PWS 6.1.4 MITA SS-A
2019 Annual Update

5-Year MITA Roadmap

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

The New Mexico Human Services Department (HSD) set out to modernize their 15+ year old Medicaid Management Information System (MMIS) in January of 2014. The project known as the Medicaid Management Information System Replacement (MMISR) is in collaboration with other state health and human services agencies. The goal is to create a more responsive Medicaid Management Information System for delivering services and improving the health and well-being of New Mexicans.

In March, 2012 CMS had outlined the Medicaid Information Technology Architecture (MITA) 3.0 initiative, detailing the framework that states are required to follow when updating or enhancing their Medicaid Enterprise systems. HSD realized the value and potential of MITA and set out to replace their current MMIS with a modular approach that blends technology components with Business Process Outsourcing (BPO) solutions. The MMISR is being designed as part of an overall State initiative called HHS 2020, which is a multi-year, evolutionary plan to create an ecosystem where all New Mexico HHS departments can share infrastructure, shared services, and data. MMISR goals and objectives are in alignment with MITA 3.0 Framework and the Seven Conditions and Standards. HSD views this approach as one that will allow for traceable business, information, and technical capabilities; extensive Service Oriented Architecture (SOA) based enterprise information systems; and ultimately improved healthcare outcomes for the citizens of New Mexico.

CMS Expectations

The CMS MITA initiative defines a framework for states to operate their Medicaid programs, and provides guidance for a modular approach to support the overall state Medicaid program. A module is a packaged, functional business process or set of processes implemented through software, data, and interoperable interfaces that are enabled through design principles in which functions of a complex system are partitioned into discrete, scalable, reusable components. An MMIS module is a discrete piece (component) of software that can be used to implement and operate a MMIS business area as defined in the Medicaid Enterprise Certification Toolkit (MECT).

CMS requires states to complete the MITA State Self-Assessment (SS-A) update which includes updating their MITA Concept of Operations (COO) and 5-year MITA Roadmap as part of system certification. CMS also expects states to provide updates to their MITA SS-A annually, in order to be compliant with the MITA initiative. Also, CMS reviews the SS-A when states apply for enhanced federal match through the Advance Planning Document (APD) process.

Basis for the Roadmap

HSD completed a full MITA 3.0 SS-A in June of 2015 with a subsequent MITA Roadmap update in April of 2017. HSD contracted with CSG Government Solutions, Inc. (CSG) for the purpose of assisting HSD in completing a 2019 MITA update. Overall, the MITA SS-A update revealed that the New Mexico Medicaid program is comparable to many other states when it comes to the assessed maturity levels of the business, information, and technical architectures in accordance with the MITA defined business areas.

However, as previously mentioned, HSD put into motion an evolutionary and ambitious modernization plan. With a goal of achieving MITA maturity of level 4 across the enterprise, New Mexico sets itself apart, and at the forefront, helping lead the vision of MITA.

The MITA Roadmap

The 5-year MITA Roadmap provides a view of the current active modular effort, as well as recommendations resulting from the 2019 MITA SS-A update for advancing the New Mexico Medicaid program in MITA maturity. The Roadmap has been organized to detail the current efforts undertaken by HSD, demonstrating the progress of each, including a brief description and major milestones, both achieved and upcoming (if applicable). Also, recommendations for continued improvement and progress towards MITA maturity level 4 have been included. Each recommendation includes the following:

- **Recommendation Description** – Describes the recommendation and reason. Aimed at meeting capability matrix parameters necessary to advance MITA maturity.
- **MITA Impact** – Demonstrates the areas of MITA advancement the recommendation will improve

Based on the recommendations outlined, HSD may want to pick individual recommendations, or selectively bundle several and use them as a basis for a new project or initiative. In order to help facilitate that process, CSG developed a template (Appendix A) HSD can submit to CMS for each project as part of the MITA Roadmap. Along with an APD, this template contains all of the criteria HSD would need to submit to CMS for requested projects.

Summary

The purpose of this updated 5-year MITA Roadmap, is to outline current initiatives undertaken by HSD in pursuit of modernizing the New Mexico Medicaid Enterprise and ultimately achieving a MITA maturity level of 4. It also includes recommendations for closing some of the gaps between the assessed MITA maturity during the 2019 SS-A update and the desired To-Be maturity level 4. This document is written as the required MITA Roadmap that will be submitted to CMS as part of the New Mexico SS-A update. It is also intended to be used to aid HSD in achieving advancement in MITA Maturity levels within the next five years. As additional projects are identified, based on recommendations from the SS-A update they will be further defined, prioritized, and additional details will be scoped out and provided as part of a future update.

1. Overview and Purpose

This document contains the current HSD modernization projects and recommendations identified through the 2019 MITA SS-A update. Both the current projects and recommendations are focused on advancing the New Mexico Medicaid Enterprise in MITA maturity. The current projects began in earnest back in 2014 as HSD set out to modernize their Medicaid program. Recommendations for the 2019 SS-A update were gathered through a review of current project artifacts (e.g., BTC Journeys, RFPs, and Awarded Contracts) and an understanding that HSD desires to achieve MITA maturity level 4. Utilizing the capability matrices detailed as part of the MITA 3.0 Framework, the CSG MITA team assessed the business, information, and technical architectures of the New Mexico Medicaid Enterprise. The table below provides a summary of the maturity level assessment results for the three MITA architectures.

