

**MITA 3.0 State Self-Assessment (SS-A)**

Version 1.3

State of New Mexico

Medical Assistance Division of the Human Services Department

June 23, 2015

**Document Information**

**Document Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version No.** | **Date Accepted** | **Author** | **Summary of Changes** |
| 1.0 | 03/23/15 | The PMO Team | Version 1.0 |
| 1.1 | 04/29/15 | The PMO Team | Version 1.1 including Document Change Log items  |
| 1.2 | 06/05/15 | The PMO Team | Version 1.2 including Round 2 Document Change Log items |
| 1.3 | 06/23/15 | The PMO Team | Version 1.3 including Round 3 Document Change Log items |

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# Executive Summary

The Centers for Medicare and Medicaid Services (CMS) released the Medicaid Information Technology Architecture (MITA) Framework, final version 3.0 in March 2012 (<http://medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/mita/medicaid-information-technology-architecture-mita-30.html>). The MITA 3.0 State Self-Assessment (SS-A) is an essential planning tool for improving Medicaid services and the effectiveness of the New Mexico State Medicaid Agency (SMA). The MITA SS-A will provide the foundation for planning and implementing New Mexico’s Medicaid Management Information System (MMIS) Replacement initiative. MITA assessments are instrumental in securing federal funding for state Medicaid technology initiatives and capturing both the “As-Is” and “To-Be” of the state’s Medicaid Enterprise. MITA assessments also provide roadmaps for states in designing and implementing Medicaid technology initiatives. In 2014, the State of New Mexico awarded a contract to First Data and netlogx to establish a PMO Team. This Project Management Office (PMO) Team initiated work to complete the New Mexico MITA SS-A based on the 3.0 version of the Framework by building upon New Mexico’s previously completed MITA 2.01 SS-A, referencing the information about the organization, systems, and stakeholders.

This Executive Summary provides an overview of the New Mexico MITA 3.0 assessment strategy and results to include the following:

* Approach and Methodology
* MITA Baseline
* Concept of Operations
* State Self-Assessments:
	+ As-Is
	+ To-Be
	+ As-Is/To-Be Gap Analysis
	+ Business Architecture SS-A
	+ Information Architecture SS-A
	+ Technical Architecture SS-A
	+ MITA Seven Standards and Conditions SS-A
* The MITA Roadmap

## Approach and Methodology

The MITA 3.0 SS-A approach and methodology used the MITA expertise of the PMO Team in collaboration with the Subject Matter Experts (SMEs) identified by the New Mexico State Medicaid Agency. The foundation of the New Mexico MITA SS-A approach was built to accommodate the current workload of the State SME’s. The goal was to minimize the burden on the State staff while completing this comprehensive assessment of the New Mexico’s Medicaid Business, Information, and Technical Architectures. The PMO Team’s first focus was on research and analysis activities to gain a thorough understanding of the New Mexico State Medicaid Agency. They gathered documentation and used their understanding of MITA to complete the As-Is Assessment for the New Mexico Business, Information, and Technical Architectures.

The draft assessment results were shared with the New Mexico State Medicaid Agency SMEs for their review and validation. New Mexico State Medicaid Agency SMEs were requested to validate the results with all appropriate parties as necessary. Additional information provided during this review and validation process was incorporated to complete this MITA 3.0 SS-A.

The resulting New Mexico MITA 3.0 SS-A was developed in accordance with the guidelines established by CMS in the MITA Framework, version 3.0, SS-A Companion Guide. The MITA 3.0 SS-A was divided into four (4) major phases:

* MITA Baseline
* Concept of Operations
* State Self-Assessments including visioning sessions\*
* MITA Roadmap

\*Visioning sessions were held with SMEs identified by the New Mexico State Medicaid Agency.

## MITA Baseline

The MITA Baseline discovers and defines the critical information about the New Mexico Medicaid Enterprise in terms of business, people, systems, and vocabulary. The MITA 3.0 Framework defines the Medicaid Enterprise in the MITA context as three (3) spheres of influence. At the core of the Enterprise is the domain where federal matching funds apply. In New Mexico, this core would be defined as the State Medicaid Agency (SMA). The sphere that circles this core State Medicaid Agency reflects the interfaces and bridges between the State Medicaid Agency and the Medicaid stakeholders such as providers, recipients, other state and local agencies, CMS, and other federal agencies. The outermost sphere of influence is characterized by the exchange of information or influence without involvement of any matching federal funds for the State Medicaid Agency and includes entities such as the Office of the National Coordinator for Health Information Technology (ONC). New Mexico defines its Medicaid Enterprise as, “all stakeholders that are involved in the management, administration, oversight, delivery or consumption of Medicaid services.”

The first activity in the MITA Baseline defines the scope of the State Medicaid Agency by comparing the New Mexico Medicaid business to the MITA 3.0 Business Process Model. Building upon the analysis of the New Mexico Business Process Model completed as part of the MITA 2.01 SS-A, the PMO Team completed a mapping of the New Mexico business processes to the MITA 3.0 Business Process Model and discovered that New Mexico currently performs 78 of the 80 MITA business processes. Because New Mexico does not charge member copays or operate a spend-down program, the two business processes related to those activities are not required (MITA Processes: FM08 Prepare Member Premium Invoice and OM20 Calculate Spend-Down Amount).

The second activity in the MITA Baseline was designed to understand the organization that supports the New Mexico State Medicaid Agency. The result of this activity is a SME Inventory (Section 3.2) that identifies SMEs for each New Mexico business process. During the Baseline activities, the PMO Team also documented external State Medicaid Agency stakeholders. This stakeholder list was organized by MITA Business Area and establishes the stakeholder Data Exchange Inventory that was used in developing the Concept of Operations and Information Architecture SS-A.

Building upon an understanding of the processes and people, the next activity identified the systems and applications that are included in the State Medicaid Agency per business process area. This activity included identifying new systems such as ASPEN and enhancements to the existing MMIS that were implemented since the completion of the MITA 2.0 SS-A. This resulted in a crosswalk documented in the Systems and Applications Inventory (Section 3.4).

The final activity of the MITA Baseline establishes the common vocabulary for the SS-A. Throughout the MITA SS-A activities, the PMO Team captured acronyms and definitions (Section 3.5) and documented definitions for reference in this SS-A, as well as throughout the remainder of the MMIS Replacement project.

## Concept of Operations

The Concept of Operations (COO) provides a framework to describe the transformation of the As-Is operations to the To-Be environment from a business perspective.

Visioning Sessions were conducted with the New Mexico State Medicaid Agency SMEs and enterprise partners SMEs in the fall of 2014 and the output was a series of recommended improvements aligned to the New Mexico Medicaid objectives. The resulting objectives and the corresponding improvements focused on:

* Modernizing the Medicaid Program
* Operating the Medicaid Program within Budget Constraints by Controlling Costs and Focusing on Quality over Quantity
* Adopting and Using Health Information Technology
* Improving Program Integrity and Combatting Health Care Fraud, Waste, and Abuse
* Improving Health Outcomes for New Mexicans
* Increasing Administrative Efficiencies for the Determining Participant Application and Eligibility Process
* Integrating New Mexico’s Behavioral Health System within the Changing Healthcare Environment
* Upgrading and/or Replacing IT Systems for Improved Simplicity and Better Efficiencies
* Improving New Mexico’s Business Systems and Services

Building upon the MITA Baseline, the Concept of Operations identifies each key Stakeholder of the New Mexico State Medicaid Agency and identifies the current (As-Is) and future (To-Be) Data Exchanges. The results demonstrate evolution of the types of information and the methods of exchange that will occur with the Providers, Managed Care Organizations (MCOs), Recipients, CMS, and other State, Local, and Federal agencies as well as Other Payers.

The transformation of the State Medicaid Agency will be driven by external legislation, the design of an MMIS Modular Framework approach, policy, and other drivers. As New Mexico responds to State drivers such as New Mexico’s Managed Care Program, Centennial Care, projects such as the MMIS Replacement Project with the resulting New Mexico MMIS Modular Framework approach, and the ASPEN eligibility and enrollment system, the State will also be faced with ongoing compliance requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Affordable Care Act, and the Health Information Technology for Economic and Clinical Health Act (HITECH). In addition, the State may also be driven to change by CMS’ vision defined in the CMS Medicaid Moving Forward (MMF) report. Emerging technology and standards such as Service Oriented Architecture (SOA), Cloud Computing, and Health Level-7 (HL7) standards may contribute or enable the State to achieve their future vision.

The Concept of Operations concludes by presenting conceptual diagrams of the current As-Is Concept of Operations and the future To-Be Concept of Operations.

## State Self-Assessments

The MITA SS-A activities are comprised of evaluating each Architecture of the State Medicaid Agency against a corresponding Capability Matrix. The Capability Matrix defines conditions that correspond to a level of maturity. The Assessment is completed in three (3) steps, 1) As-Is Assessment, 2) To-Be Assessment, and 3) Gap Analysis and is presented for each architecture in the following sections of this document:

* Section 5.0 Business Architecture State Self-Assessment
* Section 6.0 Information Architecture State Self-Assessment
* Section 7.0 Technical Architecture State Self-Assessment

**As-Is Assessment**

The first step assesses the State’s current condition and selects an As-Is maturity level that best describes the current New Mexico SMA. Utilizing the information that the PMO Team gathered during the MITA Baseline, they completed the As-Is Assessment for the Business, Information, and Technical Architectures and Seven Standards and Conditions.

These As-Is Assessment results were shared with the State SMEs for their review and comment. The PMO Team adjusted the As-Is results based on the comments provided by the SMEs.

**To-Be Assessment**

Upon completion of the As-Is Assessment, the PMO Team used the information from the Visioning Sessions as well as the plans that were developed for input into the New Mexico MMIS Modular Framework approach to identify the To-Be maturity levels for the Business, Information, and Technical Architectures and Seven Standards and Conditions.

**Gap Analysis**

The PMO Team evaluated the differences, or gaps, between New Mexico’s As-Is and To-Be maturity levels and developed resolution recommendations for each gap in four (4) major areas:

* Organization
* Policy
* Process
* Technology

The results of these three (3) steps comprise the work that was done to complete the SS-A:

### Business Architecture SS-A

The results of the Business Architecture SS-A are presented in Profile Tables for the ten (10) Business Areas and summarized in Table 20. In summary, New Mexico’s Business Architecture is currently at MITA Maturity Level 1. New Mexico plans to advance from their current Level 1 to an overall To-Be Maturity Level 4, driven primarily by the New Mexico MMIS Modular Framework approach that aims to achieve interstate data and system interoperability through standardization, reuse, and sharing.

The major themes of the Business Architecture gaps, presented in Appendix B, were:

* Increasing automation and standardized business processes across the interstate
* Adopting national and industry standards for information exchange
* Increasing access to clinical data

With that in mind, as each gap resolution would have an impact on the organization, the high priority gap resolutions focus on addressing impacts to the organization by conducting workforce impact analysis and transition plans. Technology resolution recommendations focused on the implementation of a rules engine and the use of web services to support inoperability between systems. Policy gap resolutions focused on developing and/or adopting regional standards and regional policies. Process recommendations as the State moves to higher levels of maturity result in elimination of manual business processes. For that reason, process gap resolutions focused on retiring manual processes and developing regionally standardized processes.

### Information Architecture SS-A

The results of the Information Architecture SS-A are summarized in a Profile Table (Table 24) that contains the ten (10) Business Areas. In summary, New Mexico’s Information Architecture is currently at MITA Maturity Level 1. New Mexico plans to advance from their current Level 1 to an overall To-Be Maturity Level 4.

Very similar to the Business Architecture gap resolutions, Information Architecture high priority gap resolutions focus on addressing impacts to the organization by conducting workforce impact analysis and transitions plans. Policy gap resolutions focused on developing and/or adopting regional standards and regional policies. Technology resolution recommendations focused on the implementation of an enterprise repository for data solutions.

The Information Architecture SS-A also includes a New Mexico State Medicaid Agency Data Management Strategy (DMS). This DMS documents the data management processes, techniques, and products needed by the State Medicaid Agency to achieve optimal sharing of State Medicaid Enterprise information.

### Technical Architecture SS-A

The results of the Technical Architecture SS-A are summarized in a Profile Table (Table 27) that contains the ten (10) Business Areas. In summary, New Mexico’s Technical Architecture is currently at MITA Maturity Level 1. New Mexico plans to advance from their current Level 1 to an overall To-Be Maturity Level 4.

Very similar to the Business and Information Architecture gap resolutions, Technical Architecture high priority gap resolutions focused on addressing impacts to the organization by conducting workforce impact analysis and transitions plans. Policy gap resolutions focused on developing and/or adopting regional standards and regional policies. Technology resolution recommendations focused on the implementation of a portal services, business intelligence and data analytics, and electronic document management systems.

### Seven Standards and Conditions Assessment

The results of the Seven Standards and Conditions SS-A are summarized in a Profile Table (Table 28) that contains the ten (10) Business Areas. In summary, New Mexico’s Seven Standards and Conditions results demonstrate that New Mexico is currently at MITA Maturity Level 1. New Mexico plans to advance from their current Level 1 to an overall To-Be Maturity Level 4.

## MITA Roadmap

The New Mexico To-Be was driven by the vision of the New Mexico MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing. This Modular Framework approach proposes to procure systems and services within this Framework that will replace the current MMIS and establish a foundation that can be used across New Mexico’s Health and Human Services system. The subsequent RFP plan becomes the technology roadmap for New Mexico to achieve MITA Maturity Level 4.

Other parallel areas of focus are recommended in the areas of Organization, Policy, and Process. The PMO Team encourages the State of New Mexico to focus efforts on analyzing the impact this transformation project will have on its workforce. Policy development and maintenance will be very important throughout the transformation. As processes and technology change, impact to policies must be continually assessed. In addition, with the migration to MITA Maturity Level 4, there will be a greater need to develop and adopt regional standards and regional agreements to facilitate interstate sharing. As many of these standards do not exist, CMS provides guidance to states on achieving this goal. In the process area, understanding current business processes will be important as the transformation from manual tasks to automation occurs.

# Introduction

The purpose of this document is to provide the results of the MITA SS-A performed by the PMO Team in collaboration with SMEs from the State of New Mexico SMA. This MITA SS-A describes the State’s current environment and defines the path for the State Medicaid Agency to migrate to a broader Medicaid Enterprise over the next five (5) years, shifting focus to standardized and expanded information sharing and the ability to make better decisions with that information, resulting in improved population health management, and improving the client experience. The results of this MITA SS-A will serve as a strategic planning tool and facilitate the modernization of the New Mexico State Medicaid Agency and its systems, processes, and services.

## Approach and Methodology

The diagram below illustrates the steps taken to gather the information and create the components of the MITA SS-A:

Figure - Approach and Methodology

The PMO Team facilitated a series of visioning sessions with SMEs from the New Mexico State Medicaid Agency and enterprise partners. The purpose of the visioning sessions was to solicit ideas and desired improvements across the SMA. The output from the visioning sessions was one of the components for developing the New Mexico State Medicaid Agency vision (To-Be).

The PMO Team conducted an extensive review of existing State documentation to become familiar with the New Mexico SMA and then gathered information from New Mexico websites, and obtained documentation from the State. The documentation that was utilized included the New Mexico MITA 2.01 SS-A, policy manuals, organization charts, strategic planning documents, vendor contracts, the State Medicaid Health Information Technology Plan (SMHP), and Advanced Planning Documents (APDs). The complete inventory of documents that were used to develop the SS-A are available in the Document Library located in Project Documents/PMO Deliverables/Deliverables/Deliverable 5/MITA/June Submission/Supporting Evidence Documentation.

After reviewing the existing documentation, the PMO Team conducted internal meetings and determined the As-Is maturity levels for the Business, Information, and Technical Architecture. The PMO completed the Business Capability Matrices (BCMs), Information Capability Matrices (ICMs), and Technical Capability Matrices (TCMs), and presented the results to the New Mexico SMEs to validate the accuracy of the content. The SMEs were also presented with the documentation that was used to determine the capabilities.

The New Mexico SMEs reviewed the BCMs, ICMs, and TCMs and requested any necessary revisions to the matrices. The SMEs provided supporting documentation to allow the PMO Team to validate the changes to the assessed capabilities in the matrices, revise the matrices based on the information provided by the State, and the finalized documentation was used to complete the New Mexico MITA 3.0 SS-A. All State comments on the draft documents were maintained and are available on the Document Library located in Project Documents/PMO Deliverables/Deliverables/Deliverable 5/MITA/June Submission/Supporting Evidence Documentation.

# MITA SS-A Baseline

The MITA SS-A Baseline contains critical information that was used as the foundation for the document. As described in Section 2.1 Approach and Methodology, the PMO Team conducted an extensive review of New Mexico documentation. The following components comprise the MITA SS-A Baseline:

* New Mexico Business Process Model
* Subject Matter Expert Inventory
* Stakeholder Data Exchange Inventory
* Systems and Applications Inventory
* Common Acronyms and Definitions

## New Mexico Business Process Model

The New Mexico Business Process Model (BPM) was developed by reviewing the business processes identified in the New Mexico MITA 2.0 SS-A and comparing the results to the MITA 3.0 Framework Business Process Model, documenting any missing processes along the way. The MITA SS-A 3.0 Framework BPM is comprised of eighty (80) business processes. The Member Management business area, comprised of four (4) business processes, has not been defined by CMS. The PMO MITA SMEs addressed these four (4) processes using their best understanding of CMS’ intentions for these processes. The PMO Team also worked with State staff to identify the processes that should be included in the New Mexico BPM and those processes were added, as appropriate. New Mexico performs 78 of the 80 business processes identified in the MITA 3.0 Framework. Based on the current scope of the New Mexico Medicaid program, there are two (2) business processes that are not applicable to the New Mexico BPM. These processes are OM20 Calculate Spend-Down Amount and FM08 Prepare Member Premium Invoice. State staff also identified, where applicable, the New Mexico-specific business process name. The results of the analysis of the New Mexico BPM are in the table below. The business processes that are not performed by New Mexico are highlighted in green font.

Table - New Mexico Business Process Model

| **MITA 3.0 BPM** | **New Mexico BPM** |
| --- | --- |
| **Business Relationship Management (BR)** |
| BR01 Establish Business Relationship | Memorandum of Understanding (MOU) Execution |
| BR02 Manage Business Relationship Communications | Manage Business Relationship Communications |
| BR03 Manage Business Relationship Information | Manage Business Relationship Information |
| BR04 Terminate Business Relationship | Terminate Business Relationship |
| **Care Management (CM)** |
| CM05 Perform Screening and Assessment  | Needs Assessments |
| CM01 Establish Case  | Case Tracking |
| CM02 Manage Case Information  | Manage Case |
| CM06 Manage Treatment Plan and Outcomes  | Care Plans |
| CM03 Manage Population Health Outreach | Client Services |
| CM04 Manage Registry | Manage Registries |
| CM07 Authorize Referral | Authorize Referral/Prior Authorization-Managed Care |
| CM08 Authorize Service | Prior Authorization and Post Payment Review |
| CM09 Authorize Treatment Plan | Utilization Review |
| **Contractor Management (CO)** |
| CO01 Manage Contractor Information | Managed Care Plan File |
| CO02 Manage Contractor Communication | MCO Communications |
| CO03 Perform Contractor Outreach | MCO and Provider Communications |
| CO04 Inquire Contractor Information | Contractor Inquiry |
| CO05 Produce Solicitation | Procurement |
| CO06 Award Contract | Contract Award |
| CO07 Manage Contract | Manage Administrative or Health Services Contract |
| CO08 Close Out Contract | Turnover |
| CO09 Manage Contractor Grievance and Appeal | Complaints and Tracking/Trending System |
| **Eligibility and Enrollment Management (EE)** |
| EE01Determine Member Eligibility | Eligibility Determination |
| EE02 Enroll Member | Enroll Member |
| EE03 Disenroll Member | Eligibility/Enrollment Termination |
| EE04 Inquire Member Eligibility | Eligibility Inquiry |
| EE05 Determine Provider Eligibility | Determine Provider Eligibility |
| EE06 Enroll Provider | Provider Enrollment |
| EE07 Disenroll Provider | Disenroll Provider |
| EE08 Inquire Provider Information | Provider Enrollment Status Inquiry |
| **Financial Management (FM)** |
| FM01 Manage Provider Recoupment | Mass Adjustment Process |
| FM02 Manage TPL Recovery | TPL |
| FM03 Manage Estate Recovery | Estate Recovery |
| FM04 Manage Drug Rebate | Drug Rebate |
| FM05 Manage Cost Settlement | Cost Settlement |
| FM06 Manage Accounts Receivable Information  | Accounting and Financial Subsystem |
| FM07 Manage Accounts Receivable Funds  | Manage Accounts Receivable Funds |
| FM08 Prepare Member Premium Invoice | New Mexico does not charge members premiums. Therefore this MITA business process is not applicable to or a part of the NM Business Process Model |
| FM09 Manage Contractor Payment | Process Contractor Invoices |
| FM10 Manage Member Financial Participation  | Prepare Medicare Buy-in Payment |
| FM11 Manage Capitation Payment  | MCO Capitation Payments |
| FM12 Manage Incentive Payment | Manage Incentive Payment |
| FM13 Manage Accounts Payable Information  | Accounting and Financial Subsystem |
| FM14 Manage Accounts Payable Disbursement  | Prepare Provider EFT/CheckPrepare MCO Check |
| FM15 Manage 1099s | Annual 1099 Process |
| FM16 Formulate Budget | Develop Projection ModelCMS-37 |
| FM17 Manage Budget Information  | Manage Budget Information |
| FM18 Manage Fund  | Manage FFP for ServicesManage FFP for MMISCash Management |
| FM19 Generate Financial Report | CMS – 64 and CMS – 21 Reports |
| **Member Management (ME)** |
| ME01 Manage Member Information | Recipient File Maintenance |
| ME02 Manage Applicant and Member Communication | Customer Service |
| ME03 Perform Population and Member Outreach | Marketing and Outreach |
| ME08 Manage Member Grievance and Appeal | Grievance, Appeals and Fair Hearing |
| **Operations Management (OM)** |
| OM04 Submit Electronic Attachment | Attachments |
| OM05 Apply Mass Adjustment | Mass Adjustments |
| OM07 Process Claim  | Adjudication/Claim Resolution/Third Party Liability |
| OM14 Generate Remittance Advice | Remittance Advice |
| OM20 Calculate Spend-Down Amount | New Mexico does not have a spend-down program therefore this MITA Business Process is not applicable to or included in the NM Business Process Model |
| OM27 Prepare Provider Payment  | Prepare Provider Payment |
| OM18 Inquire Payment Status | Claim Status Inquiry |
| OM28 Manage Data | Manage Data |
| OM29 Process Encounter  | Adjudication/Claim ResolutionThird Party Liability |
| **Performance Management (PE)** |
| PE01 Identify Utilization Anomalies | Peer Group Profiling and FADS |
| PE02 Establish Compliance Incident | Manage Payment History and HMS (Health Management System) |
| PE03 Manage Compliance Incident Information | Manage Data System and FADS |
| PE04 Determine Adverse Action Incident | Manage Cases |
| PE05 Prepare REOMB | REOMB |
| **Plan Management (PL)** |
| PL01 Develop Agency Goals and Objectives | Develop Agency Goals and Initiatives |
| PL02 Maintain Program Policy | Maintain Program Rules and Policy |
| PL03 Maintain State Plan | State Plan Amendments |
| PL04 Manage Health Plan Information | Decision Support System |
| PL05 Manage Performance Measures  | Monitor Service Level Agreement (SLAs) |
| PL06 Manage Health Benefit Information | Manage Program Benefit Information |
| PL07 Manage Reference Information  | Manage Reference File Information |
| PL08 Manage Rate Setting  | Rate Setting |
| **Provider Management (PM)** |
| PM01 Manage Provider Information | Provider File Updates |
| PM02 Manage Provider Communication | Provider Relations/Enrollment/ Call Center |
| PM03 Perform Provider Outreach | Provider Outreach |
| PM07 Manage Provider Grievance and Appeal | Fair Hearings Process |
| PM08 Terminate Provider  | Provider Termination |

## Subject Matter Expert Inventory

For each business process that was assessed for the MITA SS-A, a primary State contact was identified. This contact person was responsible for coordinating efforts to gather and validate information with other agencies and within the New Mexico State Medicaid Agency. The table below identifies the primary contact, their current business unit, and the business processes for which they were responsible. This table does not identify the numerous SMEs who contributed to the completion of this MITA SS-A under the coordination of the primary contacts listed below.

