiary populations, as well as current beneficiary populations.
- Improve analysis of program effectiveness and functionality (participate in the DAI project as much as possible to ensure that the needed information is captured).
- Support and improve upon access through a portal and other access devices to enable appropriate individuals access to information pertinent to the program.
- Increase security and user authentication technical functions/procedures that ensure appropriate access to data (e.g., via the web) is available to necessary staff and providers.
- Improve system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Premium Assistance Program			
Impacted Business Processes			
BP #	Business Process/ Business Area	Current Level of Maturity	Comments
MM01	Determine Eligibility	1	
MM02	Disenroll Beneficiary	1	
MM03	Enroll Beneficiary	1	
MM04	Inquire Beneficiary Eligibility	2	
MM05	Manage Applicant and Beneficiary Communication	1	
MM06	Manage Beneficiary Grievance	1	For verifying or researching grievance or fair hearing cases



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Premium Assistance Program			
Impacted Business Processes			
BP #	Business Process/ Business Area	Current Level of Maturity	Comments
	& Fair Hearing		
MM07	Manage Beneficiary Information	1	
MM08	Perform Population and Beneficiary Outreach	1	
OM12	Prepare Premium EFT Check	2	The Authority already meets level three capabilities regarding the centralized nature of Kansas check/EFT generation. Level 3 requires a MITA standard interface that has not yet been defined. It also requires that most payments be made via EFT that meets national standards, paper checks are the exception
OM16	Prepare Health Insurance Premium Payment	1	P - If current methods of paying insurance premiums continues under this program, no changes are required
PG14	Maintain Program Information	1	P
BR01- BR04	Business Relationship Management Business Area	1	All of this Business Area has the potential to be impacted. However, the impact should primarily be by volume, rather than by changes to process.

Premium Assistance Program			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.1	Forms Management	1	
B.2	Workflow Management	1	
B.5	Foreign Language Support	2	
A.1	Portal Access	1	
A.2	Support for Access Devices	2	
I.2	Standards-Based Data Exchange	2	
D.1	Data Exchange Across Multiple Organizations	1	P – This will depend on the amount of electronic information exchange takes place as part of this program between KHPA and employers and KHPA and insurance companies.
D.2	Adoption of Data Standards	2	
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	



Premium Assistance Program			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.4	Introduction of New Technology	2	The interface to/from any new component of the system implemented to support the Premium Assistance Program' needs to be technology neutral.

4.2.2.2 Data Analytic Interface

As part of KHPA’s efforts to become a more data driven agency and to more effectively manage the quality, availability, and cost effectiveness of health care services in Kansas an RFP has been issued to retain a vendor to assist them in their efforts to consolidate their data assets and provide a user friendly tool to access, analyze, and generate reports. The system will be used extensively by KHPA staff and the potential exists that other state agencies and business partners, such as Kansas Department of Health and Environment (KDHE), the Insurance Department, and K.U. Medical Center will also have access. The system will provide its users with valuable health related information to be used to improve the quality, availability, and cost effectiveness of health care services for Kansas citizens. Vendor bids are scheduled to be evaluated during 2007 with implementation to begin in January 2008, and completion date of January 2009.

It is our understanding that the DAI will replace a portion of the functionality currently supplied by the DSS and will offer access to data from additional sources. However, we were unable to obtain a list of which DSS functions would be replaced. We chose to evaluate the processes impacted by the DAI project as if the DAI were to be a full replacement for the DSS. We felt this would provide the best chance that we would address those functions that will move from the DSS to the DAI.

The current configuration of KHPA business processes and technical functions that support this project are, for the most part, at a level one and level two respectively. While much of the necessary data for analysis is available, it is available across multiple systems and is not readily accessible by the average user. The analysis tools that are currently available, do not meet the needs of KHPA to fully support many of these business processes beyond a level one maturity level.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase automation of processes and procedures. Reassess processes for opportunities for automation, as opposed to using the DAI in a manner similar to the approach taken with current data sources.



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- Increase security and user authentication technical functions/procedures that ensure appropriate access of centralized data (e.g., web access) is available to authorized staff to perform the data analysis necessary to support evaluating program effectiveness.
- Improve data exchange across organizations including use of data standards and increased use of interfaces to centralized data sources. Note the introduction of the DAI as an additional data source decreases the centralization of the data. Analysis regarding whether the DAI will supplement or replace current data sources for impacted processes will affect the degree to which centralization (a factor in maturity level evaluations) will be improved or not.
- Revise benefits/program related processes to include outcome-related analysis and be certain that any information necessary to this process can be supported in the DAI.
- Improvements and simplification of data analysis and reporting tools that meet the needs of the average user.
- Improvements in system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Data Analytic Interface			
Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
MM01	Determine Eligibility	1	During the Executive Visioning Session discussion of the New Eligibility System, the need to load the DAI with eligibility information that would be in the new system but would not be routinely loaded to the MMIS was expressed.
MM06	Manage Beneficiary Grievance & Fair Hearing	1	For verifying or researching grievance or fair hearing cases.
MM07	Manage Beneficiary Information	1	
MM08	Perform Population and Beneficiary Outreach	1	For determining the population to target.
PM01	Disenroll Provider	1	
PM02	Enroll Provider	1	
PM03	Inquire Provider Information	2	P - There may be inquiries from investigating agencies that provider relations would respond to by extracting the information from the DAI; or such agencies may be given access to the DAI tool.
PM04	Manage Provider Communication	1	P - The DAI may be used to identify target provider populations and type of outreach or communication. May also be used in developing response to a provider communication.
PM05	Manage Provider Fair Hearing	1	For verifying or researching fair hearing cases
PM06	Manage Provider Information	1	
PM07	Perform Provider Outreach	1	The DAI may be used to identify target provider populations and type of outreach (e.g., low coverage areas by provider type, etc.) or