MITA Defined Business Area	Business Architecture		Information Architecture		Technical Architecture	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	2	4	2	4	1	4
Care Management	1	4	2	4	1	4
Contractor Management	2	4	2	4	1	4
Eligibility and Enrollment Management	2	4	2	4	2	4
Financial Management	2	4	2	4	1	4
Member Management	2	4	2	4	1	4
Operations Management	1	4	2	4	1	4
Performance Management	1	4	2	4	1	4
Plan Management	1	4	2	4	1	4
Provider Management	2	4	2	4	1	4

To provide context, the following subsections review the MITA Framework, as well as the MITA SS-A project and approach to completing the assessment. They also details how the MITA SS-A update feeds the 5-year MITA Roadmap.

1.1 CMS MITA Initiative and Framework

The CMS MITA Initiative defines the boundaries of the Medicaid Enterprise and the MITA missions, goals, and objectives. The MITA Initiative defines guiding principles and key business, information, and technical architecture features to apply to the New Mexico Medicaid Enterprise. The framework provides guidance and recommendations for states in the planning and operation of their Medicaid programs and systems. Guidance is based on best practices from the industry and government, which addresses specific issues posed by the policy and funding structures of Medicaid, and involves the cooperation and collaboration of entities at both the federal and state levels. The MITA SS-A focuses on the approach taken by a Medicaid Enterprise to the planning and management of Medicaid and related operations, and is not intended to probe into the details of individual business activities. It provides a high level assessment of business qualities and technical capabilities, and results in recommendations for strategic improvements to the organizations that comprise the enterprise.

MITA Maturity Model

The MITA Maturity Model serves as a reference model for definitions of Medicaid Enterprise capabilities. The MMM establishes boundaries and measures used to determine whether a state's capability meets a clear and concise definition. The MMM consists of five levels of maturity, assigned to each of the capability matrix questions. The varying levels represent a progression of maturity of quality improvement standards for the business, technical, and information architectures for Medicaid programs. The table below describes the basis for each maturity level as it progresses from level 1 to level 5.

MITA 3.0 Maturity Levels	
Level 1	The SMA focuses on compliance with regulatory requirements for providers and members, as well as payments of claims within a specified timeframe to encourage the participation of providers, thus promoting access to care.
Level 2	The SMA's main focus is so that improved health care outcomes are a by-product of new, creative programs which are primarily focused on managing costs, e.g., managed care and waiver programs.
Level 3	The SMA focuses on coordinating and collaborating across intrastate heath care programs, contributing to improved outcomes. There is a widespread adoption and use of national standards for administrative data, and sharing of business services that provide a better base for comparing outcomes.
Level 4	With widespread and secure access to clinical information, the SMA is able to focus on interstate information exchange and business services. All stakeholders now have access to clinical data that produces a major leap forward in analysis of health care outcomes, which empowers members and providers to make decisions affecting outcomes.
Level 5	The SMA has reached national interoperability. Agencies have access to necessary data to compare across other agencies and states.

MITA Maturity is measured via capability matrices that assess individual qualities of the business, information, and technical architectures across ten business areas. In order to obtain a particular level of maturity, the State Medicaid Agency (SMA) must have accomplished all of the defined capabilities for that level. Roadmap recommendations are derived from the gaps identified between where HSD is today (As-Is) and where HSD plans to be in the future (To-Be).

1.2 Purpose

The New Mexico Human Services Department as the State Medicaid Agency (SMA) has completed a State Self-Assessment, required by the CMS MITA initiative. In conjunction with the SS-A, CMS requires the development of a 5-year MITA Roadmap to guide the New Mexico Medicaid Enterprise development. This MITA Roadmap addresses New Mexico goals and objectives, by detailing current projects and recommendations, for advancing MITA maturity covering a 5-year outlook.

The MITA Roadmap is intended to be updated on an annual basis, to demonstrate how New Mexico is progressing. As APDs are submitted for enhanced federal financial participation from CMS, the MITA Roadmap is used as a basis for the development of a detailed plan that considers among other aspects, the cost, benefit, schedule, and risk of each project.

HSD's Goals and Objectives

HSD is currently in the middle of a large and complex modernization effort; the HHS 2020 initiative. This modernization effort, which began in 2014, is a multi-year, evolutionary plan to create an ecosystem where all New Mexico HHS departments can share infrastructure, shared services, and data. HSD is also focused on adopting and leveraging the MITA Framework in order to accomplish their modernization goals and objectives, as listed below.