Table - Subject Matter Expert Inventory

| **MITA 3.0 BPM** | **New Mexico Process Owner(s)** | **New Mexico****Division/Bureau** |
| --- | --- | --- |
| **Business Relationship Management (BR)** |
| BR01 Establish Business Relationship | Angela Medrano, Angela Martinez | Medical Assistance Division – Centennial Care Bureau and Exempt Services and Programs Bureau |
| BR02 Manage Business Relationship Communications | Angela Medrano, Angela Martinez | Medical Assistance Division – Centennial Care Bureau and Exempt Services and Programs Bureau |
| BR03 Manage Business Relationship Information | Angela Medrano, Angela Martinez | Medical Assistance Division – Centennial Care Bureau and Exempt Services and Programs Bureau |
| BR04 Terminate Business Relationship | Angela Medrano, Angela Martinez | Medical Assistance Division – Centennial Care Bureau and Exempt Services and Programs Bureau |
| **Care Management (CM)** |
| CM05 Perform Screening and Assessment  | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM01 Establish Case  | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM02 Manage Case Information  | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM06 Manage Treatment Plan and Outcomes  | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM03 Manage Population Health Outreach | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM04 Manage Registry | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM07 Authorize Referral | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM08 Authorize Service | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| CM09 Authorize Treatment Plan | Crystal Hodges | Medical Assistance Division – Centennial Care Bureau |
| **Contractor Management (CO)** |
| CO01 Manage Contractor Information | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO02 Manage Contractor Communication | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO03 Perform Contractor Outreach | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO04 Inquire Contractor Information | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO05 Produce Solicitation | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO06 Award Contract | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO07 Manage Contract | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO08 Close Out Contract | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| CO09 Manage Contractor Grievance and Appeal | John Padilla, Linda Gonzales, Kim Carter | Medical Assistance Division – Systems Bureau and Centennial Care Bureau |
| **Eligibility and Enrollment Management (EE)** |
| EE01Determine Member Eligibility | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE02 Enroll Member | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE03 Disenroll Member | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE04 Inquire Member Eligibility | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE05 Determine Provider Eligibility | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE06 Enroll Provider | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE07 Disenroll Provider | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| EE08 Inquire Provider Information | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| **Financial Management (FM)** |
| FM01 Manage Provider Recoupment | Norma Lucero, Margaret Walsh | Medical Assistance Division - Financial Management Bureau |
| FM02 Manage TPL Recovery | John Padilla | Medical Assistance Division – Systems Bureau |
| FM03 Manage Estate Recovery | Melissa Lopez, Jade Hunt, Anna Nolasco | Medical Assistance Division – Program Policy Bureau and Budget Planning & Reporting Bureau |
| FM04 Manage Drug Rebate | Sonya Miera | Medical Assistance Division – Centennial Care Bureau |
| FM05 Manage Cost Settlement | Norma Lucero | Medical Assistance Division – Financial Management Bureau |
| FM06 Manage Accounts Receivable Information  | Donna Sandoval | Administrative Services Division – Grants Management Bureau |
| FM07 Manage Accounts Receivable Funds  | Donna Sandoval | Administrative Services Division – Grants Management Bureau |
| FM08 Prepare Member Premium Invoice | New Mexico does not charge members premiums. Therefore this MITA business process is not applicable to or a part of the NM Business Process Model | N/A |
| FM09 Manage Contractor Payment | Anna Nolasco | Medical Assistance Division - Budget Planning & Reporting Bureau |
| FM10 Manage Member Financial Participation  | Jill Bowles | Medical Assistance Division – Eligibility Bureau |
| FM11 Manage Capitation Payment  | Linda Gonzales | Medical Assistance Division – Systems Bureau |
| FM12 Manage Incentive Payment | Valorie Vigil | Medical Assistance Division – Systems Bureau |
| FM13 Manage Accounts Payable Information  | Donna Sandoval | Administrative Services Division *-* Grants Management Bureau |
| FM14 Manage Accounts Payable Disbursement  | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| FM15 Manage 1099s | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| FM16 Formulate Budget | Anna Nolasco, Lucinda Sydow | Medical Assistance Division - Budget Planning & Reporting Bureau |
| FM17 Manage Budget Information  | Angie Carlton | Administrative Services Division *-* Grants Management Bureau |
| FM18 Manage Fund  | Donna Sandoval | Administrative Services Division *-* Grants Management Bureau |
| FM19 Generate Financial Report | Lucinda Sydow | Medical Assistance Division - Budget Planning & Reporting Bureau |
| **Member Management (ME)** |
| ME01 Manage Member Information | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| ME02 Manage Applicant and Member Communication | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| ME03 Perform Population and Member Outreach | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| ME08 Manage Member Grievance and Appeal | Roy Burt | Medical Assistance Division – Eligibility Bureau |
| **Operations Management (OM)** |
| OM04 Submit Electronic Attachment | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM05 Apply Mass Adjustment | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM07 Process Claim  | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM14 Generate Remittance Advice | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM20 Calculate Spend-Down Amount | New Mexico does not have a spend-down program therefore this MITA Business Process is not applicable to or included in the NM Business Process Model | N/A |
| OM27 Prepare Provider Payment  | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM18 Inquire Payment Status | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM28 Manage Data | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| OM29 Process Encounter  | Linda Gonzales, John Padilla | Medical Assistance Division – Systems Bureau |
| **Performance Management (PE)** |
| PE01 Identify Utilization Anomalies | Everet Apodoca | Office of Inspector General –Program Integrity Unit |
| PE02 Establish Compliance Incident | Everet Apodoca | Office of Inspector General –Program Integrity Unit |
| PE03 Manage Compliance Incident Information | Everet Apodoca | Office of Inspector General –Program Integrity Unit |
| PE04 Determine Adverse Action Incident | Everet Apodoca | Office of Inspector General –Program Integrity Unit |
| PE05 Prepare REOMB | Everet Apodoca | Office of Inspector General –Program Integrity Unit |
| **Plan Management (PL)** |
| PL01 Develop Agency Goals and Objectives | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL02 Maintain Program Policy | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL03 Maintain State Plan | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL04 Manage Health Plan Information | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL05 Manage Performance Measures  | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL06 Manage Health Benefit Information | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL07 Manage Reference Information  | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| PL08 Manage Rate Setting  | Robert Stevens, Jennifer Chavez | Medical Assistance Division – Program Policy Bureau |
| **Provider Management (PM)** |
| PM01 Manage Provider Information | Tonya Pamatian | Medical Assistance Division – Program Policy Bureau |
| PM02 Manage Provider Communication | Tonya Pamatian | Medical Assistance Division – Program Policy Bureau |
| PM03 Perform Provider Outreach | Tonya Pamatian | Medical Assistance Division – Program Policy Bureau |
| PM07 Manage Provider Grievance and Appeal | Tonya Pamatian | Medical Assistance Division – Program Policy Bureau |
| PM08 Terminate Provider  | Tonya Pamatian | Medical Assistance Division – Program Policy Bureau |

## Stakeholder Data Exchange Inventory

The PMO Team reviewed documentation to identify data exchanges for the New Mexico SMA. In line with MITA 3.0 guidelines, information was compiled for those data exchanges that occur among stakeholders identified in the New Mexico BPM. Identifying the data exchanges that occur among the New Mexico State Medicaid Agency and its stakeholders supported the development of the Concept of Operations and the Information Architecture SS-A. In accordance with the MITA 3.0 Framework, Part I, Appendix A, Concept of Operations, these data exchange stakeholders comprise conceptual groupings of individuals or organizations. Additional information about the stakeholders and the data they exchange with the Medicaid Agency is supplied in Section 4.2 Stakeholders and Data Exchanges.

In the context of this assessment Other State Agencies referenced below include but are not limited to ALTSD, BHSD, CYFD, and DOH.

Table - Stakeholder Data Exchange Inventory

| **Business Area** | **Stakeholders** |
| --- | --- |
| Business Relationship Management | Other State Agencies, Trading Partners, Business Associates, Federal Agencies |
| Care Management | Vendors, MCOs, Members, Providers, Other State Agencies and Facilities |
| Contractor Management | Contractors |
| Eligibility and Enrollment Management | Members, Vendors, MCOs |
| Financial Management | TPL Contractor, Providers, Members, State Treasurer, DFA, Drug Manufacturers, CMS, Contractors, MCOs, Estate Recovery Contractor, IRS, Legislators |
| Member Management | Members |
| Operations Management | Vendors, MCOs, Providers, Members, State Treasurer, DFA |
| Performance Management | Members, Providers, Attorney General |
| Plan Management | Members, Providers, Legislature, MCOs, Vendors |
| Provider Management | Vendors, Providers, Attorney General |

## Systems and Applications Inventory

The PMO Team created a preliminary system inventory and application list by reviewing State-supplied documents, including the New Mexico MITA 2.01 SS-A and the SMHP. As Business Capability Matrices (BCMs) were created, applications that were used to perform the MITA Business Processes were identified. The System Inventory was then mapped to the MITA Business Processes that utilize the systems to establish a complete crosswalk between those systems and their respective MITA Business Process and Business Area. The completed system inventory, validated by appropriate State SMEs, is presented in the table below.

Table - Systems and Applications Inventory

| **MITA 3.0 BPM** | **New Mexico System** |
| --- | --- |
| **Business Relationship Management (BR)** | **Business Relationship Management (BR)** |
| BR01 Establish Business Relationship | TPMS |
| BR02 Manage Business Relationship Communications | TPMS |
| BR03 Manage Business Relationship Information | TPMS |
| BR04 Terminate Business Relationship | TPMS |
| **Care Management (CM)** | **Care Management (CM)** |
| CM05 Perform Screening and Assessment  | POCMS, Omnicaid, INPHORM, FACTS, SAMS |
| CM01 Establish Case  | POCMS, Omnicaid, INPHORM, FACTS, SAMS, Member and Provider Portals |
| CM02 Manage Case Information  | POCMS, Omnicaid, Member and Provider Portals |
| CM06 Manage Treatment Plan and Outcomes  | SIIS, ASPEN, Omnicaid, POCMS |
| CM03 Manage Population Health Outreach | Omnicaid  |
| CM04 Manage Registry | ASPEN, SAMS |
| CM07 Authorize Referral | Omnicaid |
| CM08 Authorize Service | Omnicaid, POCMS |
| CM09 Authorize Treatment Plan | Omnicaid |
| **Contractor Management (CO)** | **Contractor Management (CO)** |
| CO01 Manage Contractor Information | No Systems Identified |
| CO02 Manage Contractor Communication | No Systems Identified |
| CO03 Perform Contractor Outreach | No Systems Identified |
| CO04 Inquire Contractor Information | No Systems Identified |
| CO05 Produce Solicitation | No Systems Identified |
| CO06 Award Contract | No Systems Identified |
| CO07 Manage Contract | No Systems Identified |
| CO08 Close Out Contract | No Systems Identified |
| CO09 Manage Contractor Grievance and Appeal | No Systems Identified |
| **Eligibility and Enrollment Management (EE)** | **Eligibility and Enrollment Management (EE)** |
| EE01Determine Member Eligibility | ASPEN |
| EE02 Enroll Member | Omnicaid |
| EE03 Disenroll Member | Omnicaid |
| EE04 Inquire Member Eligibility | Omnicaid, ASPEN, AVRS, Member Portal |
| EE05 Determine Provider Eligibility | Provider Portal, Omnicaid |
| EE06 Enroll Provider | Provider Portal, Omnicaid |
| EE07 Disenroll Provider | Omnicaid |
| EE08 Inquire Provider Information | Omnicaid, ASPEN, AVRS, Provider Portal |
| **Financial Management (FM)** | **Financial Management (FM)** |
| FM01 Manage Provider Recoupment | Omnicaid |
| FM02 Manage TPL Recovery | Omnicaid |
| FM03 Manage Estate Recovery | Omnicaid |
| FM04 Manage Drug Rebate | Omnicaid, SHARE, DRAMS, PDCS OS+ |
| FM05 Manage Cost Settlement | Omnicaid, SHARE |
| FM06 Manage Accounts Receivable Information  | Omnicaid, SHARE |
| FM07 Manage Accounts Receivable Funds  | Omnicaid, SHARE |
| FM08 Prepare Member Premium Invoice | Not performed in NM currently |
| FM09 Manage Contractor Payment | Omnicaid |
| FM10 Manage Member Financial Participation  | Omnicaid, SHARE |
| FM11 Manage Capitation Payment  | Omnicaid, SHARE |
| FM12 Manage Incentive Payment | Omnicaid, SHARE |
| FM13 Manage Accounts Payable Information  | Omnicaid, SHARE |
| FM14 Manage Accounts Payable Disbursement  | Omnicaid, SHARE |
| FM15 Manage 1099s | Omnicaid, SHARE, IRS FIRE |
| FM16 Formulate Budget | BPS, SHARE |
| FM17 Manage Budget Information  | BPS, SHARE |
| FM18 Manage Fund  | Omnicaid, CBES, MBES |
| FM19 Generate Financial Report | Omnicaid, SHARE, DSS/Data Warehouse |
| **Member Management (ME)** | **Member Management (ME)** |
| ME01 Manage Member Information | Member Portal, Omnicaid, ASPEN |
| ME02 Manage Applicant and Member Communication | Member Portal, Omnicaid, ASPEN |
| ME03 Perform Population and Member Outreach | Member Portal |
| ME08 Manage Member Grievance and Appeal | DSS/Data Warehouse, ASPEN |
| **Operations Management (OM)** | **Operations Management (OM)** |
| OM04 Submit Electronic Attachment | Omnicaid, Provider Portal |
| OM05 Apply Mass Adjustment | Omnicaid |
| OM07 Process Claim  | Omnicaid |
| OM14 Generate Remittance Advice | Omnicaid |
| OM20 Calculate Spend-Down Amount | Not performed in NM currently |
| OM27 Prepare Provider Payment  | Omnicaid |
| OM18 Inquire Payment Status | Omnicaid, AVRS, Provider Portal |
| OM28 Manage Data | Omnicaid, DSS/Data Warehouse |
| OM29 Process Encounter  | Omnicaid |
| **Performance Management (PE)** | **Performance Management (PE)** |
| PE01 Identify Utilization Anomalies | Omnicaid, DSS/Data Warehouse, Health Spotlight |
| PE02 Establish Compliance Incident | Omnicaid, DSS/Data Warehouse, Health Spotlight, EFADS |
| PE03 Manage Compliance Incident Information | Omnicaid, EFADS |
| PE04 Determine Adverse Action Incident | Omnicaid, EFADS |
| PE05 Prepare REOMB | Omnicaid |
| **Plan Management (PL)** | **Plan Management (PL)** |
| PL01 Develop Agency Goals and Objectives | Omnicaid |
| PL02 Maintain Program Policy | Omnicaid, DSS/Data Warehouse |
| PL03 Maintain State Plan | Omnicaid, DSS/Data Warehouse |
| PL04 Manage Health Plan Information | Omnicaid, DSS/Data Warehouse, ASPEN, Member Portal, HIX |
| PL05 Manage Performance Measures  | Omnicaid, DSS/Data Warehouse |
| PL06 Manage Health Benefit Information | Omnicaid, DSS/Data Warehouse, ASPEN |
| PL07 Manage Reference Information  | Omnicaid, DSS/Data Warehouse  |
| PL08 Manage Rate Setting  | Omnicaid |
| **Provider Management (PM)** | **Provider Management (PM)** |
| PM01 Manage Provider Information | Provider Portal, Omnicaid |
| PM02 Manage Provider Communication | Provider Portal |
| PM03 Perform Provider Outreach | Provider Portal |
| PM07 Manage Provider Grievance and Appeal | Omnicaid, DSS/Data Warehouse |
| PM08 Terminate Provider  | Omnicaid |

## Acronyms and Definitions

Acronyms and Definitions that pertain to this document are listed below.