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Data Analytic Interface			
Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
			communication. May also be used in developing response to a provider communication.
OM03	Authorize Plan of Care	1	P - If data analysis of claims history is needed to determine needs. This activity would require that SRS or contractor staff have access to the DAI.
OM04	Apply Claim Attachment	1	P - If claim attachments become part of DAI records for analysis. More likely to happen with electronic claims attachments that can be codified to read and adjudicate automatically
OM08	Price Claim/Value Encounter	2	
OM10	Prepare EOMB	1	P
OM23	Manage Estate Recovery	1	
PG01 – PG05, PG07-PG12, PG14	Designate Approved Service/Drug Formulary	1	Most of the processes in Program Management rely, at some point, on analysis of aggregated data. Our assumption is that this data will be obtained from the DAI.
PIM01	Identify Candidate Case	1	
PIM02	Manage Program Integrity Case	1	
CM01	Establish Case	1	
CM02	Manage Medicaid Population Health	1	

Note: The current maturity levels reflect the MMIS and other KHPA systems, not the current eligibility system which was not included in the As-Is systems and technical assessment. The new eligibility system should, at a minimum, match the maturity level of the KHPA systems which reflect capabilities that are in good position for improving maturity levels even further.

Data Analytic Interface			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.3	Business Process Management (BPM)	2	A portion of business process–related performance metrics can be produced from the DAI.
B.6.1	Data Warehouse	2	
B.6.2	Data Marts	2	
B.6.3	Ad hoc Reporting	2	
B.6.4	Data Mining	2	
B.6.5	Statistical Analysis	2	
B.6.6	Neural Network Tools	2	
A.1	Portal Access	1	
A.2	Support for Access Devices	2	
I.2	Standards Based Data	2	



Data Analytic Interface			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
	Exchange		
D.1	Data Exchange Across Multiple Organizations	1	Since there is a potential that other state agencies and business partners, such as KDHE, the Insurance Department, and K.U. Medical Center will also have access.
D.2	Adoption of Data Standards	2	Careful research into the likelihood of standards currently available but not currently required by CMS becoming the MITA standard will position the Authority to meet future requirements.
P.1	Performance Data Collection and Reporting	2	A portion of business process-related performance metrics can be produced from the DAI.
P.2	Dashboard Generation	1	Summary-level performance information can be generated and displayed from the DAI.
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.3	Automate Configuration and Reconfiguration Services	2	
F.4	Introduction of New Technology	2	The interface to/from this new 'data warehouse' module/component needs to be technology neutral.

4.2.2.3 Plastic ID Cards

Currently paper ID cards are mailed monthly to Medicaid beneficiaries. The cards indicate an individual’s coverage. The implementation of “Advanced ID Cards” would eliminate the need for these monthly mailings and would replace paper ID cards with permanent cards with magnetic strips and barcodes that are used for electronic access of healthcare coverage data. The current timeline for implementation is calendar year 2008.

The current configuration of KHPA business processes and technical functions that support this project is, for the most part, at level one. While, many of the processes are automated, communications with beneficiaries and potential eligibles is still primarily manual and does not support the production of linguistically and/or culturally appropriate materials. As well, beneficiary related processes are supported by multiple systems on a variety of platforms, one of which is a legacy system (KAECSES) that does not provide the flexibility to support KHPA needs. One process is already functioning fully at level two.



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To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase automation of processes and procedures. Implement the use of automated/electronic forms of communication with beneficiaries now that the monthly mailing of ID cards removes a convenient manual conduit. Automate the ability to produce linguistically and culturally appropriate communication (for both outreach and standard communications).
- Improve methods of outreach to potential beneficiary populations, as well as current beneficiary populations.
- Improve analysis of program effectiveness and functionality (ensure that the implementation of the plastic ID cards includes collection of data to measure the effectiveness of the cards.).
- Support and improve upon access through a portal and other access devices to enable appropriate individuals access to information pertinent to the program.
- Increase security and user authentication technical functions/procedures that ensure appropriate access to data (e.g., web access) is available to necessary staff and providers.
- Improve system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Plastic ID Cards			
Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
MM04	Inquire Beneficiary Eligibility	2	
MM05	Manage Applicant and Beneficiary Communication	1	
MM07	Manage Beneficiary Information	1	
MM08	Perform Population and Beneficiary Outreach	1	The current practice of sending information with the paper cards will have to be done differently.

Plastic ID Cards			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.5	Foreign Language Support	2	
A.2	Support for Access Devices	2	
I.2	Standards-Based Data Exchange	2	
D.2	Adoption of Data Standards	2	
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	



Plastic ID Cards			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.4	Introduction of New Technology	2	The interface between card reader devices and the KHPA system needs to be technology neutral. This is to ensure that in the future, current card reader technology can be easily replaced with a new one without significant changes to the interface.