HSD Goals and Objectives

- Modernize the Medicaid Program
- Operate the Medicaid program within budget constraints by: controlling costs and focusing on quality over quantity
- Adopt and utilize Health Information Technology
- Improve Program Integrity and combat Healthcare fraud, waste, and abuse
- Improve health outcomes for New Mexicans
- Increase administrative efficiencies for the determining participant application and eligibility
- Integrate New Mexico's Behavioral Health System within the changing Healthcare environment
- Update and/or replacing IT systems for improved simplicity and better efficiencies
- Improve New Mexico's business systems and services

HSD's Vision

Through the HHS 2020 initiative and the MMISR project, HSD has clearly outlined a vision for the future of the New Mexico Medicaid program. Each of the current projects listed in Section 3, drive towards that vision. It is the intention and goal of HSD for New Mexico to achieve MITA maturity level 4, and lead the way towards the efficient exchange of clinical health information accurately and securely with regional partners.

2. CURRENT PROJECTS AND RECOMMENDATIONS

This section has been divided into two subsections. The first is a review of active projects, namely the modular components of the MMISR initiative outlined as part of previous state self-assessments. These projects make up the basis of the MITA Roadmap, demonstrating HSD's five-year strategic plan for advancing in MITA maturity, as well as advancement and improvement of the New Mexico Medicaid Enterprise. The second provides actionable recommendations born from the 2019 SS-A update performed by CSG Government Solutions, Inc. (CSG). The identified recommendations serve as a catalog of tasks to perform in order to achieve the desired MITA maturity level of 4.

2.1 Current Projects

As noted, HSD has identified a set of modular implementation efforts that are designed to replace the current MMIS and ultimately improve the New Mexico Medicaid Enterprise. The MMISR project supports all MITA business process areas and corresponding business processes. In addition, HSD has contracted with an Organizational Change Management (OCM) vendor. The OCM vendor is assisting HSD in Business Process Redesign (BPR) work to ensure that as each new modular component of the MMISR project is implemented, the infrastructure from a business execution standpoint is in place to leverage the new technology. In addition, the BPR work will aid in the required certification activities of each module, ensuring that required functionality of the module meets both end user needs, as well as system review criteria outlined in the MECT checklists.

The replacement of the MMIS has been broken into to six unique MMISR functional modules:

- System Integrator (SI)
- Unified Portal (UP)
  - ✓ Consolidated Customer Services Center (CCSC)
- Benefit Management Services (BMS)
- Data Services (DS)
- Quality Assurance (QA)
- Financial Services (FS)

The SI, DS and UP modules are the technical components that facilitate interoperability between business processes and internal and external users, as well as provide oversight for the performance of outsourced business services for QA, BMS, and FS.

2.1.1 System Integrator (SI)

The SI module provides and manages the Integration Platform (IP), performs Application Programming Interface (API) Management, provides API Governance, performs Module Integration Planning, provides input to the State led Organizational Change Management Planning process, participates in various Governance groups such as Data Governance and Architecture Review Board, provides MITA Strategy Integration, provides Enterprise Architecture (EA), performs Fit/Gap analysis of modules to EA and IP, performs Module Integration, provides Certification Integration, provide SI Project Management and oversees the adoption and integration of Project Management standards across the modules; provides shared services such as document management, workflow orchestration, and data migration.

Through the procurement of a SI module, HSD expects to acquire the core technologies and services needed to support, implement, and facilitate the HHS 2020 Framework with which additional module vendors integrate. Those technologies and services include:

- Master Data Management (MDM)
  - ✓ Electronic Document Management (EDM)
- Verification Services
  - ✓ Address verification
  - ✓ Client information verification
- Master Client Index (MCI)
- Master Provider Index (MPI)
- SOA Tools supporting business processes
  - ✓ Workflow
  - ✓ Business Rules
  - ✓ Business Process Management
    - Including Operational Data Store (ODS)
- Service-Oriented Architecture (SOA)
- Enterprise Service Bus (ESB)
- Schema Management
- Data Quality Management (DQM)
- Policy Enforcement
- Notification Engine
- Security Implementation, Management, and Governance
- Reusable/Repeatable System Migration Capabilities
- Including data conversion required to migrate from legacy systems to HHS 2020 ecosystem

The SI RFP, initially the Integrated Platform RFP, was rewritten and renamed as such allowing for HSD to be in line with the CMS Uniform RFP Guide update which included the System Integrator Role.

System Integrator Module Milestones

Milestone	Date
IP RFP issued	August, 2016
IP RFP cancelled, per CMS guidance	October, 2016
New SI RFP submitted to CMS	December, 2016
New SI RFP issued	February, 2017
SI RFPs due	April, 2017
SI RFP awarded (Turning Point)	March, 2018
SI DDI completed	March, 2019*
SI solution testing completed	February 2020*

*Indicates an estimated/anticipated milestone date.

2.1.2 Data Services (DS)

The DS Contractor delivers a Solution applying SOA principles and design; provides Certification support and integration; provides DS module Project Management; supports Data Governance; ensures the security and integrity of data; delivers and supports data reporting, analytics and business intelligence tools; delivers an enterprise-wide platform for common reporting and BI/Business Analysis (BA) capabilities.