Table - Acronyms and Definitions

| Acronym | Definition |
| --- | --- |
| 7 S&C | Seven Standards and Conditions |
| ACA | Affordable Care Act |
| ALTSD | New Mexico Aging and Long Term Services Department |
| ANSI | American National Standards Institute |
| APD | Advanced Planning Document |
| APDU | Advance Planning Document Updates |
| API | Application Programming Interface |
| APM | Application Performance Management |
| ASD | New Mexico Administrative Services Division |
| ASPEN | Automated System Program and Eligibility Network |
| AVRS | Automatic Voice Response System |
| BA | Business Architecture |
| Business Architecture MITA Maturity Level 1 (example) | The first of five levels of Maturity Levels in the MITA Maturity Model, generally described as: The SMA focuses on meeting compliance thresholds for state and federal regulations, aiming primarily at accurate enrollment of program eligibles and timely and accurate payment of claims for appropriate services |
| Business Architecture MITA Maturity Level 2 (example) | The second of five levels of Maturity Levels in the MITA Maturity Model, generally described as: The SMA focuses on cost management and improving the quality of and access to care within structures designed to manage costs (e.g., managed care, catastrophic care management, and disease management) |
| Business Architecture MITA Maturity Level 3 (example) | The third of five levels of Maturity Levels in the MITA Maturity Model, generally described as: The SMA focuses on coordinating and collaborating with other agencies to adopt national standards and develop and share reusable processes to improve the cost effectiveness of health care service delivery. The SMA promotes intrastate information exchange and business services |
| Business Architecture MITA Maturity Level 4 (example) | The fourth of five levels of Maturity Levels in the MITA Maturity Model, generally described as: The SMA, now with widespread and secure access to clinical information, can improve health care outcomes, empower members and provider stakeholders, measure objectives quantitatively, and focus on program improvement. The SMA promotes interstate information exchange and business services |
| Business Architecure MITA Maturity Level 5 (example) | The fifth of five levels of Maturity Levels in the MITA Maturity Model, generally described as: The SMA focuses on fine-tuning and optimizing program management, planning, and evaluation, with national (and international) interoperability improvements that maximize automation of routine operations |
| BCBS | Blue Cross Blue Shield |
| BCM | Business Capability Matrix |
| BHSD | New Mexico Behavioral Health Services Division |
| BP | Business Process |
| BPM | Business Process Model |
| BPT | Business Process Template |
| BR | Business Relationship Management |
| BRM | Business Relationship Management |
| CASA | Central ASPEN Scanning Area |
| CBES | State Children's Health Insurance Program Budget and Expenditure System |
| CDC | Center for Disease Control |
| CDM | Conceptual Data Model |
| CHIP | Children’s Health Insurance Program |
| CM | Care Management |
| CMCS | Center for Medicaid and CHIP Services |
| CMS | Centers for Medicare and Medicaid Services |
| CO | Contractor Management |
| COLD | Computer Output to Laser Disk |
| COO | Concept of Operations |
| Contractor | A person or company who is hired to perform work or to provide goods at a certain price or within a certain time. MCOs and Fiscal Agents are examples of contractors |
| COTS | Commercial Off-the-Shelf |
| CRM | Customer Relationship Management |
| CSA | Core Services Agencies |
| CSESR | Child Support Enforcement System Replacement |
| CYFD | New Mexico Children, Youth, and Families Department |
| DAL | Data Access Layer |
| DFA | New Mexico Department of Finance & Administration |
| DMS | Data Management Strategy |
| DOH | New Mexico Department of Health |
| DRAMS | Drug Rebate Analysis and Management System |
| DS | Data Standards |
| DSMO | Development Standards Maintenance Organizations |
| DSS | Decision Support Systems |
| EA | Enterprise Architecture |
| EDI | Electronic Data Interchange |
| EDMS | Electronic Document Management System |
| EE | Eligibility and Enrollment Management |
| EFADS | Efficient, Flexible and Anonymous Data Sharing protocol for cloud computing with proxy re-encryption |
| EFT | Electronic Funds Transfer |
| EHR | Electronic Health Record |
| EIN | Employer Identification Number |
| EMR | Electronic Medical Record |
| ERM | Electronic Report Management |
| ESB | Enterprise Service Bus |
| FACTS | Family Automated Client Tracking System |
| FADS | Fraud and Abuse Detection System |
| FFM | Federally Facilitated Marketplace |
| FFP | Federal Financial Participation |
| FM | Financial Management |
| HCBS | Home and Community Based Services |
| HHS | (US Department of) Health and Human Services |
| HHS Enterprise | Refers to a broader group of organizations, state agencies and non-state organizations, who are directly involved in the management, administration, or oversight of health and human services programs and services to New Mexicans.  |
| HIE | Health Information Exchange |
| HIT | Health Information Technology |
| HITECH | Health Information Technology for Economic and Clinical Health Act |
| HIPAA | Health Insurance Portability and Accountability Act  |
| HIX | New Mexico Health Insurance Exchange |
| HL7 | Health Level-7 |
| HSD | New Mexico Human Services Department, the State Medicaid Agency (SMA) |
| IA | Information Architecture |
| Information Architecture MITA Maturity Level 1 (example) | The first of five levels of Maturity Levels in the Information Architecture Capability Matrix, generally described as: Are predominantly manually intensive, IA components that do not take advantage of current industry standards |
| Information Architecture MITA Maturity Level 2 (example) | The second of five levels of Maturity Levels in the Information Architecture Capability Matrix, generally described as: Are a mix of manually intensive components and electronic transactions or automated functionality internal to the SMA |
| Information Architecture MITA Maturity Level 3 (example) | The third of five levels of Maturity Levels in the Information Architecture Capability Matrix, generally described as: Adoption of a governance process, a CDM, a LDM, enterprise modeling, the MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information. Partners include one or more state agencies |
| Information Architecture MITA Maturity Level 4 (example) | The fourth of five levels of Maturity Levels in the Information Architecture Capability Matrix, generally described as: Include interoperability amongst all appropriate state agencies, regional partners, regional Health Insurance Exchange (HIX), regional Health Information Exchange (HIE), and other external regional health care stakeholders |
| Information Architecture MITA Maturity Level 5 (example) | The fifth of five levels of Maturity Levels in the Information Architecture Capability Matrix, generally described as: Include interoperability amongst all appropriate state agencies, regional partners, federal agencies, national Health Insurance Exchange (HIX), national Health Information Exchange (HIE), and other national external health care stakeholders |
| IaaS | Infrastructure as a Service |
| IAPD | Implementation Advanced Planning Document |
| IAPD-U | Implementation Advanced Planning Document Update |
| ICD-10 | 10th revision of the International Statistical Classification of Diseases and Related Health Problems |
| ICM | Information Capability Matrix |
| INPHORM | Integrated Network for Public Health Officials Records Management |
| Interstate | Existing or carried on between two states |
| IRS | Internal Revenue Service |
| IRS FIRE | Internal Revenue Service Filing Information Returns Electronically System |
| ISD | Income Support Division of the NM Human Services Department |
| IT | Information Technology |
| ITD | Information Technology Division of the NM Human Services Department |
| IVR | Interactive Voice Response |
| LDM | Logical Data Model |
| MAD | Medical Assistance Division of the NM Human Services Department. Operates under the NM State Medicaid Agency (SMA), manages the NM Medicaid program |
| MBES | Medicaid Budget and Expenditure System |
| MCO | Managed Care Organization |
| ME | Member Management |
| MITA | Medicaid Information Technology Architecture |
| MMF | (CMS) Medicaid Moving Forward (report) |
| MMIS | Medicaid Management Information System |
| MMISR | Medicaid Management Information System Replacement |
| MOU | Memorandum of Understanding |
| NCCI | National Correct Coding Initiative |
| NCPDP | National Council for Prescription Drug Programs |
| New Mexico Medicaid Enterprise | Refers to all stakeholders that are involved in the management, administration, oversight, delivery or consumption of Medicaid services |
| New Mexico Other State Agencies / Other Agencies | In the context of this document, Other State Agencies/Other Agencies refers to Agencies, other than HSD, that were included in the MITA SS-A or identified as NM MITA stakeholders such as ALTSD, BHSD, CYFD and DOH |
| NHIN | National Health Information Network |
| NM | New Mexico |
| NPI | National Provider Identifier |
| NwHIN | Nationwide Health Information Network |
| OAMP | Operation, Administration, Maintenance, and Provisioning |
| OCM | Organizational Change Management |
| OGC | New Mexico Office of General Council  |
| OIG | New Mexico Office of the Inspector General  |
| OM | Operations Management |
| ONC | Office of the National Coordinator of Health Information Technology |
| PaaS | Platform as a Service |
| PCS | Procedure Coding System |
| PDCS OS+ | Prescription Drug Claim System Operating System |
| PE | Performance Management |
| PHR | Public Health Record |
| PL | Plan Management |
| PM | Provider Management |
| PMP | Project Management Plan |
| POCMS | Plan of Care Management System |
| RBAC | Role Based Access Control |
| REOMB | Recipient Explanation of Medical Benefits |
| RFP | Request for Proposal |
| RHIO | Regional Health Information Organization |
| SaaS | Software as a Service |
| SAMS | Social Assistance Management System |
| SDLC | Systems Development Life Cycle |
| SHARE | Statewide, Human Resources, Accountability, Reporting |
| SIIS | Statewide Immunization Information System |
| SIM | State Innovation Model |
| SLA | Service Level Agreement |
| SMA | State Medicaid Agency, the New Mexico Human Services Department (HSD) |
| SME | Subject Matter Expert |
| SMHP | State Medicaid Health Information Technology Plan |
| SOA | Service Oriented Architecture |
| SOAP | Simple Object Access Protocol |
| SOW | Statement of Work |
| SQL | Structured Query Language |
| SS-A | State Self-Assessment |
| SSN | Social Security Number |
| SSO | Single Sign-On |
| SUR | Surveillance and Utilization Review |
| SURS | Surveillance and Utilization Subsystem |
| TA | Technical Architecture |
| Technical Architecture MITA Maturity Level 1 (example) | The first of five levels of Maturity Levels in the Technical Architecture Capability Matrix, generally described as: The SMA uses predominantly manually intensive technical processes that do not use current industry standards |
| Technical Architecture MITA Maturity Level 2 (example) | The second of five levels of Maturity Levels in the Technical Architecture Capability Matrix, generally described as: The SMA uses a mix of manually intensive processes and electronic transactions or functionality. Accessibility expands to include multiple types of delivery (e.g., browser, kiosk, voice response system, or mobile phone) |
| Technical Architecture MITA Maturity Level 3 (example) | The third of five levels of Maturity Levels in the Technical Architecture Capability Matrix, generally described as: The SMA utilizes an ESB to promote interoperability. Partners include one or more of the following: intrastate and interstate agencies, federal entities and external health care stakeholders |
| Technical Architecture MITA Maturity Level 4 (exemple) | The fourth of five levels of Maturity Levels in the Technical Architecture Capability Matrix, generally described as: The SMA promotes interoperability between interstate agencies, federal partners, Health Insurance Exchange (HIX), Health Information Exchange (HIE), and other external health care stakeholders |
| Technical Architecture MITA Maturity Level 5 (example) | The fifth of five levels of Maturity Levels in the Technical Architecture Capability Matrix, generally described as: The SMA promotes Cloud Computing functionality, such as, real-time access to information |
| TCM | Technical Capability Matrix |
| The PMO Team | Consultant team retained to provide project management services for the Projects |
| TMS | Technical Management Strategy |
| T-MSIS | Transformed Medicaid Statistical Information System |
| TPA | Trading Partner Agreements |
| TPL | Third Party Liability |
| TPMS | Trading Partner Management System |
| TPR | Third-Party Resources |
| TSA | Technical Services Area |
| TSC | Technical Service Classifications |
| UDDI | Universal Description, Discovery, and Integration |
| UI | User Interface |
| USPS | United States Postal Service |
| Vendor | Any supplier, distributor, or firm that furnishes supplies or services to or for a prime Contractor or subcontractor |
| WSDL | Web Service Definition Language |
| XLC | (CMS) Expedited Life Cycle |
| XML | Extensible Markup Language |

# Concept of Operations

The Concept of Operations is a high level description of how the State of New Mexico will deploy and operate the Medicaid business processes to achieve the desired future environment and what that transformation will look like from a business perspective. The Concept of Operations is the structure for defining and documenting the Medicaid Enterprise vision for the future. It includes operational scenarios to demonstrate a transformation of the Medicaid Enterprise over time from the As-Is operations to the To-Be environment.

The Concept of Operations consists of the following components:

* Vision for the Medicaid Enterprise – This vision lays the foundation for the transformation of the Medicaid Enterprise by setting targets and business capability improvements in connection with the Business Architecture SS-A. The State’s vision is mapped to the MITA goals and objectives to demonstrate the commonality of the goals between the Medicaid Enterprise and MITA
* Stakeholders and Data Exchanges – In this section, the Business Process Owners have identified who the major stakeholders are in the Medicaid Enterprise. The data exchanges define the information that is exchanged among the stakeholders within the Medicaid Enterprise in the current environment and how data exchanges will transform as the business matures Interactions between the New Mexico Medicaid Enterprise and the stakeholders identified in Section 3.3 are summarized in this section
* Transformation Drivers and Enablers – In this component, the policies, initiatives, conditions, resources, and forces that will support the transformation of the Medicaid Enterprise are defined
* As-Is Concept of Operations – This section defines the performance level of the existing Medicaid Functions. The As-Is operations are the starting point for the transformation of the Medicaid Enterprise
* To-Be Concept of Operations – This component reflects changes that are expected in the way the Medicaid Enterprise does business once the To-Be capabilities are achieved

## NM Vision for the Medicaid Enterprise

CMS, in the MITA Framework, version 3.0, identifies MITA as a primary enabler of the Medicaid mission. As such, MITA has its own goals and objectives. The MITA goals and objectives provide the platform for the transformation defined in the Concept of Operations.

**MITA Goals and Objectives:**

* 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 technologies
* 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 in order 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 broader Medicaid community as defined in the MITA Framework, version 3.0

The future vision for the New Mexico State Medicaid Agency was developed by conducting a series of visioning sessions with select SMEs from the New Mexico State Medicaid Agency and related partners from ALTSD, ASD, BHSD, CYFD, DOH, HSD, OGC and OIG in order to solicit the technology and business needs necessary to support the Medicaid program over the next five (5) years.

Simultaneously, the PMO Team worked with the New Mexico State Medicaid Agency executives to discuss their five-year vision for the replacement of their MMIS. These MMIS Replacement and Procurement Strategy sessions resulted in the development of the MMIS Modular Framework approach. This approach to the Information System for the State Medicaid Agency proposes to replace the existing MMIS through a series of procurements of MMIS modules that establish a foundation for the Medicaid Enterprise that can be extended to a broader New Mexico Health and Human Services (HHS) Enterprise. The planned State of New Mexico MMIS Replacement Strategy is also aligned to all CMS Seven Standards and Conditions.

The output from the visioning sessions was integrated into other strategic planning guidance and documentation, such as the New Mexico State Medicaid Agency 2016 Strategic Plan and the State Medicaid Health Information Technology Plan (SMHP). The following table provides a summary of the high-level future Medicaid-related objectives that were derived from these activities. Where applicable, the corresponding MITA objective is also provided.

Table - New Mexico Vision and Objectives

| New Mexico Objectives (MITA Goals) | Global Improvements |
| --- | --- |
| Modernize the Medicaid Program (Coordinate with public health and other partners, and integrate health outcomes within the Medicaid community)  | * Operate the Centennial Care Managed Care program under the 1115 Research and Demonstration Waiver
* Implement innovative models of cost-effective service delivery and payment reforms
* Ensure service access for Medicaid recipients in a manner that avoids duplicative and unnecessary care
* Expand access of HCBS through Centennial Care’s Community Benefit
* Continue planning for a new MMIS to better support Centennial Care and other programs, and to meet the CMS Seven Standards and Conditions
* Cooperate with the New Mexico Health Insurance Exchange (HIX) to share information and facilitate transitions in enrollment between the HIX and Medicaid
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing
 |
| Operate the Medicaid program within budget constraints by controlling costs and focusing on quality over quantity (Provide performance measurement for accountability and planning) | * Encourage and implement creative and innovative strategies to control costs, improve health outcomes, and reduce health disparities
* Demonstrate the effectiveness of care coordination to improve health and reduce avoidable hospital admissions, readmissions, and emergency room visits
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing
 |
| Adopt and Use Health Information Technology (Coordinate with public health and other partners, and integrate health outcomes within the Medicaid community—Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies) | * Encourage Provider Adoption of EHR Technology
* Access and maximize federal dollars available to states and Medicaid providers for HIT development, deployment, and use
* Support the exchange of health information through the Centennial Care and other programs
* Use clinical data made available through HIT and the HIE to measure program performance and inform policy decisions
* Measure health care outcomes of Medicaid recipients
* Identify and reduce program waste and redundant services
* Explore the development of an enterprise-wide Health and Human Services Information Technology model across state
* Leverage Existing Technologies to Support EHR agencies that deliver these services
 |
| Improve Program Integrity and Combat Health Care Fraud, Waste and Abuse (Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for health care management and program administration)  | * Expand MAD and BHSD audit resources for the preliminary investigative audits of providers suspected of committing fraud
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse and sharing
 |
| Improve Health Outcomes for New Mexicans (Coordinate with public health and other partners, and integrate health outcomes within the Medicaid community)  | * Provide access to medically necessary services and access to quality health care
* Ensure that the department’s approach is consistent with health care reform principles
* Promote early intervention, preventive care, and attainment of improved clinical outcomes
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing
 |
| Increase administrative efficiencies for determining participant application and eligibility process (Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology)  | * Identify and reduce duplicative administrative processes
* Simplify program regulations to improve implementation and application of program rules
* Ensure that statewide ISD staff have access to business services
* Increase efficiency of services delivered across the state
* Continue to enhance the efficiency of the Central ASPEN Scanning Area (CASA) to reduce the amount of paperwork collected and stored
* Improve access to public assistance programs by allowing individuals to apply, renew, and report changes on-line through the self-service portal, YES NM, and receive up to date case information using an integrated voice response system
* Work toward enhancing ASPEN to determine eligibility using real-time case processing functionality
* Refine nationally-recognized process of triage intake at field offices at the start of each day
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing
 |
| Integrate New Mexico’s behavioral health system within the changing healthcare environment (Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards)  | * Collaborate with and support development of Medicaid “health homes” for chronic conditions that integrate community behavioral health and primary care services and emphasize health promotion, addressing the integration of care for people with serious mental illness and substance abuse problems
* Develop and facilitate the implementation of Behavioral Health “Health Homes” in collaboration with Core Services Agencies (CSAs)
* Further develop Wellness Centers that offer support, education, information, and opportunities to assist consumer recovery
* Strengthen the development of community-based behavioral health services for adults and children
* Expand and improve the capacity of the behavioral health workforce in New Mexico
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing
 |
| Upgrade and/or replace IT systems for improved simplicity and better efficiencies (Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards)  | * Continue planning activities for the MMIS replacement project
* Implement workflow technology to streamline activities
* Implement technology that improves the quality of data, access to data, and the ability to share data with other entities
* Implement technology that encourages the performance of standardized processes across the Enterprise and State
* Implement a metadata repository that supports business intelligence reporting for the enterprise
* Implement a rules engine that supports multiple programs across the enterprise
* Implement technology that provides financial accountability for all programs across the enterprise
* Implement the MMIS Modular Framework approach to achieve interstate data and system interoperability through standardization, reuse, and sharing
 |

## Stakeholders and Data Exchanges

In the State of New Mexico, there are a number of stakeholders who exchange information with the SMA. In accordance with the MITA 3.0 Framework, Part I, Appendix A, Concept of Operations, these data exchange stakeholders are comprised of conceptual groupings of individuals or organizations. The information that these stakeholders provide is critical to the operations and success of the Medicaid program. The table below identifies the primary data exchange stakeholders and a high-level view of the data (information) that is exchanged with the New Mexico SMA, provides a description of how data is exchanged with the State Medicaid Agency in the As-Is environment, and explains how data exchanges with the State Medicaid Agency To-Be could transform.

Table - Stakeholders and Data Exchanges

| **Key Stakeholder** | **Major Data Exchanges-As-Is** | **Major Data Exchanges -To-Be** |
| --- | --- | --- |
| **Providers** – Providers of services including pharmacists, hospitals, case managers, and home and community-based caregivers serving the Medicaid population. Includes services that are rendered by other State agencies such as DOH, ALTSD, and CYFD | * Providers submit enrollment applications via the Provider portal
* Providers submit claims for reimbursement electronically using HIPAA standard transactions and using paper
* Medicaid responds to providers electronically or via the Provider portal
* Paper is still used to exchange some information with providers
* Providers receive electronic payments (EFT)
 | * State agencies use nationally standardized application for request to participate in a program that addresses provider licensing, certification, and enrollment
* The Medicaid Enterprise conducts screening based on level of risk (e.g., limited, moderate, high) with automated exchanges with state and federal agencies
* The original issuing agency charges application fees to cover the screening
* Medicaid terminates a provider immediately when CMS terminates or disenrolls them from Medicare
* The Medicaid Enterprise exchanges provider registry data with other intra-agency departments as well as other intrastate health care organizations
* Providers enter service completed and test result data into the patient’s EHR. The Health Information Exchange (HIE) submits an electronic request for payment to the insurance issuer
 |
| **Managed Care Organizations (MCO)** – Organizations who contract with the State to provide Medicaid recipients with a defined set of services. Current HSD MCOs are United Healthcare,Molina, BCBS, and Presbyterian | * The Medicaid Enterprise sends enrollment data to MCOs electronically using the X12N 834 standard transaction and a supplemental file
* X12N 834 transactions are sent to MCOs daily and monthly
* The Medicaid Enterprise sends premium payment data to MCOs electronically using the X12N 820 standard transaction
* X12N 820 transactions are sent to MCOs weekly during the NM Medicaid payment cycle
* MCOs submit encounter data to Medicaid using the X12N 837 standard transactions
* MCOs submit encounter data within 120 days after the service delivery date, payment date or discharge date
 | * MCO and their contracting providers share clinical information via the Health Information Exchange (HIE)
* MCO receives Medicaid enrollment information online, real time, and 24x7
* Treasury immediately deposits premium payments into the MCO’s bank
 |
| **Recipients** –NM residents who apply for or who receive Medicaid Enterprise benefits | * Applicants submit applications either by phone, fax, mail, or entered directly through YES-NM
* Recipients submit eligibility verifications in electronic and paper format
* Recipients receive multiple notices regarding eligibility from the Medicaid Enterprise and the MCO
 | * Medicaid identifies individuals, based on standardized criteria, who qualify for cost-sharing reductions, Medicaid or CHIP, and other insurance affordability programs
* Medicaid conducts near-real time verification of application information and, where possible, enrolls the individual into coverage real-time and notifies the issuer of new enrollment
 |
| **Centers for Medicare & Medicaid Services (CMS)** - A branch of the U.S. Department of Health and Human Services (HHS). CMS is the federal agency that administers Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). CMS provides information for health professionals, regional governments, and consumers. | * Medicaid Enterprise submits invoices and Medicaid Statistical Information System (MSIS) reports via email
* Medicaid Enterprise electronically submits CMS budget reports using MBES/CBES
 | * CMS systems exchange information with Medicaid agencies and the Health Information Exchange (HIE) to populate MSIS and derive other budget information in real-time
* For administrative reporting, CMS systems interface with the State Medicaid Enterprise to derive records needed for reports
 |
| **Other Payers** – Other benefit programs with liability to cover medical costs for Medicaid recipients. Includes private insurers | * Benefit information is exchanged prospectively
 | * Other benefit programs share benefit coverage with Medicaid
* Automated business rules perform coordination of benefits, preferably utilizing data exchanges focused on a cost avoidance mode, rather than pay and chase
 |
| **Other Agencies** – State, local, federal agencies that exchange information with Medicaid (DOH, BHSD, CYFD, ALTSD, IRS, Treasury, Department of Finance and Accounting, CDC)  | * Medicaid Enterprise responds to requests for information from the state legislature, Governor, other state agencies, CMS, other federal agencies, and the public by manually accessing data from multiple sources using different media, connectivity, format and data content
 | * Other agencies collaborate with the Medicaid Enterprise to automate access to data of record, permitting authorized stakeholders to build virtual data records, perhaps from multiple data sources such as Health Information Exchange (HIE), whenever necessary
 |

## Transformation Drivers and Enablers

Transformation drivers are defined as key initiatives, policies, or legislation that are used to spur change within an industry. States respond to many drivers that require the Medicaid Program to change. Some drivers come from CMS strategic plans and directives. Others come from State political and consumer pressures, demographic shifts, or pandemic threats, to name a few.

Transformation enablers are defined as capabilities and resources that contribute to the transformation within an industry. The development of new technologies and standards enables and supports the improvements forecast for the Medicaid Enterprise.