4.2.2.4 New Eligibility System

The current system that determines eligibility for Medicaid programs is the Kansas Automated Eligibility and Child Support Enforcement System (KAECSES). This is a legacy system “owned” by SRS. A budget proposal has recently been presented to replace KAECSES with a new system that conforms to MITA. This project/effort is set to start with a release of the RFP in December of 2007. The contract is scheduled to be awarded in March of 2008 with at least some aspect of the system implemented by October of 2008. A minimum 18 months is expected for full implementation. The new system will initially support current eligibility functionality in a database environment that is more easily modified than the current system and has the capability of streamlining the process for Kansas citizens to apply for medical benefits. The system will interface with the DAI and support analysis such as that needed to monitor the impacts of the Premium Assistance Program (i.e. the potential for “Crowd-out”: leaving private coverage and moving to public coverage). The longer term goal is to also support the State Employee Health System member management needs.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase automation of processes and procedures. Implement the use of automated/electronic forms of communication with beneficiaries (web based applications, ability to review program information on line, etc.). Automate the ability to produce linguistically and culturally appropriate communication (for both outreach and standard communications. Reassess processes for opportunities for automation, as opposed to using the new eligibility system in a manner similar to the approach taken with current system.
- Increase use of data standards to support business processes.
- Improve methods of outreach to potential beneficiary populations, as well as current beneficiary populations.



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- Improve analysis of program effectiveness and functionality. Be certain that the new system can gather performance measurements and is configured to pass these and any eligibility information not supported by the MMIS to the DAI. Revise benefits/program related processes to include outcome-related analysis and be certain that any information necessary to this process that can be obtained during eligibility determination can be collected by the new eligibility system.
- Support and improve upon access through a portal and other access devices to enable appropriate individuals (including beneficiaries) access to information pertinent to the program.
- Increase security and user authentication technical functions/procedures that ensure appropriate access to data (e.g., web access) is available to necessary staff and providers.
- Improve system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

New Eligibility System			
Impacted Business Processes			
BP #	Business Process	Current Maturity Level	Comments
MM01	Determine Eligibility	1	
MM02	Disenroll Beneficiary	1	
MM03	Enroll Beneficiary	1	
MM04	Inquire Beneficiary Eligibility	2	
MM05	Manage Applicant and Beneficiary Communication	1	
MM06	Manage Beneficiary Grievance & Fair Hearing	1	
MM07	Manage Beneficiary Information	1	
MM08	Perform Population and Beneficiary Outreach	1	
OM09	Prepare COB	1	
OM15	Prepare Capitation Premium Payment	1	
OM16	Prepare Health Insurance Premium Payment	1	
OM17	Prepare Medicare Premium Payment	2	
OM20	Calculate Spend down Amount	2	
OM21	Prepare Beneficiary Premium Invoice	1	
OM23	Manage Estate Recovery	1	
OM26	Manage TPL Recovery	1	
PG02	Develop and Maintain Benefit	1	The new system should support the ability to blend benefits across programs, even if the capability is



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New Eligibility System			
Impacted Business Processes			
BP #	Business Process	Current Maturity Level	Comments
	Package		not implemented immediately.
PG05	Develop and Maintain Program Policy	1	The new system should reduce the number of individuals involved in applying updates to the system. (e.g., code tables and business rules can be directly updated by program staff)
PG12	Generate Financial and Program Analysis Report	1	Data from the new eligibility system passed to the DAI and available for report generation
PG13	Maintain Benefits-Reference Information	1	P – If the MMIS benefits/reference repository is a source for benefits information for the new system.
PG14	Manage Program Information	1	P – If the MMIS benefits/reference repository is a source for benefits information for the new system.
CR01	Establish Case	1	P – If the new eligibility system is to provide support for determination of eligibility for care management programs (e.g. care management program) or the EPSDT program

New Eligibility System			
Impacted Technical Functions			
TF # CML#	Technical Function	Current Level of Maturity	Comments
B.1	Forms Management	1	
B.2	Workflow Management	1	
B.5	Foreign Language Support	2	
A.1	Portal Access	1	P – If the new Eligibility system allows access to eligibility information thru the portal, this needs to be included. Even if the Beneficiary and provider access to Eligibility functions via manual or alphanumeric devices, this needs to be included.
A.2	Support for Access Devices	2	
I.2	Standards-Based Data Exchange	2	
D.1	Data Exchange Across Multiple Organizations	1	
D.2	Adoption of Data Standards	2	
P.1	Performance Data Collection and Reporting	2	
P.2	Dashboard Generation	1	
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	



New Eligibility System			
Impacted Technical Functions			
TF # CML#	Technical Function	Current Level of Maturity	Comments
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.3	Automate Configuration and Reconfiguration Services	2	
F.4	Introduction of New Technology	2	The interface to/from eligibility module/component needs to be technology neutral.