The DS module will focus on defining and implementing the processes, analytics, and technology tools and structures required to establish an integrated solution. The scope of the Data Services procurement is for HSD to acquire services to design, implement, operate, and continually improve reporting, analytics, and BI requirements. Those services include:

- Development of Data Structures
  - ✓ Multiple Linked Data Stores
  - ✓ Data Marts and Data Lakes
  - ✓ Enterprise Data Warehouse (or equivalent)
- Leverage infrastructure provided by the SI module
- Provide users with tools and training to:
  - ✓ Support reporting and analytics

The goal of implementing a DS module is to provide insightful analytics, supporting healthcare outcomes for New Mexicans. It is meant to provide a renewed focus on an outcomes based approach to designing, delivering, and managing services, and the ability for enterprise wide reporting and analytics.

Data Services Module Milestones

Milestone	Date
DS RFP submitted to CMS	December, 2016
DS RFP issued	April, 2017
DS RFPs due	June, 2017
DS RFP awarded (IBM)	October, 2018
DS DDI completed	August, 2019*
DS solution testing completed	February, 2020*

*Indicates an estimated/anticipated milestone date.

2.1.3 Quality Assurance (QA)

The QA module provides services for four (4) essential business component areas: 1) Program Integrity (PI) support, including Third-Party Liability (TPL), Fraud and Abuse Detection Services (FADS), and audit coordination and compliance; 2) Management of Recovery and Audit responsibilities; 3) Quality Reporting; and 4) Coordination of efforts and projects with the HSD Office of Inspector General (OIG) and the Medicaid Fraud Control Unit (MFCU) of the Office of the Attorney General (OAG).

HSD is in the process of procuring a QA module as part of the HHS 2020 initiative. The QA module is expected to provide Business Process Outsource (BPO) services using a CMS compliant platform and processes. It is anticipated that the QA module will provide the following components:

- Program Integrity (PI) Services
  - ✓ Third-Party Liability (TPL)
  - ✓ Fraud and Abuse Detection Services (FADS)
- Audit Coordination and Compliance
  - ✓ Recovery of Audit Contractor (RAC)
  - ✓ Quality Reporting

Project Coordination with:

- Office of Inspector General (OIG)
- Medicaid Fraud Control Unit (MFCU) of the Office of Attorney General

Quality Assurance Module Milestones

Milestone	Date
QA RFP submitted to CMS	April, 2017
QA RFP issued	March, 2018
QA RFPs due	May, 2018
QA RFP awarded	September, 2019*
QA DDI completed	September, 2020*
QA solution testing complete	December, 2020*

*Indicates an estimated/anticipated milestone date.

2.1.4 Financial Services (FS)

The FS module provides services for financial transactions which includes accounting and fiscal agency, billing and payment receipts; claims processing to include ingesting and adjudicating claims; data exchange and reporting to includes providing Enterprise required data, providing "out of the box" reports and the ability to using Enterprise data.

HSD intends to procure a BPO vendor to provide comprehensive financial services (e.g., accounting, payment, and billing); Enterprise claims processing; Self-Directed Home and Community based Services; Pharmacy Benefit Management; Drug Rebate; Data Exchange and Reporting; and General Requirements, using a CMS-compliant platform and processes for multiple Enterprise programs. It is expected that the Financial Services module will include, but is not limited to the following:

- Financial Processing
  - ✓ Payment Processing
  - ✓ Financial Transactions
  - ✓ Billing and Collections
  - ✓ Accounting Detail and Interfaces
  - ✓ Audits
- Self-Directed Home and Community Based Services
  - ✓ Service & Support Plans & Authorized Budgets
  - ✓ Employer, Employee, and Vendor Enrollment
  - ✓ Timesheet/Invoice Processing & Payment
  - ✓ Customer Support, Training and Reporting
- Drug Rebate
- Claim Processing
  - ✓ EDI editing
  - ✓ Crossover Claims
  - ✓ Electronic Attachment Acceptance
  - ✓ Adjudication of FFS claims following Enterprise-defined business rules
  - ✓ Prior Authorization Acceptance
- Pharmacy Benefit Management
  - ✓ NCPDP Point-of-Sale
  - ✓ Prospective Drug Utilization Review
  - ✓ Prior Authorization Request Processing
  - ✓ Third-Party Liability Enforcement
- Data Exchange and Reporting

Financial Services Module Milestones

Milestone	Date
FS RFP submitted to CMS	March, 2019
FS RFP issued	June, 2019
FS RFPs due	August, 2019
FS RFP awarded	January, 2020*
FS DDI completed	October, 2020*
FS Solution Testing complete	January, 2021*

*Indicates an estimated/anticipated milestone date.

2.1.5 Benefit Management Services (BMS)

The BMS module provides services for member management (Early Periodic Screening Diagnosis and Treatment (EPSDT) and other member data), assistance with a care and case management tool to provide data tracking necessary for effective care and case management within and across HHS 2020 agencies (Care/Case Management Tool), Utilization Management (UM)/Utilization Review (UR) (e.g., Prior Authorization and other authorizations, ISP/SSP, ICF-MR, LOC, POC), Provider Management (Enrollment and Credentialing), Electronic Health Records (EHR) Program Coordination (Attestation and Meaningful Use), Pharmacy Benefit Management (Authorization, Claims, Drug Utilization Review (DUR), Drug Rebate), Assistance with Managed Care Organization (MCO) Management, and Benefit Plan Management (BPM).