The following technical, legislative, and policy enablers and drivers facilitating the Medicaid transformation were identified for the New Mexico SMA. The reader should be aware that this is not an exhaustive list of drivers and enablers, and that this list will evolve and change over time.

### Drivers

**MITA Framework, version 3.0 and Seven Standards and Conditions:**  MITA is intended to foster integrated business and IT transformation across the Medicaid enterprise. It will establish national guidelines for technologies and processes that can enable improved program administration for the Medicaid Enterprise. The MITA initiative includes an architecture framework process and planning guidelines for enabling state Medicaid Enterprises to meet common objectives within the framework while supporting unique local needs.

**Centennial Care:** Under the Section 1115 Research and Demonstration Waiver, New Mexico created a comprehensive managed care delivery system under which contracted health plans offer the full array of current Medicaid services, including acute, behavioral health, home and community based, and long term institutional care.

**MMIS Replacement Project/MMIS Modular Framework**: Replaces the current MMIS in order to comply with requirements established by CMS, support expansions and improvements in the State Medicaid program, and ensure other compliance requirements found in federal and state laws or regulations through a MMIS Modular Framework approach. This approach proposes to replace the existing MMIS through a series of procurements of MMIS modules (comprised of numerous functional components) that establish a foundation for the Medicaid Enterprise that can be extended to the broader New Mexico Health and Human Services (HHS) Enterprise.

**HIPAA:** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 protects health insurance coverage for workers and their families when they change or lose their jobs, requires the establishment of national standards for electronic health care transactions, and requires establishment of national identifiers for providers, health insurance plans, and employers. The CMS administer and enforce the HIPAA Administrative Simplification Rules, including the Transactions and Code Set Standards, Employer Identifier Standard, and National Provider Identifier Standard. The HIPAA Enforcement Rule provides standards for the enforcement of all the Administrative Simplification Rules. <http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/index.html>

**State Innovation Model (SIM) Grant:** New Mexico will engage a diverse group of stakeholders—including public and commercial payers, providers and consumers—to develop a State Health Care Innovation Plan. States receiving Model Design awards under the State Innovation Models initiative will have twelve (12) months to submit their State Health Care Innovation Plans to CMS.

**CMS Medicaid Moving Forward (MMF) Vision:** A document produced by CMS that details goals and programs they would like SMAs to prioritize. The MMF identifies opportunities, tools, and resources for States to improve their Medicaid programs. This was identified as a driver for New Mexico because many of the New Mexico State Medicaid Agency Strategic objectives are consistent with the concepts in the MMF Vision. The 2013 MMF report identifies the following objectives:

1. Connecting People to Coverage:
	1. Modernizing Eligibility & Enrollment
	2. Enhanced Funding for Eligibility System Improvements
	3. Model Single, Streamlined Application
	4. Targeted Enrollment Strategies
	5. Flexible Coverage Options
2. Improving Quality of Care Through Payment and Delivery Reforms:
	1. Collaborations to Transform Delivery and Payment Systems
	2. Tackling the Specific Care Challenges
	3. Prevention Activity
	4. Improvements in Long Term Services & Supports
	5. Improving Quality of Care​
3. Modernizing Business Processes:
	1. Streamlining State Plan Submissions
	2. Simplified Processes to Support States’ Transition to MAGI
	3. Transformed Medicaid Statistical Information System (T-MSIS)
	4. Performance Indicators
	5. Additional Accountability for Medicaid Expenditures

**ICD-10**: On January 16, 2009, the Department of Health and Human Services (HHS) released the HIPAA Administrative Simplification: Modifications to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS Final Rule (CMS-0013-F). The compliance date for implementation of the ICD-10-CM/PCS Coding System is October 1, 2015 for all covered entities. <http://www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf>

**Affordable Care Act:** The Affordable Care Act of 2010 establishes comprehensive health care insurance reforms that aim to increase access to health care, improve quality and lower health care costs, and provide new consumer protections. Section 1561 of the Affordable Care Act requires the HHS, in coordination with the Health Information Technology (HIT) Policy Committee and the HIT Standards Committee, to develop the following recommendations for interoperable and secure standards and protocols that facilitate electronic enrollment of individuals in Federal and State health and human services programs. <http://www.hhs.gov/healthcare/rights/law/index.html>

**HITECH Act:** The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provides HHS with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health IT, including electronic health records and private and secure electronic health information exchange. The Medicaid EHR Incentive Program is addressed in Section 4201 of the HITECH Act. <http://healthit.gov/sites/default/files/hitech_act_excerpt_from_arra_with_index.pdf>

### Enablers

**MMIS Replacement Project**: Although the MMIS-R project was identified as a driver, the services and technologies that are implemented as a result of the project are also an enabler.

**Enterprise Architecture:** The Medicaid Enterprise has evolved beyond the individual state MMIS. MITA defines the Medicaid Enterprise in the MITA context as three (3) spheres of influence:

1. Domain of State Medicaid operations to which federal matching funds apply
2. Interfaces and bridges between the Medicaid Agency and Medicaid stakeholders, including providers, beneficiaries, other state and local agencies, other payers, CMS, and other federal agencies
3. Sphere of influence that touches MITA (e.g., national and federal initiatives, Development Standards Maintenance Organizations (DSMO), and other federal agencies)

The three (3) architectural components of the MITA 3.0 Framework provide the States with the business methods, analytical techniques, and conceptual tools to understand and document the structure and dynamics of an enterprise.

**Service Oriented Architecture (SOA):** SOA services define interfaces in terms of protocols and functionality as opposed to externally facing Application Programming Interface (API) services, based on particular rule sets and specifications to facilitate communication needs. Since SOA services provide a control on how to process and record data within the organization, the SOA services are ideal for reuse purposes. On the other hand, API services satisfy a different need in that they extend the capabilities and features of systems to create new partnership opportunities with outside entities.

**Health Level 7 (HL7) Standards:** HL7 and its members provide a framework (and related standards) for the exchange, integration, sharing, and retrieval of electronic health information. These standards define how information is packaged and communicated from one party to another, setting the language, structure, and data types required for seamless integration between systems. HL7 standards support clinical practice and the management, delivery, and evaluation of health services, and are recognized as the most commonly used in the world. <http://www.hl7.org/implement/standards/>

**Cloud Computing**: Cloud Computing is a design principle that provides resources on demand via a computer network, regardless of the location or owner of the data.

Traditionally, the MMIS relied on a centralized model with the applications, databases, email, and other services residing on the stakeholder’s computer or through a sign-on to a centralized server. States should pursue a service-based and cloud-first strategy for system development. States will identify and discuss how they will identify, evaluate, and incorporate commercially or publicly available off-the-shelf or open source solutions, and discuss considerations and plans for cloud computing.

Cloud Computing converts this paradigm to using the stakeholder’s computer as a vehicle to access multiple applications and/or data sources without changing from systems or software. Similar to the internet search engines, the stakeholder navigates through the network accessing services as needed. This model introduces layers to system design:

* **Client** – Consists of the software and hardware layer designed for delivery of services within the network
* **Application** – Introduces the concept of Software as a Service (SaaS) that delivers software over the internet, rather than installing the software on the stakeholder's system, which simplifies maintenance and support
* **Platform or Platform as a Service (PaaS)** – Creates a computing platform and/or solution stack that deploys applications without cost and complexity of individual licenses installed on computers
* **Infrastructure or Infrastructure as a Service (IaaS)** – Also referred to as virtual platforms. Rather than multiple, individualized state-focused MMIS systems, States may collaborate to deploy a single MMIS or eligibility system with each state paying for resources consumed

**Common Interoperability and Access Services:** State Medicaid Enterprises will ensure seamless coordination and integration with the Health Insurance Exchange (HIX) (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

CMS expects that a key outcome of the government’s technology investments will be a much higher degree of interaction and interoperability that will maximize value and minimize burden and costs on providers, beneficiaries, and other stakeholders.

HITECH is orchestrating the coordination of electronic health records. The Affordable Care Act of 2010 established Health Insurance Exchanges (HIX) for one-stop shopping of health plans and shared eligibility services. This legislation drives changes to the Health Care and Health Insurance industries to include the utilization of performance standards and beneficiary-centric operations.

**Customer Relationship Management Application**: A strategy that uses technology to organize, automate, and synchronize business processes. Originally, applied in the private sector to track the needs of company clients, this concept also pertains to the health care insurance industry. As it relates in the MITA 3.0 Framework, this concept focuses on:

* Beneficiary and provider access to EHR data
* Individual access to health insurance alternatives

## As-Is Concept of Operations Narrative

The As-Is Concept of Operations describes the New Mexico State Medicaid Agency operations as they exist today. In general, different departments perform many activities to support Medicaid operations and many operations are manual or use isolated automated processing. Claims adjudication is primarily automated, and the State has Member and Provider portals to support provider enrollment and services to members. Despite widespread automation, New Mexico spends the bulk of its time and energy on administrative operations.

Based on the business processes performed within each MITA business area, Medicaid functions were created to categorize the As-Is business processes. The Medicaid business functions are not the same as the MITA Business Areas; they more closely align with the business functions performed by the SMA. A summary of each Medicaid business functions’ As-Is capabilities are provided below.

**Member Eligibility and Enrollment Business Functions:** incorporates benefit plan administration, eligibility determination, enrollment, and disenrollment in programs, and beneficiary services business categories.

* Applicants apply for Medicaid benefits using automated (YES-NM and the Federally Facilitated Marketplace or FFM) and manual (submitting paper applications) methods. Exchange of information between the FFM and ASPEN occurs throughout the day for inbound exchanges and daily via batch processing for outbound exchanges
* Member eligibility inquiries by providers are made via phone or the EDI 270/271 transactions. Members can inquire about their eligibility through the YES-NM portal or the Medicaid Member portal. Disenrollment requests, which may include removal from Medicaid Program eligibility or removal from health plan enrollment, can take more than one business day to process

**Provider and Contractor Management Business Functions:** groups business categories associated with contracts for provider participation, managed care, and any number of other services. Management of administrative and managed care contract functions are also within this category.

* Providers must enroll separately in each Medicaid program in which they want to participate. Enrollment activities require an enormous amount of administrative effort by the providers. Providers are not able to easily obtain information on other participating providers and face constraints in being able to refer members to appropriate specialties
* Applications are manually reviewed by the State Medicaid Agency for required information. Paper forms are still used and provider portal applications are also accepted, but must be sent back for physical signature on paper
* Provider enrollment information validations use an automated screening tool that validates SSN, NPI, license information, etc. Provider portal applications must be sent back to providers to answer questions and are then sent back to Medicaid via fax or email
* Contract information is managed using paper and faxes. Contractor information is validated using manual lookup via the USPS website and other manual methods
* Outreach to potential contractors is performed using formal letters, email, meetings, phone calls, and the State’s General Services Department and HSD websites. Programs do not collaborate to share analysis/performance measures. Departments manage contracts separately and do not have a centralized repository

**Payment Management Business Functions**: includes all business categories associated with determining payment, making payment, collecting receivables, and reporting for these functions. This business area includes encounters and claims and coordination of benefits activities.

* Medicaid determines that recipients have other insurance post payment and contacts the provider or other payer to collect repayment (pay and chase)
* MCOs submit encounter data using NCPDP and HIPAA 837 file formats within five (5) days of payment cycle completion
* Providers receive payment by EFT
* Claims are adjudicated daily and batched for payment processing and remittance advice generation on a weekly basis. Some paper RAs are generated to providers
* Capitation payments are processed on a monthly basis utilizing HIPAA transaction standards

**Utilization and Quality Management Business Functions:** is a business area that brings together various business categories that share common goals for compliance management, ensuring the quality of care received by beneficiaries, and controlling costs. Functions also include service authorization and case management.

* Health Spotlight and the Fraud and Abuse Detection System (FADS) are used to detect fraud and conduct utilization reviews
* Excel spreadsheets are used to manage cases
* Sampling for the creation of Member Explanation of Medicaid Benefits is done by the MMIS, automatically selecting the 250th member each month
* The Case Management process is performed by MCOs and other State agencies, such as DOH, for Medicaid recipients

**Information Management Business Functions**: covers business categories associated with internal information maintenance, retrieval, and reporting within the Medicaid Agency. Business categories include communication with providers and members, external reporting, and strategic planning.

* Marketing plans are developed for specific populations with targeted demographics for member outreach
* Member outreach materials are largely prepared manually and are functionally, linguistically, culturally, and competency appropriate
* Member outreach is provided via the New Mexico YES website and the Medicaid Member portal
* A Provider portal is utilized along with other communication mediums such as newsletters and messages on remittance advices to communicate with providers
* Program strategies and plans are manually developed and posted to the Medicaid website and distributed to other State agencies and CMS
* Program strategies and plans are developed collaboratively with other entities within the State Medicaid Agency
* Implementation of several operational activities can be traced to State strategies and plans

**External Data Sharing and Exchange Business Functions**: contains business categories to connect the Medicaid Agency with CMS, public health agencies, Centers for Disease Control and Prevention (CDC), and any other potential data exchange partner that agrees to adopt the standards and criteria that each Medicaid Agency specifies.

* Mechanisms for establishing business relationships vary with the entity, and include trading partner agreements, joint powers agreements, Memorandums of Understanding, and other contract vehicles
* Trading partner agreements are available for download on the Provider portal, but the return process is via mail, fax, or email. Trading partner agreements are maintained in the EDMS
* Managing business relationships is a manual process, utilizing telephone, paper, and email communications
* HIPAA standards are applicable to some agreements, but no other standards apply

## To-Be Concept of Operations Diagram and Narrative

Once the New Mexico Medicaid Enterprise achieves the desired future state, the primary functions of the Medicaid Program will transform from focusing on administrative functions to focusing on strategic planning. The State Medicaid Agency will migrate to the broader Medicaid Enterprise, shifting the focus to standardized and expanded information sharing and the ability to make better decisions with the information, resulting in improved population health management, and improving the client experience. The following To-Be Concept of Operations diagram displays a high-level view of the New Mexico Medicaid Enterprise after the transformation, and provides a narrative description of the target vision environment.

Figure - To-Be Concept of Operations Diagram



**Member Eligibility and Enrollment Business Functions:**

* Benefit and eligibility inquiries are made through a web interface or direct system to system communication
* Eligibility information for multiple programs is easily accessible through multiple points of access, including personal computers and mobile devices
* Enrollment applications are submitted electronically with eligibility and enrollment responses, when possible, occurring in near real time
* Applicants and providers have “one-stop shopping” to view benefit plans
* State uses automated verification sources to determine eligibility, reducing processing time for members to receive benefits

**Provider and Contractor Management Business Functions:**

* Providers including MCOs submit applications via a portal and little or no paper documentation is needed
* Employer Identification Number (EIN), Social Security Number (SSN), and National Provider Identifiers (NPIs) are immediately verified on the enrollment application submission
* MCOs receive electronic notification of negotiated contract
* New Mexico State Medicaid Agency adjusts rates based on pre-defined rate structure with case-mix calculated from real time access to encounter and patient demographic data in the HIE
* New Mexico State Medicaid Agency terminates a provider immediately when CMS terminates or disenrolls them from Medicare
* New Mexico Medicaid Enterprise conducts screening based on level of risk (i.e., limited, moderate, high) with automated exchanges with state and federal agencies

**Payment Management Business Functions:**

* Providers enter service information into the EHR, notifying the Medicaid Enterprise to trigger the claim adjudication process
* Claim adjudication results are immediately available upon submission
* New Mexico Medicaid Enterprise sends premium payments to MCO, other payers, and CMS
* Funds from CMS and the state are transferred electronically
* New Mexico Medicaid Enterprise recovers payments from other payers and providers electronically
* New Mexico Medicaid Enterprise collaborates with other payers to establish a hierarchy of rules to determine which payer pays first for which services and how much, and who is next in the chain of responsibility

**Utilization and Quality Management Business Functions:**

* Health information and clinical data updated real-time in the patient EHR, which is accessible by the patient, physician, care coordinator or other authorized entities
* Providers no longer request authorization. Entry of diagnosis and plan-of-care information in to the EHR triggers a notification to the State through the Health Information Exchange (HIE). Clinical decision support rules assess the appropriateness of the service within the Medicaid benefit plan for the patient. The provider receives immediate notification of approval or denial of service
* The availability of comprehensive service information improves the accuracy of health status assessments and health outcome performance measurements
* Service performance and healthcare outcomes can be measured accurately based on the most current information available and historical record
* Statewide clinical quality data registry is used to:
	+ Collect and aggregate key clinical quality data
	+ Develop benchmarks and other quality improvement reporting
	+ Collect and calculate clinical incentive metrics
	+ Meet federal requirements for Meaningful Use incentive payments to providers

**Information Management Business Functions:**

* Responses to inquiries from providers, members, other agencies, CMS, and the public are mostly real time through web-interfaced modular data stores
* Efficiencies in data collection and collaboration with other agencies improve the reliability of information for monitoring and reporting
* Standardized business rules-based benefit plans and access to EHR clinical information provide the New Mexico Medicaid Enterprise with immediate and consistent outcome information for decision-making
* Near-real time communications are delivered to a portal, mobile device, or email address

**External Data Sharing and Exchange Business Functions:**

* Agreements are between the New Mexico Medicaid Enterprise and its partners, including collaboration amongst intrastate agencies, the interstate, and federal agencies
* Health and clinical information is available to those with authorization
* Information exchanged with federal and other external partners is current and accurate
* Transactions are replaced by standardized messages governed by service agreements between data exchange partners (manual exchange is obsolete or exceptional)

The Concept of Operations provides a high level description of how the Medicaid Enterprise operates today and how it will operate in the future. The BA, IA, TA, and 7S&C provide the detailed information that was used to develop the Concept of Operations and are used to track New Mexico’s progress towards meeting their goals.

# Business Architecture SS-A Results

The Business Architecture portion of the SS-A defines the State’s As-Is and develops the targeted To-Be environment of the State Medicaid Agency with defined business capabilities in terms of MITA Maturity Levels 1 - 5. The MITA Maturity Levels establish the boundaries for each level. In general, the boundaries are:

* **Level 1:** The State Medicaid Agency focuses on meeting compliance thresholds for state and federal regulations, aiming primarily at accurate enrollment of program eligibles and timely and accurate payment of claims for appropriate services
* **Level 2:** The State Medicaid Agency focuses on cost management and improving the quality of and access to care within structures designed to manage costs (e.g., managed care, catastrophic care management, and disease management)
* **Level 3:** The State Medicaid Agency focuses on coordinating and collaborating with other agencies to adopt national standards and develop and share reusable processes to improve the cost effectiveness of health care service delivery. The State Medicaid Agency promotes intrastate information exchange and business services
* **Level 4:** The State Medicaid Agency, now with widespread and secure access to clinical information, can improve health care outcomes, empower members and provider stakeholders, measure objectives quantitatively, and focus on program improvement. The State Medicaid Agency promotes interstate information exchange and business services
* **Level 5:** The State Medicaid Agency focuses on fine-tuning and optimizing program management, planning, and evaluation, with national (and international) interoperability improvements that maximize automation of routine operations

The Business Architecture is a collection of measurable qualities that are used to assess the capabilities of the State Medicaid business process model. Qualities defined for each level differentiate clearly between the levels and show a realistic progression toward maturity for each business process. The qualities, along with a brief description, that compose the MITA Maturity Model for the Business Architecture are defined below:

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

The final component of the Business Architecture SS-A is an analysis of the gaps between the As-Is and To-Be assessment results.

## Business Architecture Scorecard

Enhanced Business Architecture Scorecards were created for every business process identified in the New Mexico BPM in Section 3.1 and are presented in Appendix A, Business Architecture Scorecards. The following summarizes the process that was used by the PMO team to create the scorecards for the BA, IA, TA, and 7 S&C.

**As-Is Assessment:**

* Reviewed the business process template (BPT) provided in the MITA 3.0 Framework and added New Mexico-specific information identified from researched documentation
* Developed business process maps based on the BPT
* Determined the capabilities and entered the information into the scorecard and added supporting evidence
* Submitted draft scorecards to the State SMEs identified in Section 3.2 for validation and review
* Modified scorecards based on feedback received from State

**To-Be Assessment:**

* Conducted Visioning Session with the New Mexico State Medicaid Agency and enterprise partner SMEs
* Summarized five (5) year visioning results into recommended improvements
* Conducted MMIS Replacement and Procurement Strategy sessions with New Mexico State Medicaid Agency Executives resulting in the development of the MMIS Modular Framework approach
* Identified key characteristics from the MMIS Modular Framework approach
* Mapped visioning recommendations and key characteristics to the most appropriate To-Be capabilities
* Completed scorecards

The New Mexico State Medicaid Agency Business Services descriptions have been documented in the Business Capability Matrices (BCM) for this SS-A. The BCMs and the results of the Assessment are documented in the enhanced BA SS-A Scorecards with detailed capabilities and supporting evidence for every business process are located in Appendix A.

The following sections provide a summary of the As-Is and To-Be results for each business area.

### Business Relationship Management BA SS-A Summary

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

The Business Relationship Management business area for the State of New Mexico consists of all four (4) business processes defined in the MITA 3.0 Framework. All processes perform a mix of manual and automated activities, utilizing the Trading Partner Management System (TPMS) to track trading partner agreements.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Business Relationship Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table - Business Relationship Management BA Profile

| **Business Architecture SS-A Profile****Business Relationship Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| BR01 Establish Business Relationship |  | ***As-Is*** |  | ***To-Be*** |  |
| BR02 Manage Business Relationship Communication | ***As-Is*** |  |  | ***To-Be*** |  |
| BR03 Manage Business Relationship Information | ***As-Is*** |  |  | ***To-Be*** |  |
| BR04 Terminate Business Relationship | ***As-Is*** |  |  | ***To-Be*** |  |

### Care Management BA SS-A Summary

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

In the State of New Mexico, the State Medicaid Agency identifies target populations or individuals for selection by cultural, diagnostic, or other demographic indicators. It also manages business processes which have a common purpose (e.g., identify target members for specific programs, assign a care manager, assess the member’s needs, select a program, establish a treatment plan, identify and confirm provider prepare information for communication). Authorization of service encompasses both pre-approved and post-approved service requests. It focuses on specific types and number of visits, procedures, tests, therapies and durable medical equipment.