4.2.2.5 Expanded Workflow Management Capabilities

Workflow management oversees the process of passing information, documents, and tasks from one employee/machine/location to another. Effective workflow management improves efficiency by automating processes and ensuring procedures are consistently followed. While KHPA uses CTMS (Correspondence Tracking Management Tracking System) for the electronic routing of files to business processes and individuals involved in some processes. The Expanded Workflow Management business priority will expand on this workflow management and assist KHPA in streamlining processes and improving the quality of each process outcome. There is no established timeline for this business priority.

The current configuration of KHPA business processes and technical functions that support this project are, for the most part, at level one and level two respectively. While some of KHPA’s processes are automated and supported by a workflow management system, many of the processes remain manual with limited process oversight. The current workflow management tracking system provides support for the routing of only a limited number of files for some processing functions and may not provide the flexibility to support the alternate scenarios needed to fully automate processes not currently using the system. Most of the processes that currently utilize a workflow management system are primarily carried out by vendor staff.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase in automation of processes and procedures.
- Increase electronic routing of files to business areas and individuals involved in completion of processes.
- Increase in security and authentication technical functions/procedures that ensure appropriate access to and routing of file data necessary for the completion of processes.
- Establish and produce business process–related performance metrics as they pertain to the functions handled by Workflow Management system.
- Improvements in system flexibility, keeping in mind the requirement to eventually function in a SOA environment.



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Expanded Workflow Management Capabilities			
Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
MM01	Determine Eligibility	1	
MM02	Disenroll Beneficiary	1	
MM03	Enroll Beneficiary	1	
MM04	Inquire Beneficiary Eligibility	2	
MM05	Manage Applicant and Beneficiary Communication	1	
MM06	Manage Beneficiary Grievance & Fair Hearing	1	
MM07	Manage Beneficiary Information	1	P- For use with any portion of this process that remains manual
MM08	Perform Population and Beneficiary Outreach	1	P- To track development and approval of outreach decisions and development of materials
PM01	Disenroll Provider	1	
PM02	Enroll Provider	1	
PM03	Inquire Provider Information	2	
PM04	Manage Provider Communication	1	
PM05	Manage Provider Fair Hearing	1	
PM06	Manage Provider Information	1	
PM07	Perform Provider Outreach	1	
CM01	Award Administrative Contract	1	
CM02	Manage Administrative Contract	1	
CM03	Close Out Administrative Contract	1	
CM04	Manage Contractor Information	1	
CM05	Manage Contractor Communication	1	
CM06	Perform Contactor Outreach	1	
CM07	Support Contractor Administrative Review & Appeal	1	
CM08	Inquire Contractor Information	1	
OM01	Authorize Referral	1	P- If KHPA opts to have more control over this process
OM02	Authorize Service	1	
OM03	Authorize Plan of Care	1	
OM04	Apply Claim Attachment	1	
OM05	Apply Mass Adjustment	2	
OM06	Audit Claim/Encounter	2	P-to support any portions of the process that are not automated or flow between systems
OM07	Edit Claim/Encounter	2	P-to support any portions of the process that are not



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Expanded Workflow Management Capabilities			
Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
			automated or flow between systems
OM08	Price Claim/Value Encounter	2	To support any portions of the process that are not automated or flow between systems
OM09	Prepare COB	1	
OM10	Prepare EOMB	1	
OM22	Manage Drug Rebate	2	P
OM23	Manage Estate Recovery	1	P
OM24	Manage Recoupment	1	P
OM25	Manage Settlement	1	
OM26	Manage TPL Recovery	1	
PG01	Designate Approved Service/Drug Formulary	1	
PG02	Develop & Maintain Benefit Package	1	
PG03	Manage Rate Setting	1	
PG04	Develop Agency Goals & Objectives	1	
PG05	Develop & Maintain Program Policy	1	
PG06	Maintain State Plan	1	
PG07	Formulate Budget	1	
PG08	Manage Federal Finance Participation for MMIS	1	
PG09	Manage F-Map	1	
PG10	Manage State Funds	1	
PG11	Manage 1099s	2	
PG12	Generate Financial & Program Analysis/Report	1	
PG13	Maintain Benefit/Reference Information	1	P
PG14	Manage Program Information	1	
BR01	Establish Business Relationship	1	
BR02	Manage Business Relationship Communications	1	
BR03	Manage Business Relationship	1	
BR04	Terminate Business Relationship	1	
PIM01	Identify Candidate Case	1	
PIM02	Manage Program Integrity Case	1	
CM01	Establish Case	1	
CM02	Manage Medicaid Population Health	1	



Expanded Workflow Management Capabilities			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.2	Workflow Management	1	
I.2	Standards-Based Data Exchange	2	
D.1	Data Exchange Across Multiple Organizations	1	If the system will be used by affiliated agencies (SRS, KDOA)
D.2	Adoption of Data Standards	2	
P.1	Performance Data Collection and Reporting	2	
P.2	Dashboard Generation	1	If summary-level performance information about all or some of the functions handled by a Workflow Management system need to be generated and displayed.
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.4	Introduction of New Technology	2	The Work flow Management system needs to be technology neutral.

4.2.2.6 Expanded Imaging/Document Management Capabilities

In an effort to reduce paper document storage and implement paperless process, Kansas is exploring the use of electronic document storage to better manage the quality, availability, and cost effectiveness of health care services in Kansas. This service will provide electronic access to business and eligibility documents for authorized users. KHPA is currently in the process of developing the Project Concept Statement and has identified an anticipated implementation date of calendar year 2008.