This module was initially labeled as the Public Health Management (PHM) module focused on managing and delivering services and benefits designed to improve health outcomes. The PHM module was to provide HSD with BPO services that included the following:

- Pharmacy Benefits Management
  - ✓ Including Rebate Services
- Focused analytics and datasets related to population health, outcomes, and improvement
- Changes to Fee-for-Service program
- Assistance with Managed Care Organizations
- Assistance with Waiver Services Management
- Coordination of Electronic Health Records
- Effective Care and Case Management
- Management of Medical Certification, and Prior Approval functions and interactions

The updated module, labeled the Benefit Management Services module consists of two components. Benefit Management Services and a Care/Case Management Solution. Services for each component of the module will be procured through one solicitation labeled HHS 2020 Medicaid Enterprise Benefit Management Services.

1. Benefit Management Services

The updated Benefit Management Services module requests the following:

- Member Management
- Provider Management and Enrollment
- Benefit Plan Management
- Utilization Management/Review
  - ✓ Prior Authorizations
  - ✓ Referrals
  - ✓ Budget Management
  - ✓ Individual Support Plans and Services

2. Care/Case Management Services

The second component is for a Care/Case Management Contractor, which could potentially be separate from the Benefit Management Services detailed above.

The C/CMS vendor will configure, provide, and operate a Care and Case Management Solution to:

- Provide data tracking necessary for effective care and case management

Benefit Management Services Module Milestones

Milestone	Date
➢ BMS RFP submitted to CMS	➢ May, 2019
➢ BMS RFP issued	➢ August, 2019
➢ BMS RFPs due	➢ November, 2019*
➢ BMS RFP awarded (TBD)	➢ April, 2020*
➢ BMS DDI completed	➢ October, 2020*
➢ BMS solution testing complete	➢ January, 2021*

*Indicates an estimated/anticipated milestone date.

2.1.6 Unified Public Interface (UPI)

Unified Portal (UP) will act as one-stop environment to the current and prospective clients to enhance usability of the current tools and systems used by clients on a day to day activity. The UP ensures that users can navigate the internal or external portals through a graphical user interface; uses workflows to assist users in specific processes; interfaces with the SI platform; assists with identity governance for users; provides multi-factor authentication to access the portal; supports members, providers and internal users such as state employees.

This module is a key element of the HHS 2020 framework. Its intent is to provide a unified interface that services all clients and stakeholders providing a more customer-centric view of services and processes. The goal of the UPI is to offer a 'one-stop shop' embracing a 'no wrong door' approach. To accomplish this goal, the UPI also has been broken into two components.

Consolidated Customer Service Center (CCSC)

The CCSC module provides all required contact center services for the New Mexico Human Services Department Medical Assistance Division (MAD); Income Support Division (ISD); Child Support Enforcement Division (CSED); Behavioral Health Services Division (BHSD); Office of Fair Hearings Bureau (FHB); and the Office of the Inspector General (OIG); with consideration for integrating other Bureaus or Agencies in the future, such as, Restitutions Bureau, Constituent Services, Department of Health (DOH); Aging and Long Term Services (ALTSD); and Children Youth and Families Department (CYFD).

The goal for the CCSC is to provide a single, integrated contact center serving all HSD programs, to increase efficiency and to make it easier for our customers and Providers to obtain needed information and/or actions. The CCSC requests the following services:

- Configure the CCSC to meet HSD-specific contact center needs, including:
  - ✓ Technology, Processes, Training, and Staff
- Provide required services to:
  - ✓ Efficiently resolve or route all client inquiries to the appropriate entity
- CCSC operation, reporting, and continuous improvement

Consolidated Customer Service Center Module Milestones

Milestone	Date
➢ CCSC RFP submitted to CMS	➢ August, 2018
➢ CCSC RFP issued	➢ November, 2018
➢ CCSC RFPs due	➢ January, 2019
➢ CCSC RFP awarded	➢ November, 2019*
➢ CCSC DDI completed	➢ April, 2020*
➢ CCSC solution testing complete	➢ July, 2020*

*Indicates an estimated/anticipated milestone date.

Unified Web Portal and Mobile Technology

The goal for the Web Portal and Mobile Technology component leverages both a unified web portal and the use of social media, mobile technology and other user-friendly technologies to improve user ease of access. It is also designed to enhance the state's ability to reach customers, providers, and other stakeholders. Services required as part of this modular component include:

- Development of a comprehensive concept and design to effectively serve all stakeholders, via web portals, mobile technology, and other user-friendly technology
- Implementation, operation and maintenance of the Unified Portal(s) and other recommended technologies

Unified Web Portal and Mobile Technology Module Milestones

Milestone	Date
➢ UPI RFQ issued	➢ TBD*
➢ UPI RFQ due	➢ TBD*
➢ UPI RFQ awarded	➢ TBD*
➢ UPI DDI completed	➢ TBD*
➢ UPI solution testing complete	➢ TBD*

*At the time of this Roadmap update the UPI RFQ was still under development

2.2 Recommendations

This section outlines recommendations for improving MITA maturity. They incorporate business, information, and technical recommendations identified during the 2019 MITA SS-A update conducted by CSG. Each recommendation is focused on identifying and closing gaps between the currently assessed MITA maturity and HSD's desired MITA maturity level 4.