In reviewing the Care Management business area for New Mexico, the business area was determined to be at a MITA maturity level 1. Many of the Care Management processes are performed by the MCOs and automation is used. However, there is very little collaboration with other entities and agencies to perform the processes.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Care Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table 9 - Care Management BA SS-A Profile

| **Business Architecture SS-A Profile****Care Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| CM01 Establish Case |  | ***As-Is*** |  | ***To-Be*** |  |
| CM02 Manage Case Information | ***As-Is*** |  |  | ***To-Be*** |  |
| CM03 Manage Population Health Outreach | ***As-Is*** |  |  | ***To-Be*** |  |
| CM04 Manage Registry | ***As-Is*** |  |  | ***To-Be*** |  |
| CM05 Perform Screening and Assessment | ***As-Is*** |  |  | ***To-Be*** |  |
| CM06 Manage Treatment Plan and Outcomes | ***As-Is*** |  |  | ***To-Be*** |  |
| CM07 Authorize Referral | ***As-Is*** |  |  | ***To-Be*** |  |
| CM08 Authorize Service | ***As-Is*** |  |  | ***To-Be*** |  |
| CM09 Authorize Treatment Plan | ***As-Is*** |  |  | ***To-Be*** |  |

### Contractor Management BA SS-A Summary

The Contractor Management business area accommodates a Medicaid Enterprise that has managed care contracts for a variety of outsourced contracts. The Contractor Management business area has a common focus on Medicaid contractors (e.g., managed care, at-risk mental health or dental care, primary care physician), is responsible for contractor data store, and uses business processes that have a common purpose (e.g., fiscal agent, enrollment broker, fraud enforcement, and third-party recovery).

In the State of New Mexico the Contractor Management Business area manages care contracts for a variety of Medicaid contractors (e.g., managed care, at-risk mental health or dental care, primary care physician), and uses business processes that have a common purpose (e.g., fiscal agent, enrollment broker, third-party recovery and grievance and appeal).

In reviewing the Contractor Management business area, the business area was determined to be at a MITA Maturity Level 1. The majority of the processes are primarily manual, with minimal automated tasks.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Contractor Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table 10 - Contractor Management BA SS-A Profile

| **Business Architecture SS-A Profile****Contractor Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| CO01 Manage Contractor Information | ***As-Is*** |  |  | ***To-Be*** |  |
| CO02 Manage Contractor Communication | ***As-Is*** |  |  | ***To-Be*** |  |
| CO03 Perform Contractor Outreach | ***As-Is*** |  |  | ***To-Be*** |  |
| CO04 Inquire Contractor Information | ***As-Is*** |  |  | ***To-Be*** |  |
| CO05 Produce Solicitation | ***As-Is*** |  |  | ***To-Be*** |  |
| CO06 Award Contract | ***As-Is*** |  |  | ***To-Be*** |  |
| CO07 Manage Contract | ***As-Is*** |  |  | ***To-Be*** |  |
| CO08 Close Out Contract | ***As-Is*** |  |  | ***To-Be*** |  |
| CO09 Manage Contractor Grievance and Appeal | ***As-Is*** |  |  | ***To-Be*** |  |

### Eligibility and Enrollment Management BA SS-A Summary

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

In the State of New Mexico, the Eligibility and Enrollment Management business area determines the eligibility and enrollment of members and providers. This business area when required uses operational aspects to determine an applicant’s eligibility for Medicaid or potential eligibility for other insurance affordability programs within the State (e.g., Advance Premium Tax Credits through the Health Insurance Marketplace (HIX), Children’s Health Insurance Program [CHIP] and/or the Basic Health Program [BHP]).

In reviewing the Eligibility and Enrollment Management business area, the business area was determined to be at a MITA Maturity Level 1. Most eligibility processes are a mix of manual and automated tasks. The Determine Member Eligibility process is the exception, with a MITA Maturity Level of 2. Although the Determine Member Eligibility process has some manual tasks (accepts paper applications), it primarily utilizes ASPEN to adjudicate applications. ASPEN interfaces with the HIX and YES-NM portal, further increasing automation for the Determine Member Eligibility process.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Eligibility and Enrollment Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

 Table - Eligibility and Enrollment Management BA SS-A Profile

| **Business Architecture SS-A Profile****Eligibility and Enrollment Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| EE01 Determine Member Eligibility |  | ***As-Is*** |  | ***To-Be*** |  |
| EE02 Enroll Member | ***As-Is*** |  |  | ***To-Be*** |  |
| EE03 Disenroll Member | ***As-Is*** |  |  | ***To-Be*** |  |
| EE04 Inquire Member Eligibility | ***As-Is*** |  |  | ***To-Be*** |  |
| EE05 Determine Provider Eligibility | ***As-Is*** |  |  | ***To-Be*** |  |
| EE06 Enroll Provider | ***As-Is*** |  |  | ***To-Be*** |  |
| EE07 Disenroll Provider | ***As-Is*** |  |  | ***To-Be*** |  |
| EE08 Inquire Provider Information | ***As-Is*** |  |  | ***To-Be*** |  |

### Financial Management BA SS-A Summary

The Financial Management business area is a collection of business processes to support the payment of providers, managed care organizations, other agencies, insurers, Medicare premiums, and supports the receipt of payments from other insurers, providers, and member premiums and financial participation. These processes share a common set of payables- and receivables-related data.

In the State of New Mexico the Financial Management business area defines requirements and utilizes data from audited Medicare cost reports as the basis for Medicaid calculations. An audit contractor is hired for the purpose of identifying cost basis. The State supports the process of recoupments which are identified by State staff through claims review, by the fiscal agent Quality Assurance process, or by the MAD Quality Bureau through a mix of manual and automated processes. No premium sharing is performed by the State of New Mexico. The transfer of member and payment information is performed through HIPAA standard transactions and premium data is shared with Medicare on a monthly basis.

In reviewing the Financial Management business area, a majority of the nineteen business processes are determined to be at a MITA Maturity Level 1. All processes in this business area utilize a mix of manual and automated processes to accomplish tasks.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Financial Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table - Financial Management BA SS-A Profile

| **Business Architecture SS-A Profile****Financial Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| FM01 Manage Provider Recoupment | ***As-Is*** |  |  | ***To-Be*** |  |
| FM02 Manage TPL Recovery | ***As-Is*** |  |  | ***To-Be*** |  |
| FM03 Manage Estate Recovery | ***As-Is*** |  |  | ***To-Be*** |  |
| FM04 Manage Drug Rebate |  | ***As-Is*** |  | ***To-Be*** |  |
| FM05 Manage Cost Settlement | ***As-Is*** |  |  | ***To-Be*** |  |
| FM06 Manage Accounts Receivable Information | ***As-Is*** |  |  | ***To-Be*** |  |
| FM07 Manage Accounts Receivable Funds | ***As-Is*** |  |  | ***To-Be*** |  |
| FM09 Manage Contractor Payment | ***As-Is*** |  |  | ***To-Be*** |  |
| FM10 Manage Member Financial Participation | ***As-Is*** |  |  | ***To-Be*** |  |
| FM11 Manage Capitation Payment | ***As-Is*** |  |  | ***To-Be*** |  |
| FM12 Manage Incentive Payment | ***As-Is*** |  |  | ***To-Be*** |  |
| FM13 Manage Accounts Payable Information | ***As-Is*** |  |  | ***To-Be*** |  |
| FM14 Manage Accounts Payable Disbursement | ***As-Is*** |  |  | ***To-Be*** |  |
| FM15 Manage 1099 |  | ***As-Is*** |  | ***To-Be*** |  |
| FM16 Formulate Budget |  | ***As-Is*** |  | ***To-Be*** |  |
| FM17 Manage Budget Information | ***As-Is*** |  |  | ***To-Be*** |  |
| FM18 Manage Fund |  | ***As-Is*** |  | ***To-Be*** |  |
| FM19 Generate Financial Report |  | ***As-Is*** |  | ***To-Be*** |  |

### Member Management BA SS-A Summary

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

In the State of New Mexico the Member Management business area is a collection of business processes involved in communications between the State and prospective or enrolled Medicaid members. This business area is responsible for outreach to current and potential members, handling member grievance and appeals issues and coordinating communications. The MMIS fiscal agent and MCOs are responsible for performing and managing some of the member communication and outreach efforts. All processes in this business area utilize a mix of manual and automated processes to accomplish tasks.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Member Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table - Member Management BA SS-A Profile

| **Business Architecture SS-A Profile****Member Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| ME01 Manage Member Information | ***As-Is*** |  |  | ***To-Be*** |  |
| ME02 Manage Applicant and Member Communication | ***As-Is*** |  |  | ***To-Be*** |  |
| ME03 Perform Population and Member Outreach | ***As-Is*** |  |  | ***To-Be*** |  |
| ME08 Manage Member Grievance and Appeal | ***As-Is*** |  |  | ***To-Be*** |  |

### Operations Management BA SS-A Summary

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

In the State of New Mexico the Operations Management business area claims-related data extracts are performed from the MMIS and data warehouse manually to meet needs of the client. Claims processing activities are performed by the fiscal agent. Claims attachments are submitted by paper or through the New Mexico Provider portal. Claims processing employs NCCI coding methodologies. Claims edits, voids, and adjustments are addressed electronically. Claims for other agencies such as CMS and General Assistance are also processed and adjudicated through the MMIS. New Mexico does not perform the OM20 Calculate Spend-Down Amount process.

In reviewing the Operations Management business area, the business area was determined to be at a MITA maturity level 1, primarily due to many of the tasks being manual. New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Operations Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table - Operations Management BA SS-A Profile

| **Business Architecture SS-A Profile****Operations Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| OM04 Submit Electronic Attachment | ***As-Is*** |  |  | ***To-Be*** |  |
| OM05 Apply Mass Adjustment | ***As-Is*** |  |  | ***To-Be*** |  |
| OM07 Process Claims |  | ***As-Is*** |  | ***To-Be*** |  |
| OM14 Generate Remittance Advice |  | ***As-Is*** |  | ***To-Be*** |  |
| OM18 Inquire Payment Status | ***As-Is*** |  |  | ***To-Be*** |  |
| OM27 Prepare Provider Payment |  | ***As-Is*** |  | ***To-Be*** |  |
| OM28 Manage Data | ***As-Is*** |  |  | ***To-Be*** |  |
| OM29 Process Encounters |  | ***As-Is*** |  | ***To-Be*** |  |

### Performance Management BA SS-A Summary

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

In the State of New Mexico the Performance Management business area is a collection of business processes involved in the assessment of program compliance. The business area utilizes compliance data stores to identify and investigate anomalies and/or suspect transactions. On behalf of the SMA, the Fiscal Agent sends REOMBs (Recipient Explanation of Medical Benefits) to randomly selected member for detection of potential payment irregularities.

In reviewing the Performance Management business area, all business processes were determined to be at a MITA Maturity Level 1. The processes utilize Health Spotlight and FADS for some activities, but many of the tasks are manual.

New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Performance Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table - Performance Management BA SS-A Profile

| **Business Architecture SS-A Profile****Performance Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| PE01 Identify Utilization Anomalies | ***As-Is*** |  |  | ***To-Be*** |  |
| PE02 Establish Compliance Incident | ***As-Is*** |  |  | ***To-Be*** |  |
| PE03 Manage Compliance Incident Information | ***As-Is*** |  |  | ***To-Be*** |  |
| PE04 Determine Adverse Action Incident | ***As-Is*** |  |  | ***To-Be*** |  |
| PE05 Prepare REOMB | ***As-Is*** |  |  | ***To-Be*** |  |

### Plan Management BA SS-A Summary

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

In the State of New Mexico the Plan Relationship Management Business area supports a Provider portal which provides updates to rule changes. As strategies and plans are developed input is included from other agencies in and around the SMA. No automated methods appear to be in use to update the State Plan. Currently, these updates are completed using manual research. The State of New Mexico does follow State and federal standards in managing health plan information as demonstrated by subsequent plans and strategies shared in the SMHP and Strategic Goals.

In reviewing the Plan Management business area, all eight business processes are determined to be at a MITA Maturity Level 1 capability. New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Plan Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

Table - Plan Management BA SS-A Profile

| **Business Architecture SS-A Profile****Plan Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| PL01 Develop Agency Goals and Objectives | ***As-Is*** |  |  | ***To-Be*** |  |
| PL02 Maintain Program Policy | ***As-Is*** |  |  | ***To-Be*** |  |
| PL03 Maintain State Plan | ***As-Is*** |  |  | ***To-Be*** |  |
| PL04 Manage Health Plan Information | ***As-Is*** |  |  | ***To-Be*** |  |
| PL05 Manage Performance Measures | ***As-Is*** |  |  | ***To-Be*** |  |
| PL06 Manage Health Benefit Information | ***As-Is*** |  |  | ***To-Be*** |  |
| PL07 Manage Reference Information | ***As-Is*** |  |  | ***To-Be*** |  |
| PL08 Manage Rate Setting | ***As-Is*** |  |  | ***To-Be*** |  |

###  Provider Management BA SS-A Summary

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

In the State of New Mexico the Provider Management Business area performs the communications function with the use of paper forms which are mailed, faxed or emailed back to the department. The State also maintains a Provider portal for provider applications. The applications are accepted online and then are sent to the applicant in paper form for a physical signature. There is one provider data store maintained in the Omnicaid system.

In reviewing the Provider Management business area, all five business processes are determined to be at a MITA maturity Level 1 capability. New Mexico plans to advance from their current Level 1 business capability to an overall Level 4 for the Provider Management business area. The overall As-Is and To-Be capabilities for the business processes within the business area are summarized in the following profile table:

 Table - Provider Management BA SS-A Profile

| **Business Architecture SS-A Profile****Provider Management – Level 1** |
| --- |
| ***Business Process Name*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| PM01 Manage Provider Information | ***As-Is*** |  |  | ***To-Be*** |  |
| PM02 Manage Provider Communication | ***As-Is*** |  |  | ***To-Be*** |  |
| PM03 Perform Provider Outreach | ***As-Is*** |  |  | ***To-Be*** |  |
| PM07 Manage Provider Grievance and Appeal | ***As-Is*** |  |  | ***To-Be*** |  |
| PM08 Terminate Provider | ***As-Is*** |  |  | ***To-Be*** |  |

## Business Architecture SS-A Gap Analysis

The Business Architecture gap analysis, as described in the MITA Framework, version 3.0, SS-A Companion Guide, identifies the activities needed to reach the capability characteristics of the five-year To-Be goals that are not currently present in the As-Is environment. These targeted capabilities are the gaps that exist between the current State Medicaid Agency operations and the future desired state for the broader New Mexico Medicaid Enterprise.

The To-Be Assessment results indicate that New Mexico’s goal is to achieve MITA Maturity Level 4 for all business areas. As the gap analysis was conducted, dependencies between business processes and areas were identified. It was evident that many of the Medicaid Enterprise functions are interrelated, thus if one business area has a To-Be goal of MITA Maturity Level 4, then all related business areas must also have a common To-Be goal. For example, if New Mexico wants to share provider enrollment services with another State, they will need to also improve their business relationship processes to support the sharing of data and processes between States. Applying the same To-Be goal across the New Mexico Medicaid Enterprise will support the business-driven Enterprise Transformation that is described in the MITA 3.0 Framework.

The gaps were assessed for every business process within the New Mexico business process model. The gaps were assessed at the capability level (e.g., access to data, timeliness of process), to provide specific resolutions that will help New Mexico reach its desired future environment. The proposed gap resolutions were identified in four (4) categories: Technology, Process, Policy, and Organization. Identifying resolutions in these four (4) categories provides the State of New Mexico with the information necessary to build a comprehensive plan for achieving MITA maturity. Rather than focusing only on the Technology solutions, this approach ensures that plans to achieve the New Mexico To-Be address all impact areas to successfully attain Medicaid Enterprise business transformation.

The table below summarizes the capability descriptions that are necessary to resolve the gaps that were identified across all ten business areas. These capability descriptions represent the goals that the State of New Mexico will strive to achieve their To-Be.

Table - Business Architecture SS-A Gap Capability Resolution Descriptions

| Business Architecture SS-A Gap Capability Resolution Descriptions |
| --- |
| Increase automation across the interstate |
| Adopt national and industry standards for information exchange, including clinical information |
| Implement electronic communications that are functionally, linguistically, culturally and competency appropriate |
| Adopt standardized and automated business processes with interstate agencies and entities |
| Increase interoperability with interstate entities to improve efficiency and completion timeframes |
| Automate access to data to improve accuracy |
| Increase accuracy of clinical data through the use of standards and automation |
| Increase access to clinical data through the use of standards and automation |
| Increase process cost effectiveness through the use of standards and automation |
| Increase process efficiency through the use of standards and automation |
| Increase process accuracy through the use of standards and automation |
| Increase stakeholder satisfaction through the use of standards and automation |

As each business process was assessed, gaps were identified as well as solutions for closing the gap between the As-Is and To-Be. The detailed results of the gap analysis performed for every business process are available in Appendix B. The number of times the solution was identified to close a gap was also counted. This frequency will assist New Mexico with determining which proposed solutions will have the greatest impact on the business areas. The following table provides the gap resolutions presented in order based on frequency, a brief description of the solutions, and the category of impact.

Table - Business Architecture SS-A Resolution Priority

| **BA SS-A Resolution Priority** |
| --- |
| **Solution** | **Description** | **Frequency** | **Category** |
| **Workforce Impact Analysis/Retire Manual Processes** | An assessment that is designed to identify the impact that the process and gap changes will have on jobs, procedures, policies, and training | 843 | Organization |
| **Workforce Transition Plan** | A systematic plan of for obtaining the appropriate size, type, experience, knowledge, skills and quality of workforce to achieve the objectives identified in the Workforce Impact Analysis. The plan also includes any policy, procedure and training changes that need to be made | 843 | Organization |
| **Develop regional standards (industry, MITA and/or national)** | Data standards are necessary when two or more parties exchange information. The key elements of a data standard are data element names, definitions, qualifiers, data types, relationships, semantics, and contextual rules. From a business point of view, data standards represent agreements on the format and description of the shared data used by the Medicaid Enterprise. Data standards describe objects, features, or items collected, automated, or affected by the business processes of a State Medicaid Enterprise | 707 | Policy |
| **Rules Management (Rules Engine)** | A mechanism that employs a state-of-the-art business rules engine or business process management software to record business rules for many business functions, including but not limited to, provider enrollment, claims processing, and service authorization | 599 | Technology |
| **Web Services** | A software system designed to support interoperable machine-to-machine interaction over a network | 469 | Technology |
| **Develop regionally standardized processes and policies** | A statement of intent that is used to implement or adopt processes  | 380 | Process/Policy |
| **Document Management and supporting policy** | Software that controls and organizes documents throughout an organization. It incorporates document and content capture, workflow, document repositories, COLD/ERM, and output systems, and information retrieval systems. Also, the processes used to track, store and control documents | 293 | Technology/Policy |
| **Health Information Exchange** | Health information exchange (HIE) is the transmission of healthcare-related data among facilities, health information organizations (HIO) and government agencies according to national standards. HIE is an integral component of the health information technology (HIT) infrastructure under development in the United States and the associated National Health Information Network (NHIN) | 250 | Technology |
| **Service level agreements (SLA)** | An agreement between two or more parties that addresses services, roles and responsibilities and performance benchmarks | 240 | Policy |
| **Workflow and Alerts (Workflow Management)** | A mechanism that automates document management through the use of workflows that includes defining status, document approvals and lists the specific documentation used in a settlement or appeal | 213 | Technology |
| **Portal Services** | Services that are accessed via a website that serves as a gateway or a main entry point ('cyber door') on the internet. Portal services that deal with HIPAA-protected information must be accessed via a secure portal. Non-HIPAA-protected information can be accesses via an open portal or web page. An example would be a portal where empty forms or read-only brochures could be downloaded | 182 | Technology |
| **Business Intelligence/Data Analytics** | A mechanism for capturing and reporting on business performance | 176 | Technology |
| **Customer Relationship Management (CRM)** | A mechanism used to manage providers and enrollees from the call center solution | 110 | Technology |
| **Electronic Forms** | A computer program version of a paper form that can automatically format, calculate, look up, and validate information for the user | 93 | Technology |
| **Electronic Signatures and supporting policy** | Any electronic means that indicates that a person adopts the contents of an electronic message | 87 | Technology/Policy |
| **Electronic Document Management and supporting policy** | A mechanism that enables all documents, correspondence, notices and content to be captured, indexed, searched and integrated into business processes | 76 | Technology/Policy |
| **Define Performance Measures** | The process of collecting, analyzing and/or reporting information regarding the performance of an individual, group, organization, system or component | 71 | Policy |
| **Survey Tool and Stakeholder Feedback Policy** | A mechanism to allow providers and other stakeholders to complete online surveys | 66 | Technology |
| **Incident, Problem and Service Management** | A mechanism to manage the performance and availability of service components | 60 | Technology |
| **GIS Mapping & Address Verification Solution** | A mechanism used to validate a given address and to depict that location within the context of an application or on- screen | 51 | Technology |
| **Identity verification** | Online service used to establish a mapping from a person's online identity to their real life identity | 10 | Technology |
| **Dashboard Generation** |  Automated generation of a dashboard to give an overview of critical status. Allows the viewing of multiple key performance indicators at-a-glance | 10 | Technology |
| **Natural language user interface**  | A type of computer human interface where linguistic phenomena such as verbs, phrases and clauses act as UI controls for creating, selecting and modifying data in software applications | 5 | Technology |
| **Interactive web portal** | A mechanism that allows users to communicate in real time using easily accessible web interfaces | 5 | Technology |

Section 9.0 MITA Roadmap will address the gap solutions and identify an approach that supports New Mexico achieving the target capability characteristics. It identifies initiatives and planned projects that facilitate the maturity progression over the next five (5) years and creates the implementation plan to MITA maturity. It also identifies when maturity goals are not supported by any planned projects and action is required by the Medicaid Enterprise to ensure target capabilities are addressed appropriately.