The current configuration of KHPA business processes and technical functions that support this project are, for the most part, at level one and level two respectively. While some of the processes are fully at a level two, many of the processes remain highly manual in part due to imaging/document management capabilities limited to the fiscal agent.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase in automation of processes and procedures.



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- Increase access to imaged documents necessary for each business area, including access to documents received and processed through the fiscal agent.
- Increase use of electronic forms for the collection of data (via web based applications).
- Increase in security and authentication technical functions/procedures that ensure appropriate access of imaged documents necessary for the completion of processes.
- Improvements in system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Expanded Imaging/Document Management Capabilities			
Impacted Business Processes			
BP #	Business Process/Business Area	Current Level of Maturity	Comments
MM01 – MM7	Most Member Management Business Area processes	1	To support any portion of these processes that involves the handling of hard-copy (e.g., faxes) that must be saved. Documents that go out to a population and are not specific to a beneficiary do not usually need to be scanned.
PM01 – PM06	Most Provider Management Business Area processes	1	To support any portion of these processes that involves the handling of hard-copy (e.g., faxes) that must be saved. Documents that go out to a population and are not specific to a provider do not usually need to be scanned
CM01 – CM05, CM07 – CM08	Most Contractor Management Business Area processes	1	To support any portion of these processes that involves the handling of hard-copy (e.g., faxes) that must be saved. Documents that go out to a population and are not specific to a contractor do not usually need to be scanned
OM02	Authorize Service	1	
OM03	Authorize Plan of Care	1	P – Much of this process that currently involves paper is handled by SRS, would SRS be utilizing the document imaging/management system?
OM04	Apply Claim Attachment	1	
OM06	Audit Claim/Encounter	2	P – To support access to documents that may be reviewed as part of the adjudication process especially accessing medical records or related pertinent information.
OM07	Edit Claim/Encounter	2	P – To support access to documents that may be reviewed as part of the adjudication process especially accessing medical records or related pertinent information.
OM08	Price Claim/Value Encounter	2	Items that must be manually priced using acquisition costs that are ascertained by reading the provider submitted documentation.
OM10	Prepare EOMB	1	To support handling of returned responses.
OM18	Inquire Payment Status	2	P
OM20	Calculate Spend Down Amount	2	P
BR01 – BR04	Business Relationship Management Business Area	1	P- If documentation must be imaged and becomes part of the work flow management.



Expanded Imaging/Document Management Capabilities			
Impacted Business Processes			
BP #	Business Process/Business Area	Current Level of Maturity	Comments
PIM01	Identify Candidate Case	1	To support any portion of the process utilizing hard copy.
PIM02	Manage Program Integrity Case	1	To support any portion of the process utilizing hard copy.
CR01	Establish Case	1	To support any portion of the process utilizing hard copy.

Expanded Imaging/Document Management Capabilities			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.2	Workflow Management	1	
I.2	Standards-Based Data Exchange	2	
D.1	Data Exchange Across Multiple Organizations	1	
D.2	Adoption of Data Standards	2	
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.4	Introduction of New Technology	2	The Imaging/Document Management system needs to be technology neutral.

4.2.2.7 Electronic Health Record

The electronic health record will provide providers with person-centric health information for defined populations. The pilot project currently underway with Sedgwick County includes the provision of a “Community Health Record”. The information used to create the health record comes from claim data along with interactive documentation for well-child screenings. Personal health information includes demographics, claims data, dispensed medications, lab results, and immunizations. Providers can add allergies, vital signs and other lightweight documentation, specifically the Early and Periodic Screening, Diagnosis and Treatment forms. All behavior health and mental health data is excluded. This solution also includes electronic prescribing (e-prescribing) including drug to drug checking and dose range checking. E-prescribing delivers formulary information at the point of care to deliver eligibility, member and provider education



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about co-pay and total cost differentials for brand name versus generic drugs. At this time no dates have been identified for expansion of this project.

Note: The Community Health Record that is being piloted in Sedgwick County, and is described, above, is not the EHR that is often referred to nationally, it is a less robust version designed to provide health care providers critical health information for defined populations.

The current configuration of KHPA business processes and technical functions that support this project are, for the most part, at level one and level two. While some business processes meet level two and limited level two capabilities (e.g. web portal support for some transactions) the majority of these processes are largely accomplished via paper and approvals are manual for both paper and electronic requests.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase automation of processes and procedures. Assess whether decision making processes can be automated, now that the information in is in the computer in a standard format. If information in electronic form continues to support a manual decision making processes where automation is possible, process maturity will not advance.
- Increase use of standard transactions to support business processes including future transactions (e.g. claim attachments).
- Improve analysis of program effectiveness and functionality using clinical data available through claims, EHRs, etc.
- Support and improve upon access through a portal and other access devices to enable appropriate individuals access to and supply EHR information.
- Increase security and user authentication technical functions/procedures that ensure appropriate access to data (e.g., web access) is available to necessary staff and providers.
- Improvements in system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Electronic Health Record			
Impacted Business Processes			
BP #	Business Process/ Business Area	Current Level of Maturity	Comments
MM07	Manage Beneficiary Information	1	The EHR is beneficiary information. Maintenance of this record is a part of this process.
MM08	Perform Population and Beneficiary Outreach	1	As the EHR pilot is expanded, data in this record could provide this process with important information on beneficiary populations.
PM04	Manage Provider Communication	1	This process is impacted from the perspective of provision of training to providers regarding how to use the record. It is also impacted in that the use of the record falls under the category of providers communicating health information on a beneficiary to