In most cases, the progression from MITA maturity level 2 to level 3 requires engaging intrastate stakeholders in the Medicaid enterprise. Similarly, the progression from level 3 to level 4 requires engaging interstate stakeholders in the Medicaid enterprise. Achieving level 4 also requires the sharing of clinical data with intrastate and interstate stakeholders. Though recommendations have been developed with level 4 MITA maturity in mind, implementation may not establish a MITA maturity of level 4 across the enterprise.

The "MITA Impact Table" after each recommendation indicates which MITA business area(s) would be impacted if the recommendation is utilized, and which one or more of the Seven Conditions and Standards would apply if the recommendation is utilized.

Once the six modules of the MMISR project are fully implemented, HSD will have a state-of-the-art Medicaid enterprise that is well-equipped for exchanging information with intrastate and interstate partners. However, the ability for these external partners to match these capabilities is outside of HSD's control. Nonetheless, HSD can initiate conversations with their external stakeholders to get them on board with standards and technical capabilities being implemented by HSD to facilitate the ability to exchange data with them as these other agencies modernize their systems. HSD can take the lead and create the necessary metadata repositories, make their data models available, and share technical services as appropriate with their intrastate and interstate partners.

2.2.1 Expand Collaboration

HSD has several active, successful relationships with partner agencies within New Mexico, which would be defined within the MITA framework as *intrastate* partners. In order to solidify MITA maturity level 3 across the board, several business processes across multiple business areas require collaboration with intrastate partners. Some processes are currently at level 3, thanks largely to this collaborative effort. In order to achieve the desired MITA maturity of 4, it is recommended that HSD expand these relationships in terms of information exchange. HSD is already actively partnering with the following (among others) intrastate partners:

- New Mexico Medical Assistance Division (NMAC)
- New Mexico Department of Health
- New Mexico Children, Youth, and Families Department
- New Mexico Division of Unemployment
- Centennial Care 2.0
- Office of the Secretary

While these business relationships are in place, there are some business processes in the MITA 3.0 framework that require collaboration with partner agencies and entities in the *interstate* environment, which is defined as agencies and entities outside the state of New Mexico, in other states within the region, and beyond. This collaboration with interstate entities is the central requirement in terms of attaining MITA maturity level 4.

- Participate in the National Medicaid Enterprise Hub (NMEH), a collaborative organization that facilitates discussion with focus on the main challenges of State Medicaid programs
- Continue to encourage all stakeholders to participate in the New Mexico Medicaid Advisory Committee (MAC)

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Leverage Condition	2	4
Industry Standards Condition	2	4
Interoperability Condition	2	4

2.2.2 Identify and Catalog Reusable Business Services

The procurement process for each of these functional modules led to the creation of a multitude of artifacts that could serve as examples for partner agencies within the intrastate (New Mexico) environment. These artifacts include documents that identify business services and requirements that led to the development of IAPDs, APDs, RFPs, and potentially some system design documents.

HSD may also choose to share the documentation developed by the Business Transformation Council (BTC) in the business process re-engineering sessions held over the last several months. Business Process Models, documents capturing requirements for meeting a particular business need, and other documentation connected to the business process improvement effort could be very useful for other partner agencies within the *intrastate*, as well as to other interstate partners who may be engaged in similar strategic improvement projects.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Leverage Condition	2	4

2.2.3 Leverage MES Reuse Repository

As one of the seven conditions and standards for enhanced funding, the **Leverage Condition** requires states to: promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States. Reuse can be accomplished through sharing artifacts, documents, services or systems, code segments and business rules, such as advance planning documents, request for proposals, CMS-approved milestone review documentation, and other artifacts developed to support operations and management of the Medicaid Enterprise.

Several states contribute to and use artifacts contained in the MES Reuse Repository as examples in their own development of similar documents. Artifacts that are shared among states via the Reuse Repository include such items as Advance Planning Documents (APDs) Requests for Proposal (RFPs) and system design documentation for particular problem-solving systems.

- Virginia: Recently shared system design overview documents, rules criteria, and a walkthrough video of their new in-house Encounter Processing System
- Nevada, Vermont, and Wyoming are also contributors

New Mexico's involvement would aid in further facilitating collaboration across the interstate (level 4), as well as positioning HSD to take the lead on establishing regional standards and reusable services, contributing to the goal of achieving MITA maturity level 4.

2.2.4 Participate in the CMS Reuse Survey

The CMS Reuse Survey allows CMS to identify and add members to the Reuse Repository who are interested in information sharing, and helps identify reusable artifacts that states have to share.