## Business Architecture SS-A Profile

Table 20 - Business Architecture SS-A Profile

| **Business Architecture SS-A Profile** |
| --- |
| ***Business Area*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| **Business Relationship Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Care Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Contractor Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Eligibility and Enrollment Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Financial Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Member Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Operations Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Performance Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Plan Management** | ***As Is*** |  |  | ***To Be*** |  |
| **Provider Management** | ***As Is*** |  |  | ***To Be*** |  |

# Information Architecture SS-A Results by Business Area

The Information Architecture portion of the SS-A defines the State’s As-Is and develops the targeted To-Be environment of the enterprise with defined information capabilities in terms of MITA Maturity Levels 1 - 5. The MITA Maturity Levels establish the boundaries for each level. In general, the boundaries are:

* **Level 1:** Are predominantly manually intensive, IA components that do not take advantage of current industry standards
* **Level 2:** Are a mix of manually intensive components and electronic transactions or automated functionality internal to the SMA
* **Level 3:** Adoption of a governance process, a CDM, a LDM, enterprise modeling, the MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information. Partners include one or more state agencies
* **Level 4:** Include interoperability amongst all appropriate state agencies, regional partners, regional Health Insurance Exchange (HIX), regional Health Information Exchange (HIE), and other external regional health care stakeholders
* **Level 5:** Include interoperability amongst all appropriate state agencies, regional partners, federal agencies, national Health Insurance Exchange (HIX), national Health Information Exchange (HIE), and other national external health care stakeholders

The Information Architecture Framework describes information strategy, architecture, and data. It is divided into four (4) areas:

* **Data Management Strategy** – Provides a structure for sharing Medicaid information both internally and externally:
* Governance of Data Management
* Common Data Architecture
* Enterprise Modeling
* Data Sharing Architectures
* **Conceptual Data Model (CDM)** – Provides a depiction of major business information objects and their relationships with each other. Provides a basis for the Logical Data Model
* **Logical Data Model (LDM)** – Provides a more detailed accounting of Medicaid Enterprise information. Based upon the Conceptual Data Model
* **Data Standards** – Emphasizes standards to ensure data interoperability. Assesses the use of structure and vocabulary data standards to support current and emerging health data standards

The final component of the Information Architecture SS-A is an analysis of the gaps between the As-Is and To-Be assessment results.

## Information Architecture SS-A Scorecards

Enhanced Information Architecture Scorecards were created for every business process identified in the New Mexico Business Process Model in Section 3.1 and are presented in Appendix C, Information Architecture Scorecards. The stakeholder data exchange inventory in Section 3.3, which was an output from the development of the business processes, also provided content for the Information Architecture.

The following sections provide a summary of the As-Is and To-Be results for each business area. The enhanced IA Scorecards with detailed capabilities and supporting evidence for every business process are located in Appendix C.

### Business Relationship Management IA SS-A Summary

In reviewing the Business Relationship Management business area, the business area was determined to be at a MITA Maturity lLevel 1. The Business Relationship Management processes utilize standardized templates and a system, the TPMS, to manage some agreements which controls and manages the data that is submitted for each agreement. No enterprise modeling or data sharing for this business area exists.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Care Management IA SS-A Summary

In reviewing the Care Management business area, the business area was determined to be at a MITA Maturity Level 1. Two (2) of the Care Management Information processes are at a Level 2—Manage Registry and Authorize Service. The remaining processes within the business area were assessed at Level 1.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a Maturity Level of 4.

### Contractor Management IA SS-A Summary

In reviewing the Contractor Management business area, the business area was determined to be at a MITA Maturity Level 1. Use of data models facilitates system interoperability for enhanced SURS capabilities. For the business area, no standards for data architecture development were identified and no evidence of enterprise modeling was identified. However, the state procurement website uses standard information exchange formats.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a Maturity Level of 4.

### Eligibility and Enrollment Management IA SS-A Summary

In reviewing the Eligibility and Enrollment Management business area, the area was determined to be at a MITA Maturity Level 1. The member processes for this area, Determine Member Eligibility, Enroll Member, Disenroll Member, and Inquire Member Eligibility, which all utilize ASPEN, were assessed at level 3 for all information capabilities.

The provider processes, Enroll Provider, Determine Provider Eligibility, Disenroll Provider, and Inquire Provider Information, which utilize Omnicaid, were assessed at level 1. Although the processes met Level 2 capabilities for data management strategy, conceptual data models, and data standards, the processes do not have logical data models.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a Maturity Level of 4.

### Financial Management IA SS-A Summary

In reviewing the Financial Management business area, the business area was determined to be at a MITA maturity level 2. Data governance structures are established and common rules or standards governing how data is collected, stored, and used have been established.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Member Management IA SS-A Summary

In reviewing the Member Management business area, the business area was determined to be at a MITA maturity level 1. Although some data standards are applicable to this business area, most of the tasks are manual and do not have data management capabilities.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Operations Management IA SS-A Summary

In reviewing the Operations Management business area, the business area was determined to be at a MITA maturity level 1. In general, the business area has established data governance structures, has common rules or standards governing how data is collected, stored, and used, and Statewide standard data definitions and semantics have been adopted.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Performance Management IA SS-A Summary

In reviewing the Performance Management business area, all five (5) business processes are determined to be at a MITA maturity level 1. The Identify Utilization Anomalies and Prepare REOMB processes were assessed at MITA maturity level 2. Data standards exist for all processes within this business area. While the other processes in this business area do not have conceptual data models, Identify Utilization Anomalies and Prepare REOMB utilize technology have conceptual and logical data models.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Plan Management IA SS-A Summary

In reviewing the Plan Management business area, the business area was determined to be at a MITA maturity level 1. Many of the processes have established data standards and enterprise modeling, but the business area does not consistently implement internal policy and procedures to promote data governance to support all processes.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

###  Provider Management IA SS-A Summary

In reviewing the Provider Management business area, the business area was determined to be at a MITA Maturity Level 1. Policies are established for the MMIS, state websites, and the Provider portal, however, enterprise diagrams for this process were not identified. Data sharing and data modeling were not present. Some processes use standard data and vocabulary structure and industry and system standards are applicable.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

###  Conceptual Data Models

The New Mexico State Medicaid Agency Conceptual Data Model (CDM) is currently under development in conjunction and alignment with the replacement of the current MMIS. The Enterprise CDM will use this CDM mapping to build a model that depicts the major business information objects in their relationships to each other, using business terminology to supporting the enterprise as it is transformed through the business process improvement strategies identified in the road map that accompanies this SS-A. For the purposes of this SS-A, CDM documentation for systems in use and under development have been identified, inventoried, evaluated, and mapped to the business process that they support.

###  Logical Data Models

The New Mexico State Medicaid Agency Logical Data Model (LDM) is currently under development in conjunction and alignment with the replacement of the current MMIS. This LDM will be used as the basis for developing the mechanism necessary to support enterprise transformation that ensures the completeness of the business model and serves as a tool that enables the re-engineering of Medicaid business processes. The state is enabling the use of a shared data model by the LDM to achieve the modular capabilities of services, functional leverage, and system interoperability. For the purposes of this SS-A, LDM documentation for systems in use and under development have been identified, inventoried, evaluated and mapped to the business processes that they support within the BA Framework.

###  Data Standards

The Data Standards in use by the New Mexico State Medicaid Agency have been identified through a review of current State documentation and are listed in Appendix C: Information Architecture SS-A Scorecards, Section 3.0 Supporting Evidence. The New Mexico State Medicaid Agency data standards capabilities have been documented in the Information Capability Matrices (ICM) for this SS-A that are presented within the enhanced Information Architecture Scorecards presented in Appendix C. The Gap Analysis identifies solutions that will be employed to resolve the current application of data standards and future use to support business improvement and enterprise transformation. The MITA Roadmap that accompanies this SS-A offers a means to accomplish the application of data standards as the Medicaid Enterprise is developed.

## New Mexico Medicaid Enterprise Data Management Strategy

The purpose of the Data Management Strategy (DMS) is to document the data management processes, techniques, and products needed by the Medicaid Enterprise to achieve optimal sharing of Medicaid Enterprise information. The DMS is by nature an evolving set of documentation that like the enterprise that it supports must be maintained and evaluated at key junctures in the development of the enterprise to ensure that the information structure is improving in alignment with the enterprise.

Currently, the DMS is comprised of disparate documentation of data definition and data sharing workflows that is being aligned and consolidated into a strategic approach that will support accurate and effective data management for the enterprise. The Medicaid Enterprise data management strategy capabilities have been documented in the Information Capability Matrices (ICM) for this SS-A. The table below summarizes the State of New Mexico’s policies that map to the DMS components as defined in the MITA Framework, version 3.0.

Table - State of New Mexico Data Management Strategy

| **DMS Component/Description** | **State of New Mexico Policy or Process** |
| --- | --- |
| **Enterprise Data Management and Data Stewardship –** Implements Data Governance, Data Stewards, Data Owners, and Data Policy. Data Governance defines the governance processes for making enterprise-wide decisions regarding information holdings. It provides the capability to determine ownership and data standard adoption processes, to address data integrity, to define processes for business-process development, and to establish a mechanism for arbitrating differences | The State has policies that manage how information/data is accessed, secured, and protected but they do not address data integrity and standards. Examples of the information/data security policies are listed below:**118 HSD Data Classification Directive** – The purpose of this guideline is to provide a classification of HSD data based on its level of sensitivity, value and criticality to the HSD as required by the New Mexico Administrative Code NMAC 1.12.20. Classification of data will aid in determining baseline confidentiality, integrity, and availability controls for the protection of data.Additionally, as part of the current MMIS system, a data warehouse is available that complies with current ANSI SQL standards. This data warehouse will interface and extract data from other applications and products and the tools and access to sort, select, query, statistically manipulate and report on the data |
| **Common Data Architecture –** Establishes standard data-management procedures for the data models. The data architecture provides specific guidelines regarding data documentation, data-sharing development and use applicable to both structured and unstructured data, and management of metadata of all types. These guidelines ensure that the State Medicaid Agency defines data entities and attributes, data models, and relationships to convey the overall meaning and use of Medicaid data and information | No policies or procedures were identified that establish a common data architecture. However, given the existence of the MMIS data warehouse, it is assumed a structure does exist |
| **Enterprise Modeling –** Standardizes data across data source systems and third-party resources. It establishes data standards that support enterprise-modeling capabilities | No policies or procedures were identified that establish a central enterprise data standard across systems |
| **Enterprise Metadata Repository –** Is a central enterprise metadata repository where all stakeholders have access to review and reuse models and metadata. This allows for data accessibility and sharing | No policies or procedures were identified that establish a central enterprise metadata repository. However, the New Mexico State Strategic Health Information Technology Plan for 2016 does contain goals to cooperate with the New Mexico Health Insurance Exchange (HIX) to share information and facilitate transitions in enrollment between the HIX and Medicaid to give the best possible service to New Mexico consumers |
| **Data-Sharing Architecture –** Describes technology considerations for the State Medicaid Enterprise to participate in information-sharing communities. The Medicaid community defines or adopts standard data definitions and data-sharing schemas. The data sharing architecture also addresses the conceptual and logical mechanisms used for data sharing (i.e., data hubs, repositories, and registries). The data-sharing architecture also addresses data semantics, data harmonization strategies, shared-data ownership, S&P implications of shared data, and the quality of shared data | No policies or procedures were identified that establish a data sharing architecture. However, the State Medicaid Agency does utilize common EDI transactions to facilitate Eligibility and Authorization transactions with Providers across the State |

## Information Architecture Gap Analysis

The Information Architecture gap analysis identifies the capability characteristics of the five-year To-Be goals that are not currently present in the As-Is environment. These targeted capabilities are the gaps that exist between the current operations and the future desired state for the New Mexico Medicaid Enterprise.

The To-Be Assessment results indicate that New Mexico’s goal is to achieve MITA Maturity Level 4 for all business areas. As the gap analysis was conducted, dependencies between business processes and areas were identified. It was evident that many of the Medicaid Enterprise functions are interrelated, thus if one business area has a To-Be goal of MITA maturity level 4, then all related business areas must also have a common To-Be goal.

For example, as previously mentioned, if New Mexico wants to share provider enrollment services with another State, they will need to also improve their business relationship processes to support the sharing of data and processes between States. Applying the same To-Be goal across the New Mexico Medicaid Enterprise will support the business-driven Enterprise Transformation that is described in the MITA 3.0 Framework.

Similar to the process described in the Business Architecture Gap Analysis section, the gaps were assessed for every business process within the New Mexico business process model. The gaps were assessed at the capability level (e.g., data standards, enterprise modeling), to provide specific resolutions that will help New Mexico reach its desired future environment. The proposed gap resolutions were identified in four (4) categories: Technology, Process, Policy, and Organization. Identifying resolutions in these four (4) categories provides the State of New Mexico with the information necessary to build a comprehensive plan for achieving MITA maturity. Rather than focusing only on the Technology solutions, this approach ensures that plans to achieve the New Mexico To-Be address all impact areas to successfully attain Medicaid Enterprise business transformation.

The table below summarizes the capability descriptions that are necessary to resolve the gaps that were identified across all ten (10) business areas. These capability descriptions represent the goals that the State of New Mexico will strive to achieve their To-Be.

Table - Information Architecture SS-A Gap Capability Resolution Descriptions

| Information Architecture SS-A Gap Capability Resolution Descriptions |
| --- |
| Adoption of data governance process and structure with regional agencies |
| Develop intrastate metadata repository to promote data exchange |
| Develop regional enterprise modeling |
| Develop regional data sharing tools |
| Develop a conceptual data model that depicts the business area high level data and general relationships |
| Develop a logical data model that identifies data classes, attributes, relationships and standards |
| Develop data standards to support interoperability with electronic interchanges |

As each business process was assessed, gaps using the Information Capability Matrix (ICM) were identified in addition to solutions for closing the gap between the As-Is and To-Be. The detailed results of the gap analysis performed for every business process are available in Appendix D. The number of times the solution was identified to close a gap was also counted. This frequency will assist New Mexico with determining which proposed solutions will have the greatest impact on the business areas. The following table provides the gap resolutions presented in order based on frequency, a brief description of the solutions, and a category of impact.

Table - Information Architecture SS-A Resolution Priority

| **Information Architecture SS-A Resolution Priority** |
| --- |
| **Solution** | **Description** | **Frequency** | **Category** |
| **Workforce Impact Analysis** | An assessment that is designed to identify the impact that the process and gap changes will have on jobs, procedures, policies, and training | 539 | Organization |
| **Workforce Transition Plan** | A systematic plan for obtaining the appropriate size, type, experience, knowledge, skills and quality of workforce to achieve the objectives identified in the Workforce Impact Analysis. The plan also includes any policy, procedure and training changes that need to be made. | 539 | Organization |
| **Regional standards (industry, MITA and/or national)**  | Data standards are necessary when two or more parties exchange information. The key elements of a data standard are data element names, definitions, qualifiers, data types, relationships, semantics, and contextual rules. From a business point of view, data standards represent agreements on the format and description of the shared data used by the Medicaid Enterprise. Data standards describe objects, features, or items collected, automated, or affected by the business processes of a State Medicaid Enterprise | 308 | Policy |
| **Data integration policy (regional)** | Policy that manages the combining of data from several disparate sources, which are stored using various technologies and provide a unified view of the data. | 231 | Policy |
| **Regional standards for:****Data dictionary****Data classes****Messages** **Data super-classes****Structure and vocabulary** **Metadata for external shared data** | Utilizing industry standards to assist with the sharing of data. | 176 | Policy |
| **Data governance policy (regional)** | Data Governance is the discipline of formally managing data as an asset. This discipline embodies elements of data quality, data management, data policies, business processes, risk management, and personnel.The goal of Data Governance is to provide better visibility into the Medicaid Enterprise data assets to drive better and quicker business decisions, comply with regulatory requirements and improve the efficiency and operations of data management at an enterprise level. | 77 | Policy |
| **Data sharing/data hub architecture policy** | The data hub contains the functions and tools required to keep the hub entities and hierarchies consistent and accurate. In this architecture, the data can be accessed through a web services interface. A master data synchronization function is responsible for keeping the data in the hub synchronized with the data in the transactional systems. | 77 | Policy  |
| **Enterprise repository for data solutions** | A scalable, strategic, enabling technology that manages information about data and systems across the enterprise.An SOA repository is a database containing the software and metadata that constitute an SOA registry. The registry is an evolving, interactive, controlled-access catalog that facilitates the management of SOA (service-oriented architecture) projects, allowing businesses to easily discover and communicate with each other using Web services.As a metadata repository, the SOA repository facilitates content validation and workflow support for the SOA. The repository is the medium of record for policies, processes, attributes and schemata related to SOA governance. In some publications and contexts, the repository and the registry are treated as a single entity called the "SOA registry-repository" or "SOA registry/repository." | 74 | Technology |

Section 9.0 MITA Roadmap will address the gap solutions and identify an approach that supports New Mexico achieving the target capability characteristics. It identifies initiatives and planned projects that facilitate the maturity progression over the next five (5) years and creates the implementation plan to MITA maturity. It also identifies when maturity goals are not supported by any planned projects and action is required by the New Mexico Medicaid Enterprise to ensure target capabilities are addressed appropriately.

## Information Architecture SS-A Profile

The Information Architecture SS-A Profile summarizes the overall As-Is and To-Be MITA maturity capabilities that were assessed for each business area. This table can also be found in Appendix H.

Table - Information Architecture SS-A Profile

| **Information Architecture SS-A Profile** |
| --- |
| ***Business Area*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| **Business Relationship Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Care Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Contractor Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Eligibility and Enrollment Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Financial Management** |  | ***As-Is*** |  | ***To-Be*** |  |
| **Member Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Operations Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Performance Management** |  | ***As-Is*** |  | ***To-Be*** |  |
| **Plan Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Provider Management** | ***As-Is*** |  |  | ***To-Be*** |  |

# Technical Architecture SS-A Results by Business Area

The Technical Architecture portion of the SS-A defines the State’s As-Is and develops the targeted To-Be environment of the enterprise with defined technical capabilities in terms of MITA Maturity Levels 1 - 5. The MITA Maturity Levels establish the boundaries for each level. In general, the boundaries are:

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

The Technical Architecture is a collection of three Technical Service Areas (TSAs) – similar to business areas in the Business Architecture Model – and fifteen (15) associated Technical Service Classifications (TSCs) – similar to business processes in the Business Architecture.

* **TSA: Access and Delivery** – Encompasses design drivers and enablers such as web browser connectivity, language support, Customer Relationship Management (CRM), and forms and reporting services
	+ Client Support
	+ Business Intelligence
	+ Forms and Reporting
	+ Performance Measurement of Security and Privacy
* **TSA: Intermediary and Interface** – Contains drivers and enablers, such as process orchestration, work flow and relationship management functionality
	+ Business Process Management
	+ Relationship Management
	+ Data Connectivity
	+ Service-Oriented Architecture
	+ System Extensibility
* **TSA: Integration and Utility** – Includes design drivers and enablers such as solution stacks, database access layer services, scalability, application versioning and verification type utility services
	+ Configuration Management
	+ Data Access and Management
	+ Decision Management
	+ Logging
	+ Utility

The final component of the Technical Architecture SS-A is an analysis of the gaps between the As-Is and To-Be assessment results.

## Technical Architecture Scorecard

Enhanced Technical Architecture Scorecards were created for every business process identified in the New Mexico Business Process Model in Section 3.1 and are presented in Appendix E, Technical Architecture Scorecards. The system and application inventory in the baseline was used to determine the TA capabilities and build the Technical Management Strategy.

The following sections provide a summary of the As-Is and To-Be results for each business area. The enhanced TA Scorecards with detailed capabilities and supporting evidence for every business process are located in Appendix E.

### Business Relationship Management TA SS-A Summary

In reviewing the Business Relationship Management business area, the business area was determined to be at a MITA maturity level 1. The processes within this area are primarily manual, and therefore, do not have many technical capabilities. The TPMS does support some technical capabilities, such as client support due to the availability of functions to providers via a portal. Electronic forms are used for data entry and business analysis is manually intensive and requires custom coding. Integration with other agencies and systems is difficult due to the lack of SOA.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

###  Care Management TA SS-A Summary

In reviewing the Care Management business area, the overall assessment for the business area was determined to be at a MITA maturity level 1. Although the business area was assessed at MITA maturity level 1, the business area has technical capabilities that were assessed at MITA maturity level 2:

* Provides access to Medicaid functions via a portal that has a Single Sign-On (SSO) access point and supports the major internet browsers
* Electronic forms and reporting are used for many programs and services
* Website monitoring and performance measures are used
* HIPAA standards are applicable
* Mix of manual and electronic transactions with web services are used for some programs
* User activity is logged and audit trails are used

However, the following technical services for this business are at a MITA maturity level 1:

* Lack of automated business intelligence due to the manual nature of some processes
* Information exchange with inter-state agencies is manual and uses non-standard formats and media
* No hub exists for internal agency data exchange
* Approaches to orchestration and composition of functions is non-standardized
* Interfaces are technology dependent for some programs and services
* Databases are not Integrated

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Contractor Management TA SS-A Summary

In reviewing the Contractor Management business area, the business area was determined to be at a MITA maturity level 1. All business processes within this business area meet Level 1 capabilities for the majority of the technical services. However, the Forms and Reporting technical service was assessed at MITA maturity level 2 for all business processes.