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Electronic Health Record			
Impacted Business Processes			
BP #	Business Process/ Business Area	Current Level of Maturity	Comments
			the agency and receiving it from the agency.
CM01 – CM08	Contractor Management Business Area	1	All of this Business Area has the potential to be impacted. KHPA anticipates a vendor will host the EHR, and going out for RFP or expanding current pilot will impact these processes by volume not necessarily steps.
OM02	Authorize Service	1	
OM03	Authorize Plan of Care	1	P- If the plan of care becomes part of the EHR. Use of the EHR would involve SRS and vendors.
OM04	Apply Claim Attachment	1	P- If the attachment becomes part of EHR record, this may be impacted.
OM06	Audit Claim/Encounter	2	
OM07	Edit Claim/Encounter	2	
OM08	Price Claim/Value Encounter	2	P-This may be where the claim info is moved to the EHR, impact is dependent on where this would occur.
OM14	Prepare Remittance Advice/Encounter Report	2	
BR01 – BR04	Business Relationship Management Business Area	1	All of this Business Area has the potential to be impacted. However, the impact should primarily be by volume, rather than by changes to process.
CR01	Establish Case	1	The EPSDT program is part of this process, This process is also impacted because the pilot program, of which the Community Health Record is a part, is a Care Management program.

Electronic Health Record			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.1	Forms Management	1	If use of forms is involved in the EHR
B.2	Workflow Management	1	
A.1	Portal Access	1	
A.2	Support for Access Devices	2	
I.2	Standards-Based Data Exchange	2	
D.1	Data Exchange Across Multiple Organizations	1	
D.2	Adoption of Data Standards	2	
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	



Electronic Health Record			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	Extension to EHR should not require pervasive code changes and this can be easily added.
F.4	Introduction of New Technology	2	The interface to/from 'EHR' module/component needs to be technology neutral.

4.2.2.8 Web-Enabled MMIS

Currently KHPA uses Powerbuilder and Citrix front-end applications to access their MMIS. KHPA is in the initial evaluation phase of a project that will replace the current platform with a .NET platform that will provide electronic access to the MMIS using web-enabled tools. At this time no timeline has been established.

The current MMIS supports capabilities that are well into level two and in many cases reach into level three. However, there is a distinct difference in the maturity of technical functions supporting business processing carried out by KHPA staff and those technical functions supporting business processing carried out by fiscal agent staff. To fully capitalize on the move to a .NET environment for the MMIS, web based functionality needs to improve within KHPA. Ideally, before the .NET project is started. For example, currently the KHPA staff does not have an intranet across which to share information and implementing a robust work flow management system.

As can be seen in the following tables, this project impacts most processes and all technical functions. Because MITA maturity is a moving target the impact of DAI and new Eligibility System projects on a process's capabilities must be assessed again prior to tackling the web-enabled MMIS. The same can be said in reverse, if ideas under consideration relating to .NET capabilities and requirements are not shared on an ongoing basis, decisions on projects implemented earlier may create roadblocks.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase automation of processes and procedures (web based applications, ability to review program information on line, etc.). Automate the ability to produce linguistically and culturally appropriate communication (for both outreach and standard communications). Reassess processes for opportunities for automation, as opposed to using the web-enabled MMIS in a manner similar to the approach taken with current system.
- Increase use of standard transactions to support business processes (e.g. the use of automated methods of payment that adhere to HIPAA requirements and other national standards).



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- Improve methods of outreach to potential beneficiary, provider, and contractor populations, as well as currently participating populations.
- Improve analysis of program effectiveness and functionality. Be certain that the new platform can gather any applicable performance measurements.
- Support and improve upon access through a portal and other access devices to enable appropriate individuals access to information pertinent to the program.
- Increase security and user authentication technical functions/procedures that ensure appropriate access to data (e.g., web access) is available to necessary staff and providers.
- Improve system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Note: This project impacts most business processes. Rather than listing all of the processes in a business area when the entire area is impacted, the range of process numbers was specified and the overall maturity level for the business is indicated.

Web-Enabled MMIS			
Impacted Business Processes			
BP #	Business Process/ Business Area	Current Level of Maturity	Comments
MM01 - MM08	Member Management Business Area	1	<ul style="list-style-type: none"> • Interaction of the new eligibility system with MMIS must be taken into consideration. • Research of grievance and fair hearing cases will likely involve MMIS functionality. • Web based communication with beneficiaries is expected at level 3.
PM01 – PM07	Provider Management Business Area	1	<ul style="list-style-type: none"> • Research of fair hearing cases will likely involve MMIS functionality.
CM05 CM06 CM07	Contractor Management Business Area	1	<ul style="list-style-type: none"> • Web based communication with contractors is required at level 3.
OM01 – OM26	Operations Management Business Area	1	<ul style="list-style-type: none"> • All of Operations Management will be impacted because this business area relies heavily on the MMIS.
PG01 – PG05, PG07 – PG10, PG12 – PG14	Most Program Management Business Area processes	1	<ul style="list-style-type: none"> • Many of these processes should be able to improve automation when interacting with a web-enabled MMIS. • Currently update of benefits/reference information is mainly manual involving both KHPA and Fiscal Agent staff. Process and system capability changes to make the updating of reference information as automated as possible, once policy decisions have been made (e.g., making direct update of the system by the policy maker(s) possible). • Many Program Management processes are currently supported by both the MMIS and the DSS. Some information requests must be submitted to the Fiscal Agent for fulfillment. It