Participation in the surveys and contributing to the repository will not only help to satisfy the Leverage Condition for New Mexico, but it will also facilitate attaining MITA maturity level 4 for multiple business processes.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Leverage Condition	2	4

2.2.5 Expand Use of Statewide and Regional HIE

- Collaborate with a Regional Health Information Organization (RHIO)
- Continue efforts to have a new exchange platform in the fall of 2020
- Expand efforts to increase use of the state-run exchange, beWellnm (also referred to as NMHIX, or the New Mexico Health Insurance Exchange)
- Increase participation in New Mexico Health Information Collaborative (NMHIC), Health Information Exchange (HIE) Network

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Industry Standards Condition	2	4
Business Results Condition	2	4
Reporting Condition	2	4
Interoperability Condition	2	4

2.2.6 Implement/Expand Electronic Communication Methods

Expand use of electronic communication methods with stakeholders, so that use of hardcopy paper is the exception and only used when legally required. Currently HSD has several business processes that are heavily dependent upon manual processes that require paper forms to complete. By expanding the use of electronic communication the MITA maturity of those business processes will advance, moving HSD towards MITA Maturity level 4.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Industry Standards Condition	2	4

2.2.7 Develop and Enforce Performance Metrics

It is recommended that HSD define and enforce a standard approach for the creation and use of performance metrics. Performance metrics should be included in all contractual agreements with vendors and partner agencies across the intrastate and interstate.

- Standardization is an important step in advancing in MITA maturity level for any given MITA business process, as standardization maximizes efficiency, which is one of the core business capabilities identified in the MITA 3.0 framework.
- Standard metrics, Key Performance Indicators, and Service Level Agreements for performance measurement support the Reporting Condition (described below), making data about the expected performance more accurate, as descriptions will be more evenly applied and therefore easier to report.
  - ✓ Reporting Condition: Solutions should produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, transparency, and accountability.
    - Activities Include: Accurate data, Interfaces with designated federal repositories or hubs, Automatic generation of reports, and Audit trails

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Reporting Condition	2	4
Industry Standards Condition	2	4

2.2.8 Continued Adoption of MITA Framework and Industry Standards

Several MITA business processes require external entities within the intrastate to utilize the MITA 3.0 Framework for information exchange with HSD, in order to get to a MITA maturity level 3. As part of this recommendation, HSD should encourage the partner agencies within New Mexico to adopt the MITA framework for interacting with HSD.

In order to get to a MITA maturity level 4, HSD must use national industry standards for information exchange, including clinical information. For example, adoption of the use of Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Operating Rules. In addition, HSD could look to expand upon or adopt additional industry and national standards and should maintain compliance with National Institute of Standards and Technology (NIST) for secure information exchange with intrastate and interstate partners.

2.2.8.1 Expand/Adopt Additional x.12 Transactions

Currently, only some Managed Care Organizations have the ability to use the x.12 278 transaction. While it is noted that the BMS RFP has detailed requirements for use of the x.12 278, it will need to be implemented for Fee-for-Service waiver providers as well.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Industry Standards Condition	2	4
Business Results Condition	2	4
Reporting Condition	2	4
Interoperability Condition	2	4

2.2.9 Create Metadata Repository

Establish a common data architecture as the basis of an intrastate metadata repository, where HSD defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.

- Leverage the Data Governance Council to facilitate conversations with intrastate and interstate stakeholders about sharing data models and exchanging data

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Modularity Standard	2	4
MITA Condition	4	4
Industry Standards Condition	2	4
Leverage Condition	2	4
Business Results Condition	1	4
Reporting Condition	2	4
Interoperability Condition	2	4

2.2.10 Model Clinical Data

Securely exchange clinical data with intrastate and interstate stakeholders. Including this data in the conceptual data model (CDM) and logical data model (LDM) will facilitate the sharing of this information.

2.2.10.1 Model Intrastate/Interstate Stakeholder Data

Include intrastate and interstate stakeholder data in HSD's conceptual and logical data models. Including this data in CDMs and LDMs provides a complete picture of the Medicaid enterprise data and facilitates exchanging this data among all stakeholders.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Modularity Standard	2	4
MITA Condition	4	4
Industry Standards Condition	2	4
Leverage Condition	2	4
Business Results Condition	1	4
Reporting Condition	2	4
Interoperability Condition	2	4

2.2.11 Review Data Standards

Periodically conduct reviews of the available data standards and versions to keep the data standards current, as data standards are quite dynamic. This will position HSD to support emerging health data standards and to utilize data sharing architectures as they look to incorporate data from their intrastate and interstate stakeholders into their overall Medicaid enterprise.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Modularity Standard	2	4
MITA Condition	4	4
Industry Standards Condition	2	4
Leverage Condition	2	4
Business Results Condition	1	4
Reporting Condition	2	4
Interoperability Condition	2	4