The To-Be goals for the New Mexico Medicaid Enterprise call the business area to increase to a maturity level of 4.

### Eligibility and Enrollment Management TA SS-A Summary

In reviewing the Eligibility and Enrollment Management business area, the business area was determined to be at a MITA maturity level 1. The business area has multiple technical capabilities that were assessed at MITA maturity levels 2 or 3:

* Web based member portals are used to supply benefit information to enrolled members on any browser
* The portal requires secure role based authentication to access
* The data warehouse, MMIS, and communication with the member and provider portals use a basic BRM to track system users and activities within and across the system and the member/provider web portal
* The business area is a mix of manual and electronic transactions with web services for some programs and some of the systems (ASPEN) exchanges data with the HIX

However, the following technical capabilities for this business are at a MITA maturity level 1:

* Lack of automated business intelligence due to the manual nature of some processes
* Information exchange with inter-state agencies is manual and uses non-standard formats and media
* No hub exists for internal agency data exchange
* Approaches to orchestration and composition of functions is non-standardized
* Interfaces are technology dependent for some programs and services
* Databases are not Integrated

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Financial Management TA SS-A Summary

In reviewing the Financial Management business area, the business area was determined to be at a MITA maturity level 1. All of the business processes within this business area were assessed at MITA maturity level 1 and no technical services were assessed higher than level 1.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

### Member Management TA SS-A Summary

In reviewing the Member Management business area, the business area was determined to be at a MITA maturity level 1. The business area has multiple technical capabilities that were assessed at MITA maturity level 2:

* Provide access to services for members via an online portal
* The portal requires secure role based authentication to access
* The data warehouse, MMIS, and communication with the member portal use a basic BRM to track system users and activities within and across the system and the member/provider web portal
* The business area is a mix of manual and electronic transactions with web services for some programs and some of the systems (ASPEN) exchanges data with the HIX

However, the following technical capabilities for this business area at a MITA Maturity Level 1:

* Lack of automated business intelligence due to the manual nature of some processes
* Information exchange with inter-state agencies is manual and uses non-standard formats and media
* No hub exists for internal agency data exchange
* Approaches to orchestration and composition of functions is non-standardized
* Interfaces are technology dependent for some programs and services
* Databases are not Integrated

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a Maturity Level of 4.

### Operations Management TA SS-A Summary

In reviewing the Operations Management business area, the business area was determined to be at a MITA maturity level 1. All business processes within the business area were assessed at MITA maturity level 1 with the exception of Process Encounters, which was assessed at MITA Maturity Level 2.

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a Maturity Level of 4.

### Performance Management TA SS-A Summary

In reviewing the Performance Management business area, the business area was determined to be at a MITA Maturity Level 1. The business area met the criteria for level 2 maturity for the following technical capabilities:

* Electronic forms and reporting are used by SURS and the Data Warehouse
* MMIS performance monitoring is performed by the fiscal agent
* HIPAA and other standards are used
* Processes use a mix of manual and electronic transactions with isolated web services
* User activity is logged and audit trails are available

However, the following technical capabilities for this business area at a MITA Maturity Level 1:

* Member and provider access to services is not automated
* Lack of automated business intelligence due to the manual nature of some processes
* Information exchange with inter-state agencies is manual and uses non-standard formats and media
* No hub exists for internal agency data exchange
* Approaches to orchestration and composition of functions is non-standardized
* Interfaces are technology dependent for some programs and services
* Databases are not Integrated

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a Maturity Level of 4.

### Plan Management TA SS-A Summary

In reviewing the Plan Management business area, the business area was determined to be at a MITA Maturity Level 1. The business area met the criteria for level 2 maturity for the following technical capabilities:

* Health benefit data is securely held by the MMIS
* Processes are a mix of manual and automatic business tasks
* Electronic Forms and documents and document management systems are used
* Performance measures and metrics are defined
* HIPAA and state-specific standards are used
* Processes use a mix of manual and automatic transactions with some web services
* User activity is logged and audit trails are available

However, the following technical capabilities for this business area at a MITA maturity level 1:

* Member and provider access to services is not automated
* Lack of automated business intelligence due to the manual nature of some processes
* Information exchange with inter-state agencies is manual and uses non-standard formats and media
* No hub exists for internal agency data exchange
* Approaches to orchestration and composition of functions is non-standardized
* Interfaces are technology dependent for some programs and services
* Databases are not Integrated

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

###  Provider Management TA SS-A Summary

In reviewing the Provider Management business area, the business area was determined to be at a MITA Maturity Level 1. The business area met the criteria for MITA Maturity Level 2 for the following technical capabilities:

* Provide access to services for providers via an online portal
* The portal requires secure role based authentication to access
* Processes are a mix of manual and automatic business tasks
* Processes exchange information electronically between the MMIS and the Data Warehouse and the provider portal and some web services are used
* MMIS performance monitoring is performed by the fiscal agent

However, the following technical capabilities for this business area at a MITA maturity level 1:

* Lack of automated business intelligence due to the manual nature of some processes
* Information exchange with inter-state agencies is manual and uses non-standard formats and media
* No hub exists for internal agency data exchange
* Approaches to orchestration and composition of functions is non-standardized
* Interfaces are technology dependent for some programs and services
* Databases are not Integrated

The To-Be goals for the New Mexico Medicaid Enterprise call for the business area to increase to a maturity level of 4.

## New Mexico Medicaid Enterprise Technical Management Strategy (TMS)

The TMS identifies enabling technologies to specify interoperable designs for data exchange by the associated processes and procedures. The PMO has developed a MITA 3.0 Technical Architecture Systems and Applications Inventory to support the As-Is TA capability model that was generated by the TCM and can be found in the Document Library located in Project Documents/PMO Deliverables/Deliverables/Deliverable 5/MITA/June Submission.

This document contains an inventory of systems and applications, system descriptions, a mapping of MITA 3.0 business processes to systems, business process definitions, and a count of the systems by business process, project information associated with each system, and system ownership.

A document library is established and vendors maintain technical document libraries with MMIS, eligibility system and DW/DSS design and technical documents as part of the technical management strategy for the development each of those systems. An enterprise document library is in development that will support the TA with documentation of software design architecture practices and technology advances throughout the transformation of the Enterprise business process improvement.

## Technical Architecture Gap Analysis

The Technical Architecture Gap Analysis identifies the capability characteristics of the five-year To-Be goals that are not currently present in the As-Is environment. These targeted capabilities are the gaps that exist between the current operations and the future desired state of the New Mexico Medicaid Enterprise.

Similar to the process described in the Business Architecture and Information Architecture Gap Analysis sections, the Technical Architecture gaps were assessed for every business process within the New Mexico business process model. The gaps were assessed at the capability level (e.g., client support, business intelligence), to provide specific resolutions that will help New Mexico reach their desired future environment. The To-Be for all business areas was determined to be at MITA Maturity Level 4.

The table below summarizes the capability descriptions that are necessary to resolve the gaps that were identified across all ten business areas. These capability descriptions represent the goals that the State of New Mexico will strive to achieve their To-Be.

Table - Technical Architecture SS-A Gap Capability Resolution Descriptions

| Technical Architecture SS-A Gap Capability Resolution Descriptions |
| --- |
| Improve member/provider access to services including health information via portal and wireless devices |
| Adopt strategic business intelligence information environment with defined governance policies and enforcement |
| Support the real time submission of claims, clinical, and other data |
| Develop a mechanism to collect information in predefined formats. |
| Generate performance measures and metrics using predefined reporting methods. |
| Develop mechanisms for members and providers to access services in a secured HIPAA compliant environment |
| Assess and maintain MITA SS-A results including a MITA Roadmap. |
| Adopt and integrate MITA Roadmap features within the interstate. |
| Adopt a cross-enterprise services registry |
| Develop a mechanism to support hub based exchange/ system interoperability. |
| Develop architectural framework that can incorporate and integrate many different technologies |
| Adopt RESTful and SOAP based web services of NwHIN |
| Adopt version control mechanisms and processes |
| Adopt industry semantic data standards |
| Develop rules engine |
| Implement enterprise based auditing tools |
| Develop mechanism for monitoring enterprise business activity using event driven dashboards |

As each business process was assessed, gaps using the Technical Capability Matrix (TCM) were identified in addition to solutions for closing the gap between the As-Is and To-Be. The detailed results of the gap analysis performed for every business process are available in Appendix F. The number of times the solution was identified to close a gap was also counted. This frequency will assist New Mexico with determining which proposed solutions will have the greatest impact on the business areas. The following table provides the gap resolutions presented in order based on frequency, a brief description of the solutions, and a category of impact.

Table - Technical Architecture SS-A Resolution Priority

| **Technical Architecture SS-A Resolution Priority** |
| --- |
| **Solution** | **Description** | **Frequency** | **Category** |
| **Workforce Impact Analysis** | An assessment that is designed to identify the impact that the process and gap changes will have on jobs, procedures, policies, and training | 1091 | Organization |
| **Workforce Transition Plan** | A systematic plan of for obtaining the appropriate size, type, experience, knowledge, skills and quality of workforce to achieve the objectives identified in the Workforce Impact Analysis. The plan also includes any policy, procedure and training changes that need to be made. | 1091 | Organization |
| **Industry Standards for security and privacy for protecting and accessing clinical data** | Utilizing industry standards to assist with the sharing of clinical data. | 729 | Policy |
| **Regional standards (industry, MITA and/or national)**  | Data standards are necessary when two or more parties exchange information. The key elements of a data standard are data element names, definitions, qualifiers, data types, relationships, semantics, and contextual rules. From a business point of view, data standards represent agreements on the format and description of the shared data used by the Medicaid Enterprise. Data standards describe objects, features, or items collected, automated, or affected by the business processes of a State Medicaid Enterprise | 655 | Policy |
| **Portal Services** | Services that are accessed via a website that serves as a gateway or a main entry point ('cyber door') on the internet. Portal services that deal with HIPAA-protected information must be accessed via a secure portal. Non-HIPAA-protected information can be accesses via an open portal or web page. An example would be a portal where empty forms or read-only brochures could be downloaded. | 698 | Technology |
| **Business Intelligence / Data Analytics**  | A mechanism for capturing and reporting on business performance based upon captured data from the business environment using statistical tools and methods to gain insight into business performance and drive future planning. | 146 | Technology |
| **Electronic Document Management and supporting policy** | A mechanism that enables all documents, correspondence, notices and content to be captured, indexed, searched and integrated into business processes. | 146 | Technology/Policy |
| **Enterprise Service Bus** | An enterprise service bus (ESB) is a software architecture model used for designing and implementing communication between mutually interacting software applications in a service-oriented architecture (SOA). | 146 | Technology |
| **Health Information Exchange** | Health information exchange (HIE) is the transmission of healthcare-related data among facilities, health information organizations (HIO) and government agencies according to national standards. | 146 | Technology |
| **Customer Relationship Management** | A system for managing interactions with current and future customers or members (stored as contacts). CRM uses technology to organize, automate, and synchronize member, provider, customer service, and technical support. It allows one-stop-shopping for information and documentation for and about contacts. | 146 | Technology |
| **Workflow and Alerts** | A mechanism that automates document management through the use of workflows that includes defining status, document approvals and lists the specific documentation used in a settlement or appeal.  | 146 | Technology |
| **Rules Management** | A mechanism that employs a state-of-the-art business rules engine or business process management software to record business rules for many business functions, including but not limited to, provider enrollment, claims processing, and service authorization. | 146 | Technology |
| **Information Mining** | The computational process of discovering patterns in large data sets involving methods at the intersection of artificial intelligence, machine learning, statistics, and database systems. The overall goal of the data mining process is to extract information from a data set and transform it into an understandable structure for further use. The term is somewhat of a misnomer, because the goal of data mining is the extraction of patterns and knowledge from large amount of data, not the extraction of the data itself. | 74 | Technology |
| **Role Based Security** | Role-based security (or role-based access control (RBAC)) is a method of regulating access to computer or network resources based on the roles of individual users within an enterprise. Access is the ability of an individual user to perform a specific task, such as view, create, or modify a file. Roles are defined according to authority, and responsibility within the enterprise. | 74 | Technology |
| **Data Warehouse** | A central repository of integrated data from one or more disparate sources. Data warehouses store current and historical data can be used to store longitudinal data, such as clinical data. | 73 | Technology |
| **Internet Usability and Access policy** | Also known as web accessibility, this refers to the inclusive practice of removing barriers that prevent interaction with, or access to websites, by people with disabilities. When sites are correctly designed, developed and edited, all users have equal access to information and functionality. | 73 | Policy |
| **Service Oriented Architecture (SOA)/Service Orchestration**  | SOA, or Service Oriented Architecture, is an approach to developing enterprise systems by loosely coupling interoperable services (small units of software that perform discrete tasks when called upon) from separate systems across different business domains. | 73 | Technology |
| **Data Access Layer** | A data access layer (DAL) in computer software, is a layer of a computer program which provides simplified access to data stored in persistent storage of some kind, such as an entity-relational database. | 73 | Technology |
| **Monitoring and verification tools** | Tools that validate the integrity of operating system and application software files using a verification method between the current file state and the known, good baseline. Such monitoring can be performed randomly, at a defined polling interval, or in real-time. | 73 | Technology |
| **Service Hub Connectivity** | Services are connected via a hub to common data sources so that data can be reused while maintain a high degree of integrity. | 73 | Technology |
| **Application Performance, tools** | In the fields of information technology and systems management, Application Performance Management (APM) is the monitoring and management of performance and availability of software applications. APM strives to detect and diagnose application performance problems to maintain an expected level of service.  | 73 | Technology |
| **Business Transaction Management** | Transaction monitoring, also known as business transaction management is the supervision of critical business applications and services by auditing the individual transactions that flow across the application infrastructure.  | 73 | Technology |
| **Systems Event Logging** | The event log provides information about hardware, software, and system components, and monitors security events on a local or remote computer. Event logs can help identify and diagnose sources of current system problems, or help to predict potential system problems. | 73 | Technology |
| **Network Management** | Network management is the operation, administration, maintenance, and provisioning (OAMP) of networked systems. Network management is essential to command and control practices and is generally carried out of a network operations center | 73 | Technology |
| **Web Services** | a standardized way of integrating Web-based applications using the XML, SOAP, WSDL and UDDI open standards over an Internet protocol backbone. XML is used to tag the data, SOAP is used to transfer the data, WSDL is used for describing the services available and UDDI is used for listing what services are available. Used primarily as a means for businesses to communicate with each other and with clients, Web services allow organizations to communicate data without intimate knowledge of each other's IT systems behind the firewall. | 73 | Technology |
| **Portal access functions of Authentication, Authorization, Credentialing, Encryption, Provisioning, and Virus and Intrusion Detection** | An enterprise portal is a framework for integrating information, people and processes across organizational boundaries in manner similar to the more general web portals. To provide a secure, HIPAA-compliant, unified access point, it is critical that security-based functions are present. | 73 | Technology |
| **Configuration Management** | A systems engineering process for establishing and maintaining consistency of a product's performance, functional and physical attributes with its requirements, design and operational information throughout its life. | 73 | Technology |
| **Enterprise SDLC methodology, process, and policy** | The systems development life cycle (SDLC), also referred to as the application development life-cycle, is a term used in systems engineering, information systems and software engineering to describe a process for planning, creating, testing, and deploying an information system.An SDLC methodology (waterfall, agile/scrum) must be chosen that best fits organizational needs and policies and processes must be created to control and guide application development. | 73 | Technology |
| **Release and Deployment Management**  | Release and Deployment Management aims to plan, schedule and control the movement of releases to test and live environments. The primary goal of Release Management and Deployment Management is to ensure that the integrity of the live environment is protected and that the correct components are released. | 73 | Technology |

Section 9.0 MITA Roadmap will address the gap solutions and identify an approach that supports New Mexico achieving the target capability characteristics. It identifies initiatives and planned projects that facilitate the maturity progression over the next five (5) years and creates the implementation plan to MITA maturity. It also identifies when maturity goals are not supported by any planned projects and action is required by the New Mexico Medicaid Enterprise to ensure target capabilities are addressed appropriately.

## Technical Architecture Profile

The Technical Architecture SS-A Profile summarizes the overall As-Is and To-Be MITA maturity capabilities that were assessed for each business area. This table can also be found in Appendix H.

Table - Technical Architecture SS-A Profile

| **Technical Architecture SS-A Profile** |
| --- |
| ***Business Area*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| **Business Relationship Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Care Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Contractor Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Eligibility and Enrollment Management** |  | ***As-Is*** |  | ***To-Be*** |  |
| **Financial Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Member Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Operations Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Performance Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Plan Management** | ***As-Is*** |  |  | ***To-Be*** |  |
| **Provider Management** | ***As-Is*** |  |  | ***To-Be*** |  |

# Seven Standards and Conditions (7 S&C) SS-A Results

The New Mexico Seven Standards and Conditions Profile assesses the current As-Is operational baseline ratings and the targeted To-Be capability goals for each of the business areas identified in the New Mexico Business Architecture Profile. CMS reviews the Seven Standards and Conditions Profile for increasing advancement across the maturity levels.

A Seven Standards and Conditions Scorecard was created for every business process identified in the New Mexico Business Process Model in Section 3.1.

## Seven Standards and Conditions Scorecard

The following sections provide a summary of the As-Is and To-Be results for each of the Seven Standards and Conditions.

The enhanced Seven Standards and Conditions Scorecards with detailed capabilities and supporting evidence for every business area are located in Appendix G.

### Modularity Standard Summary

The Modularity Standard requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (APIs); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology (System Development Life Cycle or SDLC) and open, reusable system architecture is extremely important in order to ensure that the State can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.

Modularity entails breaking down systems requirements into component parts. Extremely complex systems can be developed as part of a service-oriented architecture (SOA). Modularity also helps address the challenges of customization.

As described in the Technical Architecture section, there is no SOA for any of the New Mexico business areas. As a result, there is minimal modularity throughout the Enterprise. All business areas were assessed at Level 1 for the Modularity Standard.

### MITA Condition Summary

The MITA condition requires States to align to and advance increasingly in MITA maturity for business, architecture, and data. CMS expects the States to complete and continue to make measurable progress in implementing their MITA Roadmaps. The State’s MITA Roadmap must be updated annually and must demonstrate how the State plans to increase in maturity over the five (5) year period, as well as the timing for reaching full maturity, to meet the MITA Conditions, the State must produce a MITA Roadmap, a Concept of Operations (COO), and Business Process Models (BPMs) that demonstrate how the State intends to advance their alignment with the MITA Maturity Model.

New Mexico conducted the MITA SS-A 2.0 in 2009. New Mexico’s MITA SS-A 3.0 in 2014 evaluated the Medicaid program against the Business Architecture, Information Architecture, Technical Architecture, and Seven Standards and Conditions. New Mexico plans to develop its Concept of Operations, Business Process Models and MITA Roadmap to support the procurement of the MMIS.

### Industry Standards Summary

The State must ensure alignment with, and incorporation of, industry standards. Adoption of standards will increase interoperability and usability and will also promote data sharing. Highlights of these standards are:

* Section 508 of the Rehabilitation Act focuses on usability of a system by users with disabilities
* Section 1104 of the ACA is primarily based on HIPAA transaction standards, including security and privacy, as implemented using the Council for Affordable Quality Healthcare and the Committee on Operating Rules for Information Exchange operating rules
* The National Council for Prescription Drug Programs sets the standards and operating rules for pharmacy-based transactions
* Section 1561 of the ACA deals with data standards and interactions needed to support HIX, and eligibility and enrollment interactions; however, these standards have not yet been finalized

New Mexico uses a mixture of HIPAA and state-specific standards. The Eligibility and Enrollment Management business area uses some industry standards in order to exchange information with the HIX.

### Leverage Condition Summary

Meeting the Leverage Condition means that the State is involved in efforts that promote sharing, leveraging, and reusing of technologies within itself as well as in partnership with other states. These regional or multistate solutions can be more cost effective than going it alone, and will promote data sharing. Ultimately, the State will be expected to supply key artifacts to a common, national cloud-based repository accessible by all states and CMS.

In New Mexico, very little collaboration occurs with other agencies to leverage or reuse business processes, data standards or information, or messages or technical standards.

### Business Results Condition Summary

The Business Results Condition stipulates that state systems support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. The ultimate test of an effective and efficient system is whether it supports and enables an accurate and timely business process, producing and communicating the intended operational results with a high degree of reliability and accuracy. CMS indicates that it would be inappropriate to provide enhanced federal funding for systems that are unable to support desired business outcomes.

In New Mexico, disparate systems are used to access information across the New Mexico State Medicaid Agency. Business processes are a mix of manual and automated tasks as well as minimal performance metrics to determine business outcomes are established.

### Reporting Condition Summary

In order to fulfill the Reporting Condition, solutions should produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. Reports must be automatically generated through open interfaces to designated federal repositories or data hubs, with appropriate audit trails. Systems should produce and expose electronically accurate data that is necessary for oversight, administration, evaluation, integrity, and transparency.

In New Mexico, there are a limited set of performance metrics in place. If present, performance standards are often in the form of service level agreements (SLAs) with the fiscal agent. Minimal open interfaces exist.

### Interoperability Condition Summary

To meet the Interoperability Condition, the State’s systems must ensure seamless coordination and integration with the Health Insurance Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges. CMS has stated that they expect that a key outcome of the government’s technology investments will be a much higher degree of interaction and interoperability that maximizes value and minimizes the burden and costs on providers, beneficiaries, and other stakeholders. CMS expects Medicaid agencies work in concert with Exchanges to share business services and technology investments in order to produce seamless and efficient customer experiences. Systems must also be built with the appropriate architecture and using standardized messaging and communication protocols in order to preserve the ability to efficiently, effectively, and appropriately exchange data with other participants in the health and human services enterprise.