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Web-Enabled MMIS			
Impacted Business Processes			
BP #	Business Process/ Business Area	Current Level of Maturity	Comments
			is assumed that the DAI project will be completed or well underway before the Web-Enabled MMIS project begins. The role played by the DAI in program management must be considered against that played by the DSS and MMIS in assessing the impact of this project.
BR01	Business Relationship Management Business Area	1	<ul style="list-style-type: none"> Increased electronic interfaces assumed as part of a level 3 capable MMIS would increase the number of BRs The details of EDI agreements and MOUs may change
PIM01- PIM02	Program Integrity Management Business Area	1	P – Identification of potential cases appears to run entirely against the DSS, the process does not look like it would change unless converting the MMIS to web based changed DSS functionality. Management of cases would be impacted; the process uses the MMIS to flag a provider for pre-payment review.
CR01- CR02	Care Management Business Area	1	P – where functionality is supported by the MMIS (e.g., EPSDT reporting) Managing Medicaid Population Health is currently supported by both the MMIS and the DSS. Some information requests must be submitted to the Fiscal Agent for fulfillment. It is assumed that the DAI project will be completed or well underway before the Web-Enabled MMIS project begins. The role played by the DAI in this process must be considered against that played by the DSS and MMIS in assessing the impact of this project.

Note: At a high level, almost all technical functions appear to be impacted by this project. There are opportunities in this project to improve the maturity of most functions.

Web-Enabled MMIS			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.1	Forms Management	1	
B.2	Workflow Management	1	
B.3	Business Process Management (BPM)	2	
B.4	Business Relationship Management (BRM)	2	
B.5	Foreign Language Support	2	
B.6.1	Data Warehouse	2	



Web-Enabled MMIS			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
B.6.2	Data Marts	2	
B.6.3	Ad hoc Reporting	2	
B.6.4	Data Mining	2	
B.6.5	Statistical Analysis	2	
B.6.6	Neural Network Tools	2	
A.1	Portal Access	1	
A.2	Support for Access Devices	2	
I.1.1	Service Structuring and Invocation	1	
I.1.2	Enterprise Service Bus	1	
I.1.3	Orchestration and Composition	1	
I.2	Standards-Based Data Exchange	2	
D.1	Data Exchange Across Multiple Organizations	1	
D.2	Adoption of Data Standards	2	
P.1	Performance Data Collection and Reporting	2	
P.2	Dashboard Generation	1	
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	
S.6	Privacy	2	
F.1	Rules-Driven Processing	2	
F.2	Extensibility	2	
F.3	Automate Configuration and Reconfiguration Services	2	
F.4	Introduction of New Technology	2	

4.2.2.9 Health Information Exchange

KHPA has the desire to direct and/or participate in State and Federal initiatives that improve health care related processes and outcomes via electronic exchange of information that conforms



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to national standards in format and content. The goal is to make various health care information available to care providers, payers, and beneficiaries in order to improve access, outcomes, and administrative processes in the health care arena (for example electronic health records and personal health records). The Electronic Health Record (EHR) as referenced in this priority is a more robust EHR than is being implemented currently and would conform to a national standard (not yet defined).

The current configuration of KHPA business processes and technical functions that support this project are, for the most part, at level one or level two. While some of the processes are automated and operating at a level two, there continues to be significant manual intervention required for a number of the operational procedures. Systems are not flexible and require programmer involvement in order to modify parameters as needed to support reporting and procedural requirements.

To reach as far towards level three capabilities as is possible at this point, the following changes, at a minimum, in process and technical support for processes are needed:

- Increase use of automated/electronic forms of communication improving outreach to beneficiary populations.
- Increase automation of processes and procedures.
- Improve analysis of program effectiveness and functionality using clinical data available through claims, EHRs, etc.
- Support and improve upon access through the portal and other access devices to enable appropriate individuals access to and supply Health Information.
- Increase security and user authentication technical functions/procedures that ensure appropriate access to data (e.g., web access) is available to necessary staff, providers, and beneficiaries.
- Improve data exchange by increasing the use of nationally recognized data standards.
- Improvements in system flexibility, keeping in mind the requirement to eventually function in a SOA environment.