2.2.12 Develop Performance Measurement

- Define detailed requirements that support business objectives and enable the development of performance management strategies and performance standards
- Increase the utilization of data services tools to collect and analyze data from members, providers, and business processes creating benchmarks toward business goals and the foundation for future performance metrics
- Train business users on the ongoing development and evaluation of performance standards and the integration into CMS standards and other national level performance metrics
- Align database development to create structures to capture and summarize performance data

2.2.12.1 Develop System Event Management

- Develop automatic system event management to alert technical support staff when performance of hardware or network is not within defined performance level boundaries

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Business Results Condition	1	4
Reporting Condition	2	4

2.2.13 Develop Relationship Management

- Develop a business analytical strategy to categorize data associated with key stakeholders, business processes, and production activities and implement that strategy to develop related trends and patterns to strengthen relationships.
- Pursue the development of a strategy to interact with other state agencies for interoperability using nationally recognized interface standards.
- Develop a strategy to define personalization data for beneficiaries, providers, and other partners, and incorporate personalization into web pages for increased efficiency in stakeholder transactions.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Modularity Standard	2	4
Industry Standards Condition	2	4

2.2.14 Enhance System Logging

- Implement Identity and Access Management (IAM) to provide authentication, authorization, and auditing. This will provide HSD with the ability to manage and track activities of unique logon IDs and related security profiles.
- Expand the use of the Security Information and Event Management (SIEM) tool to cover the HSD enterprise, and to generate audit records, playback, and provide real-time analysis of security alerts.
- Research the use of an audit tool to generate and process audit records.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Business Results Condition	1	4
Reporting Condition	2	4

2.2.15 Develop Event-Driven Enterprise Reporting

Develop and implement event-driven dashboard reporting across the enterprise, providing insight into real-time activities and supporting up-to-the-minute decision making. Having timely information and decision support data provides the ability to support multiple intrastate agencies sharing this information and services in a Business-to-Business relationship.

MITA Impact

Area Impacted	As-Is	To-Be
Business Relationship Management	2	4
Care Management	1	4
Contractor Management	2	4
Eligibility and Enrollment Management	2	4
Financial Management	2	4
Member Management	2	4
Operations Management	1	4
Performance Management	1	4
Plan Management	1	4
Provider Management	2	4
Industry Standards Condition	2	4
Leverage Condition	2	4

APPENDIX A: PROJECT TEMPLATE

The following template has been designed as a companion document for HSD to complete when submitting an APD for enhanced federal financial consideration. The template includes the MITA Roadmap defined topics that are required for each project. Completion of the template and an APD will provide CMS the necessary information relating to each project.

[Insert Project Name]

Project Description

[Provide a detailed description of the project]

Project Scope

[Detail the scope of the project and the method to accomplish the project]

Project Products and Deliverables

[List all products and deliverables to be developed as a result of the project]

Project Risks

[Provide a detailed description of the risks]

Personnel Resources and Responsibilities

Personnel Resources	Responsibilities
State Staff	
Contracted Staff	

Description

[Provide an explanation of the staff and responsibilities listed in the table above here]

Project Activities

[List tasks and subtasks required to be completed, a description of the task or subtask and the planned timeframes to begin and end the task or subtask. Make sure to include any procurement or solicitation activities]

Task/Subtasks	Description
Task	
Subtask	

Description

[Provide an explanation of the staff and responsibilities listed in the table above here]

Project Schedule and Milestones

The following is the project schedule. This schedule has been assembled in consideration of cost, benefit, and risk for each activity and includes major milestones, deliverables, and key dates. (Consider developing a Work Breakdown Structure)

Project Schedule		Begin Date	End Date	Milestones
Deliverable				
Task				
Subtask				

Description

[Provide an explanation of the project schedule and milestones listed in the table above here]

Resource Needs

The following are the resource needs are listed by categories, cost elements and amounts, including: State and/or contractor staff costs, facility/equipment, travel, outreach and training, etc.

Resource	Number of FTEs	Facility Equipment	Travel	Outreach	Training	Other
State Staff						
Contractor						

Description

[Provide an explanation of the costs detailed in the table above here]

Estimated Total Budget

The following is the total estimated budget for the project with the budget broken down by total state funds and requested federal funds, and by applicable Federal Financial Participation (FFP) rates.

Funding Source	Funding Amount	Financial Participation %	Total Budget
State			
Federal			

Description

[Provide an explanation of the amounts detailed in the table above here]

Cost Allocation Plan/Methodology

The following cost allocation plan is as specified in Office of Management and Budget (OMB) Circular A-87. The cost allocation plan identifies all participants and their associated cost allocation to depict non-Medicaid activities and non-Medicaid Full-Time Equivalents (FTEs) participating in this project.

Participant	Medicaid FTE	% Medicaid Activities	% of Non-Medicaid Activities
(State Staff)	(Yes/No)		
(Contractor Staff)			

Description

[Provide an explanation of the information detailed in the table above here]

Estimate of Prospective Cost Distribution

The following estimate provides a prospective cost distribution for the various state and federal funding sources broken down in calendar quarters.

Resource	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
State								
Federal								

Procedures for Distributing Costs

[Provide an explanation of the costs will be distributed here]