For most business areas, New Mexico has identified areas where it interacts with other agencies and the HIX. However, New Mexico intends to improve its ability to interact with other agencies and the HIX through the implementation of a new MMIS.

## Seven Standards and Conditions Profile

The Seven Standards and Conditions SS-A Profile summarizes the overall As-Is and To-Be MITA maturity capabilities that were assessed for each business area. This table can also be found in Appendix H.

Table - Seven Standards and Conditions SS-A Profile

| **Seven Standards and Conditions SS-A Profile** |
| --- |
| ***Standard/Condition*** | **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| **Business Relationship Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Reporting Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Interoperability Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| **Care Management**  |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Reporting Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Interoperability Condition | ***As-Is*** |  |  | ***To-Be*** |  |
|  **Contractor Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Reporting Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Interoperability Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| **Eligibility and Enrollment Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition |  |  | ***As-Is*** | ***To-Be*** |  |
| Leverage Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Business Results Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Reporting Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Interoperability Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| **Financial Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Reporting Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Interoperability Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| **Member Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Reporting Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Interoperability Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| **Operations Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Leverage Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Business Results Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Reporting Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Interoperability Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| **Performance Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Reporting Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Interoperability Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| **Plan Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Leverage Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Business Results Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Reporting Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Interoperability Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| **Provider Management** |
| Modularity Standard | ***As-Is*** |  |  | ***To-Be*** |  |
| MITA Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Industry Standards Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Leverage Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Business Results Condition | ***As-Is*** |  |  | ***To-Be*** |  |
| Reporting Condition |  | ***As-Is*** |  | ***To-Be*** |  |
| Interoperability Condition |  | ***As-Is*** |  | ***To-Be*** |  |

# MITA Roadmap

The culmination of the New Mexico MITA State-Self Assessment uses the As-Is and To-Be assessment and the Gap Analysis results for the Business, Information, and Technical Architectures to develop a Roadmap that helps New Mexico navigate its path to higher levels of MITA maturity. In New Mexico, the parallel activities to develop the MMIS Modular Framework were instrumental in defining the New Mexico To-Be vision to achieve interstate data and system interoperability through standardization, reuse, and sharing. At the same time, the MMIS Modular Framework established a RFP and procurement strategy to secure systems and services that will transform the New Mexico MMIS from a monolithic legacy system into integrated modules that can be leveraged to keep in step with the growing and changing Medicaid program. This MMIS Replacement approach also establishes an enterprise architecture approach that facilitates the State of New Mexico’s ability to leverage Medicaid systems and services across the broader New Mexico Health and Humans Services organization.

In building the Roadmap for New Mexico, the PMO Team took an approach to propose pursuit of solutions that align to the components in the MMIS Modular Framework. In the following Technology and Policy Resolution Roadmap sections, the Roadmap demonstrates the very tight correlation of the gap resolutions to the MMIS modular framework. At the same time, the recommendation for the Process and Organizational Resolution Roadmap proposes to apply similar resolutions with the scope of each implementation of those resolutions calibrated to the scope of each Modular Implementation project.

## Technology Gap Resolution Roadmap

The technology roadmap for New Mexico to achieve MITA Maturity Level 4 is primarily reflected in the New Mexico MMIS Modular Framework approach. Although this procurement plan is in development, the primary modules of the procurement align well to the priority of technology gap resolutions addressed in this section. As the technology resolutions are procured and installed with a focus on a Service Oriented Architecture, the significant technology gaps to achieve MITA Maturity Level 4 will be resolved.

The MMIS Modular Framework will facilitate MITA Maturity Level 4 for the majority of the Business Processes in the following Business Areas:

* Care Management
* Eligibility and Enrollment Management
* Financial Management
* Member Management
* Operations Management
* Performance Management
* Provider Management

At the same time, the MMIS Modular Framework will provide immediate access to information necessary to enhance MITA maturity for the Business Relationship Management and Contractor Management Business Areas. If the State of New Mexico decides to leverage the MMIS Modular Framework components to manage Business Relationship and Contractor agreements, MITA Maturity across the entire Business Area can be improved significantly. Achieving MITA Maturity Level 4 for all Contractor Management business processes, however, may require integration and improvement in organizations external to the Medicaid Agency responsible for competitive procurements, such as the General Services Division.

Similarly, over fifty percent of the Plan Management business processes will be able to leverage the MMIS Modular Framework to achieve significant improvement in MITA maturity. These are the processes that Manage Health Plan Information, Manage Performance Measures, Manage Health Benefit Information, Manage Reference Information, and Manage Rate Setting. The MMIS Modular Framework will also provide immediate access to information necessary to enhance MITA maturity for the remaining business processes that focus on Plan Administration (Develop Agency Goals and Objectives, Maintain Program Policy, and Maintain State Plan).

The following table demonstrates the technology gaps that will be resolved and the business areas that are impacted by the technology.

Table - Technology Gap Resolution Roadmap

| **Technology Solution** | **Technology Gaps** | **Business Area**  |
| --- | --- | --- |
| **Call Center** – to acquire technology and service modules that will provide Call Center functionality as part of a MMIS Enterprise/Health and Human Services Framework | Adopt standardized and automated business processes with interstate agencies and entitiesSupport the real time submission of claims, clinical, and other dataAdopt a cross-enterprise services registry | Contractor ManagementOperations ManagementMember ManagementEligibility and Enrollment ManagementProvider Management |
| **Systems Integrator** – to acquire technology and service modules that will form a MMIS Enterprise/Health and Human Services Framework | Develop architectural framework that can incorporate and integrate many different technologiesAdopt version control mechanisms and processesDevelop rules engineDevelop data standards to support interoperability with electronic interchangesSupport the real time submission of claims, clinical, and other data | Business Relationship ManagementCare ManagementContractor ManagementEligibility and Enrollment ManagementFinancial ManagementMember ManagementOperations ManagementPerformance ManagementPlan ManagementProvider Management |
| **Data Services** – to acquire technology and service modules that will provide Data Management and Enterprise Data Warehousing services for a MMIS Enterprise/Health and Human Services Framework | Develop intrastate metadata repository to promote data exchangeDevelop a mechanism to collect information in predefined formatsDevelop intrastate metadata repository to promote data exchangeDevelop regional enterprise modelingDevelop regional data sharing toolsDevelop a conceptual data model that depicts the business area high-level data and general relationshipsDevelop a logical data model that identifies data classes, attributes, relationships and standards | Business Relationship ManagementCare ManagementContractor ManagementEligibility and Enrollment ManagementFinancial ManagementMember ManagementOperations ManagementPerformance ManagementPlan ManagementProvider Management |
| **Quality Assurance –** to acquire technology and service modules that will provide Program Quality Management functionality as part of a MMIS Enterprise/Health and Human Services Framework | Generate performance measures and metrics using predefined reporting methodsImplement enterprise based auditing toolsDevelop mechanism for monitoring enterprise business activity using event driven dashboards | Plan ManagementBusiness Relationship ManagementPerformance Management |
| **Population Health Management –** to acquire technology and service modules that will provide Population Health Management functionality as part of a MMIS Enterprise/Health and Human Services Framework | Develop mechanisms for members and providers to access services in a secured HIPAA compliant environmentProvide Business Analytics for managing Medicaid programs and recipient benefits, promote better health outcomes | Care ManagementPerformance ManagementPlan Management |
| **Financial Services –** to acquire technology and service modules that will provide Financial Services functionality as part of a MMIS Enterprise/Health and Human Services Framework | Adopt standardized and automated business processes with interstate agencies and entities | Financial Management |

## Organizational Gap Resolution Roadmap

It is common for business transformation projects to focus transition planning on technical solutions and recommendations. While the technology is important, gap resolutions also recommend that the State of New Mexico evaluate the impact of proposed technologies and business processes on the workforce and associated stakeholders. Research shows that seventy percent of all major business transformation initiatives fail because the people-related aspects of the initiatives are not addressed effectively.

In a complex transformation project such as an MMIS Replacement project, addressing the people-side of the equation can be the difference in achieving the desired results. The inability to mitigate organizational risks and failing to address people issues most often leads to:

* Decreased productivity—pre-and post-implementation
* Increased turnover among key talent
* Inability to successfully implement the solution as envisioned
* Program delays and budget overruns
* Business Processes not being accepted by employees
* Failure to realize the benefits promised by the technology and solution
* User adoption challenges
* Strained relationships among internal stakeholders, consumers and vendors

The New Mexico Roadmap to MITA Maturity Level 4 should also include Workforce Impact Analysis and an overall Workforce Transition Plan that addresses and enables workforce readiness and acceptance.

**Analyzing the Impact to the Workforce**

The potential magnitude of the impact the entire MMIS Replacement can have on an organization is significant. For this reason, the gap resolution recommendation is to complete Workforce Impact Analysis. This activity, generally completed through facilitated workshops, is designed to identify the impact that the technology and process changes will have on jobs, procedures, policies, and training. This analysis identifies training, competency and skills requirements needed to prepare the staff for these changes and it will highlight potential areas of resistance.

This Workforce Impact Analysis documents the following information per business process/system functionality:

* Process changes
* Who (not names, but groups) is affected by any identified process changes
* How are they impacted:
* Workload balance or shift
* Daily activities
* Less manual work or data checking
* Approval and decision making processes
* Labor relations and union issues
* Policies and procedures that need to be updated/revised and distributed
* What new knowledge, skills and abilities are required by impacted users to identify the training or professional development that is needed beyond planned end user training
* The potential barriers to successfully implementing these changes

The results of these Workforce Impact Analysis provide a key component of the Workforce Transition Plan.

**Building the Workforce Transition Plan**

The Workforce Transition Plan can be part of an overall Organizational Change Management program for the MMIS Replacement project. The Workforce Transition Plan is the result of the following activities and analyses:

* Identify impacts to employee’s roles and determine new skill requirements
* Determine competencies and organizational changes for the new environment
* Match employees to new jobs and develop transition plans
* Equip managers with tools to orient employees
* Design and deliver “just in time” training
* Develop blueprints of new organizational models as required based on changes in technology and process
* Determine new or changed Human Resources processes, such as performance management, succession planning, recruiting and hiring, temporary staffing strategies, training and skill development, displaced employee services, and classification and compensation considerations required to support new environment
* Adjust policies and procedures

**Organizational Implications and Human Resource Policies and Programs**

An important activity in mitigating the organizational risks that accompany implementing the New Mexico MMIS Replacement journey to MITA Maturity Level 4 should include developing a Workforce Transition Strategy to support the Workforce Transition Plan.

The objective of the Workforce Transition Approach is to identify key Human Resource (New Mexico Departments and Divisions, State Personnel Office, Labor Relations) policies, strategies, and programs for transitioning all employees whose job roles receive any impact as a result of the project.

The output of this activity will be to evaluate what the State already has in terms of working policies, strategies, and programs and address the issues that will result from the project’s Workforce Transition Plan. The Workforce Transition Approach identifies where existing State policies will remain in place and be utilized and where new or expanded strategies may need to be implemented to successfully transition employees.

A key component of a successful Workforce Transition Plan and Approach is providing a sufficient amount of time to perform a classification assessment of new jobs/positions to address the anticipated new roles. This allows for a comprehensive analysis to be completed before the identification of employees begins.

As each MMIS Modular Framework project is initiated, the recommendation is to conduct a Workforce Impact Analysis during the Requirements Analysis and Design Phases. Developing the corresponding Workforce Transition Plan can begin during the development and testing phases, when the State of New Mexico can identify those employees who will be impacted by the changes and work can begin to document policies, procedures, training, and other transition activities that must take place in time for the Implementation phase of each project.

## Process Gap Resolution Roadmap

As the New Mexico Medicaid Enterprise continues its journey to MITA Level 4 maturity, the manual business processes are replaced by automation or regionally shared processes. To ensure that automated solutions adequately replace manual processes, it is important to have a thorough understanding of those business processes. The same is true when New Mexico begins to develop regionally shared processes.

This can be achieved by documenting the As-Is business processes to capture the manual tasks that are being performed by the Enterprise. Documenting the business processes to this level of detail will identify the staff that perform these tasks as well as establish the foundation for developing the automation and regional sharing requirements. During the course of the MMIS Replacement, whether the MITA maturity migration is incremental, gradually improving manual business processes until they are ready to be automated or a turnkey shift from manual to automation, continually maintaining business process mapping information will facilitate this transformation.

As each project is initiated along the New Mexico Roadmap, the recommendation is to incorporate business process mapping development and maintenance into each project.

## Policy Gap Resolution Roadmap

Policy development and maintenance is required throughout the New Mexico MMIS Replacement. Each process and technology change must be evaluated to determine the impact to policy and procedure. The policy gap resolution recommendations, therefore, highlight the predominant policies that may be required.

A common trend in policy gap resolutions, as New Mexico migrates to MITA Maturity Level 4, is governed by the goal to achieve interstate sharing of information and systems. The development of regional, national and/or MITA standards was identified as a policy resolution across all ten (10) MITA business areas. The current challenge, in some instances, is that the regional or national standards, upon which the policies would be founded, do not exist.

In these instances, The MITA 3.0 SS-A Framework FM5 Overview of MITA Initiative 3.0 recommends that “If such standards are not available, CMS supports collaboration efforts with industry groups across standards organizations where appropriate.“ The MITA 3.0 Framework also identifies other opportunities for achieving the standards, as follows:

* “One universal data directory with clear, unambiguous definitions and formats for each data element (e.g., names, addresses, dates, and special code sets for sex, location, eligibility category, patient status, and procedure/diagnosis)
* To the extent possible, multiple databases with similar data from different sources that feed the Medicaid Enterprise are standardized and incorporated into master records (e.g., multiple sources of eligibility information are consolidated around a single, permanent identification number in an eligibility hub). The same holds true for multiple sources of accounts receivables (e.g., adjustments, Third-Party Recoveries (TPR), Surveillance and Utilization Review (SUR) recoveries, and drug rebates)”

The following table identifies specific policies that should be developed or evaluated as part of the technology projects that were discussed in Section 9.1 Technology Gap Resolution Roadmap.

Table - Policy Development and Evaluation

| **Technology Project** | **Policy**  |
| --- | --- |
| **Call Center** – to acquire technology and service modules that will provide Call Center functionality as part of a MMIS Enterprise/Health and Human Services Framework | Stakeholder Feedback Policies |
| **Systems Integrator** – to acquire technology and service modules that will form a MMIS Enterprise/Health and Human Services Framework | Electronic Signatures policyElectronic document management policy |
| **Data Services** – to acquire technology and service modules that will provide Data Management and Enterprise Data Warehousing services for a MMIS Enterprise/Health and Human Services Framework | Business Intelligence policySecurity and privacy for protecting and accessing clinical dataData Integrity policyData Retention policyData Integration policyData Architecture policyData Sharing/Data Hub Architecture policy |
| **Quality Assurance –** to acquire technology and service modules that will provide Program Quality Management functionality as part of a MMIS Enterprise/Health and Human Services Framework | Security and privacy for protecting and accessing clinical dataAuditing policyEnterprise-wide performance metrics |
| **Population Health Management –** to acquire technology and service modules that will provide Population Health Management functionality as part of a MMIS Enterprise/Health and Human Services Framework | Security and privacy for protecting and accessing clinical data |
| **Financial Services –** to acquire technology and service modules that will provide Financial Services functionality as part of a MMIS Enterprise/Health and Human Services Framework | Electronic Signatures policyElectronic document management policy |

## New Mexico Roadmap/Project Timeline

The following timelines map the evolution of the New Mexico MMIS through the implementation of the MMIS Modular Framework and the evolution of the broader New Mexico Medicaid Enterprise to achieving MITA Maturity Level 4. These timelines are currently in development and will be finalized in the New Mexico Medicaid Enterprise RFP plan as part of the activities that are being completed with the MMISR project. Additional planning activities for the MMISR project that are being conducted by the PMO will result in a more detailed, realistic timeline for procurement and implementation.

Figure - Call Center RFP Timeline

Figure – Systems Integrator RFP Timeline

Figure - Data Services RFP Timeline

Figure -Quality Assurance RFP Timeline

Figure - Population Health Management RFP Timeline

Figure - Financial Services RFP Timeline

# Conclusion

The State of New Mexico has completed its MITA SS-A based on the 3.0 Framework. The granularity that has been introduced in the MITA 3.0 SS-A Framework provides New Mexico with additional criteria that will be useful in planning the continued journey of the MITA maturity of the State’s Medicaid Enterprise.

The summarized results of the MITA As-Is Assessment, as presented in the Profile Reports in Appendix H, demonstrate that New Mexico is generally at Maturity Level One. However, the details of the Assessment indicate processes and systems that are migrating the New Mexico Medicaid Enterprise toward higher levels of MITA Maturity.

The MITA 3.0 assessment addressed the State Medicaid Agency’s Business Processes and its Information and Technical Architectures. This required a thorough examination of the systems that support the business of Medicaid through the lens of each MITA Business Area. Rather than assessing systems in totality, the MITA 3.0 Assessment required decomposing each system to evaluate that system’s functionality as it supports each MITA Business Area. This decomposition of systems, coupled with the evaluation of the State Medicaid agency’s Seven Standards and Conditions maturity, provides New Mexico with a tool chest of information that will be useful as it proceeds with the replacement of the current Medicaid Management Information System (MMIS).

As CMS knows, the State is proposing a modular MMIS development process with a phased approach. Many of the proposed modules can, have been and will continue to be mapped to MITA Business Areas. This association will allow New Mexico to benefit from the MITA SS-A.

The development of the MMIS Modular Framework is a significant step in New Mexico’s plan to achieve MITA Maturity Level 4. As the planning and initiation of the modular procurements and projects progress, the State of New Mexico, in conjunction with the MMISR Project Team, will develop the additional details necessary to complete the Roadmap artifacts that are submitted to CMS as part of the MMISR Implementation Advanced Planning Document Update (IAPD-U). The project details that, at a minimum, will be shared with CMS annually will be an IAPD-U, a Project Management Plan (PMP) and a Project Budget. In addition, the State will forward to CMS draft Module RFPs and contracts.

The MITA 3.0 SS-A has been a valuable exercise for HSD and its Medicaid Enterprise partners. There was complete staff and agency engagement which resulted in a much clearer understanding of the Seven Standards and Conditions of CMS, the goals of the MMIS Replacement project and the benefits of a modular MMIS design. The “table has been set” for the next stage of the Replacement project, which the State commits to do in partnership with CMS.

#  Appendices

## Appendix A – Business Architecture Scorecards

## Appendix B – Business Architecture Gap Analysis Details

## Appendix C – Information Architecture Scorecards

## Appendix D – Information Architecture Gap Analysis Details

## Appendix E – Technical Architecture Scorecards

## Appendix F – Technical Architecture Gap Analysis Details

## Appendix G – Seven Standards and Conditions Scorecards

## Appendix H – MITA SS-A Profile Report

The appendices listed above can be found at the following url:

<https://nmhsd.sharepoint.com/sites/prj/sharedpmo/Shared%20Documents/Forms/List%20View.aspx?RootFolder=%2Fsites%2Fprj%2Fsharedpmo%2FShared%20Documents%2F07%20-%20PMO%20Deliverables%2FDeliverables%2FDeliverable%205%2FMITA%2FJune%20Submission%2FAppendices&FolderCTID=0x012000BFDB836B1756114DAF0DD74CAC333277&View=%7B2D9F2BCF-13F9-45CB-A97E-9F292708E7A6%7D>

## Business Process Maps

[https://nmhsd.sharepoint.com/sites/prj/sharedpmo/\_layouts/15/start.aspx#/Shared%20Documents/Forms/List%20View.aspx?RootFolder=%2Fsites%2Fprj%2Fsharedpmo%2FShared%20Documents%2F07%20%2D%20PMO%20Deliverables%2FDeliverables%2FDeliverable%205%2FMITA%2FJune%20Submission%2FBusiness%20Process%20Maps%20%28Workflow%29&FolderCTID=0x012000BFDB836B1756114DAF0DD74CAC333277&View=%7B2D9F2BCF%2D13F9%2D45CB%2DA97E%2D9F292708E7A6%7D](https://nmhsd.sharepoint.com/sites/prj/sharedpmo/_layouts/15/start.aspx#/Shared%20Documents/Forms/List%20View.aspx?RootFolder=%2Fsites%2Fprj%2Fsharedpmo%2FShared%20Documents%2F07%20%2D%20PMO%20Deliverables%2FDeliverables%2FDeliverable%205%2FMITA%2FJune%20Submission%2FBusiness%20Process%20Maps%20%28Workflow%29&FolderCTID=0x012)

## NM MITA 3.0 Model

[https://nmhsd.sharepoint.com/sites/prj/sharedpmo/\_layouts/15/start.aspx#/Shared%20Documents/Forms/List%20View.aspx?RootFolder=%2Fsites%2Fprj%2Fsharedpmo%2FShared%20Documents%2F07%20%2D%20PMO%20Deliverables%2FDeliverables%2FDeliverable%205%2FMITA%2FJune%20Submission&FolderCTID=0x012000BFDB836B1756114DAF0DD74CAC333277&View=%7B2D9F2BCF%2D13F9%2D45CB%2DA97E%2D9F292708E7A6%7D](https://nmhsd.sharepoint.com/sites/prj/sharedpmo/_layouts/15/start.aspx#/Shared%20Documents/Forms/List%20View.aspx?RootFolder=%2Fsites%2Fprj%2Fsharedpmo%2FShared%20Documents%2F07%20%2D%20PMO%20Deliverables%2FDeliverables%2FDeliverable%205%2FMITA%2FJune%20Submission&FolderCTID=0x012000BFDB836B1756114DAF0DD74CAC333277&View=%7B2)