Health Information Exchange			
Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
MM07	Manage Beneficiary Information	1	As the information on members becomes available in electronic form, how this information is managed will change.
MM08	Perform Population and Beneficiary Outreach	1	As health information on populations becomes more readily available to KHPA, population and beneficiary outreach processes are likely to change
PM04	Manage Provider Communications	1	As the way in which information is made available to providers changes, so do the mechanisms of



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Health Information Exchange Impacted Business Processes			
BP #	Business Process	Current Level of Maturity	Comments
			provider communication
PM06	Perform Provider Outreach	1	As health information on populations becomes more readily available to KHPA, provider outreach processes are likely to change
CM06	Perform Contractor Outreach	1	As health information on populations becomes more readily available to KHPA, contractor outreach processes are likely to change
OM01	Authorize Referral	1	P
OM02	Authorize Service	1	
OM03	Authorize Plan of Care	1	
OM04	Apply Claim Attachment	1	
OM06	Audit Claim/Encounter	2	
OM07	Edit Claim/Encounter	2	
OM14	Prepare Remittance Advice/Encounter Report	2	
OM15	Prepare Capitation Premium Payment	1	
OM17	Prepare Medicare Premium Payment	2	P
OM19	Manage Payment Information	1	P
OM26	Manage TPL Recovery	1	
PIM01	Identify Candidate Case	Not Available	P
PIM02	Manage Program Integrity Case	1	P
BR01- BR04	Business Relationship Management Business Area	1	All of this Business Area has the potential to be impacted. Aside from the possibility that new types of relationships may need to be defined, the impact on these processes should primarily be by volume, rather than by changes to process.
CR01	Establish Case	1	As availability of health information changes, how it is used in care management will change.
CR02	Manage Medicaid Population Health	1	Availability of information for analysis

Comment [SM1]: Is there text that describes why there may be no CML assigned to a level in the text preceding the table such as in a notes section?

Comment [SM2]: Added the period I omitted!

Health Information Exchange Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
A.1	Portal Access	1	
A.2	Support for Access Devices	2	
I.2	Standards-Based Data	2	



Health Information Exchange			
Impacted Technical Functions			
TF #	Technical Function	Current Level of Maturity	Comments
	Exchange		
D.1	Data Exchange Across Multiple Organizations	1	
D.2	Adoption of Data Standards	2	
P.1	Performance Data Collection and Reporting	2	Outcomes as input to this process
P.2	Dashboard Generation	1	As a mechanism for exchange
S.1	Authentication	1	
S.2	Authentication Devices	2	
S.3	Authorization and Access Control	2	
S.4	Intrusion Detection	2	
S.5	Logging and Auditing	2	
S.6	Privacy	2	
F.1	Rules Driven Processing	2	
F.2	Extensibility	2	
F.3	Automate Configuration and Reconfiguration Services	2	
F.4	Introduction of New Technology	2	



5.0 Transitioning Forward with MITA

5.1 Recommendations for Implementing Target MITA Capabilities

The following are a number of recommendations that were broader than any single priority project but addressed topics that the FOX team felt were important for KHPA to consider:

- One observation that came out of the As-Is assessments is that there is a difference between the maturity of technical functions supporting business processing carried out by KHPA staff and those technical functions supporting business processing carried out by fiscal agent staff. For example, currently the KHPA staff does not have an intranet while one is available to fiscal agent staff and its use has been incorporated into their processes. To fully capitalize on many of the identified priorities (e.g., implementation of a work flow management system, implementation of a document management system, and movement to a .NET environment for the MMIS) web based functionality needs to improve within KHPA. If this has not been identified as a priority (we did not hear it expressed as one during the Executive Visioning Session), FOX recommends that it become one.
- Understand the relationships between the projects. There are points of overlap between most of these projects. A capability needed for an earlier project may not be realized until a later project is implemented. However, the capability must be noted as needed under the first project so that the requirements for the earlier project may be configured in such a way that the system or process being implemented can take advantage of later improvements.
- Perform more detailed MITA based analysis for each of the projects: This high-level analysis is a starting point. There may be processes that are impacted by the priority projects that were not revealed by this level of analysis.
- Clearly document all work on each project so that future assessments need not duplicate efforts. This includes both early analysis work and strong system documentation at the point of implementation.
- The conversion of the MMIS to a .NET platform is an opportunity to implement capabilities not possible without the technology. FOX recommends that an effort be made to take a fresh look at most processes in coordination with the project to web-enable the MMIS.

5.2 Supporting Recommendations for Implementing MITA and Ongoing MITA Assessment Work

- Designate a person to:
 - Monitor federal MITA activities so that the State can stay current as MITA evolves.
 - Keep up with the changes within the Authority so that the State Self-Assessment is kept current, thus reducing the effort involved in producing APDs.
- Two of the 76 business processes included in MITA were not defined in Framework 2.0: Care Management, Manage Case and Manage Registry. These processes will need to be assessed by KHPA when a new version of the framework is published.

Comment [SM3]: There are 78(?) MITA processes with only 4 being identified including another Care Management process – Manage Medicaid Population Health. However, upon further research, it appears that under Program Management the following processes are to be developed: Perform Accounting Functions, Develop and Manage Performance Measures and Reporting, Monitor Performance and Business Activity. There may be others business areas that have more development that is needed. The bottom line, is the numbers are not adding up.



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- Get involved – Participate in NEMH, in HL7, and in other groups working on issues impacting MITA. This will keep the Authority informed on the direction MITA is moving and ensure that there is a Kansas Medicaid voice and perspective brought to these efforts.
- Develop KHPA Enterprise Architecture.
- Develop a KHPA MITA Transition Plan.