VERMONT
AGENCY OF HUMAN SERVICES

MITA 3.0 State Self-Assessment Detailed Report

Vermont Agency of Human Services

2023

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1 Executive Summary

1.1 Revision History

Version	Date	Who	Description of Change
1.0	07/09/2014	Gartner	Delivery of SS-A
2.0	08/23/2018	SoV MITA Team	Provider Management Module (PMM) Business Architecture: EE05, EE06, EE07, EE08, PM01, PM02, PM03, PM08 scoring and evidence (Sections 2.5.6, 2.11.5 and 2.11.6) Updates to Enterprise Roadmap and SS-A introduction narrative (Sections 1.1 through 1.9)
3.0	1/31/2019	SoV MITA Team	Information Architecture (Section 3) scoring and evidence Technical Architecture (Section 4) – Access and Delivery questions scoring and evidence. Logging Integration and Utility question scoring and evidence. Above sections were scored on Enterprise level. Care Management Business Architecture: CM01, CM02, CM03, CM04, CM05, CM06 scoring and evidence (Section 2.3) Updates to Enterprise Roadmap and slight changes to introduction narrative (Sections 1.1 through 1.9)
3.2	9/18/2019	SoV MITA Team	Updates to Enterprise Roadmap and slight changes to introduction narrative (Sections 1.1 through 1.9)

Version	Date	Who	Description of Change
			Coordination of Benefits - Business Architecture: FM02, FM03, FM10 (Sections 2.6.5.2, 2.6.5.3, 2.6.6.2) Generate Financial Report - Business Architecture: FM19 (Section 2.6.7.4) Manage Data - Business Architecture: OM28 (Section 2.8.5.4) Provider Management Module (PMM) Business Architecture: EE05, EE06, EE07, EE08, PM01, PM02, PM03, PM08 (Sections 2.5.6, 2.11.5 and 2.11.6) RX (Section 2.12) Technical Architecture (Section 4) - scored on an Enterprise Level
3.2	10/2/2019	SoV MITA Team	Minimal updates based on internal review.
3.2	5/5/2020	SoV MITA Team	Updated Initiatives and Roadmap (Section 2)
3.2	02/18/2021 5/31/2021, 11/10/2021	SoV MITA Team	Updated Initiatives and Roadmap (Section 2)
3.2	02/01/2022 06/24/2022 11/1/2022	SoV MITA Team	Updated Initiatives and Roadmap (Section 2)
3.2	02/19/2023 07/06/2023 11/17/2023	SoV MITA Team	Updated Initiatives and Roadmap (Section 2)

1.2 Vermont Agency of Human Services MITA State Self-Assessment (SS-A) Process Overview

The Medicaid Information Technology Architecture (MITA) Framework and process was developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the way in which State Medicaid Agencies define, document, and track the business processes performed by a current Medicaid system or solution. In addition to identifying the current MITA status of a Medicaid system, MITA is used by State Medicaid Agencies (SMAs) to plan the technology capabilities of their future systems or solutions. The MITA maturity scale ranges from one to five with one being a manual system with little, if any, support from technology, with a focus on local or state-only use of the technology. Five is a completely automated system that is fully supported by technology and can be used significantly beyond just the borders of the SMA. Overall, the progression up the MITA maturity scale requires enhanced automation, collaboration, and use of statewide, national, and industry standards.

MITA is an initiative to promote improvements in the Medicaid enterprise and systems that support it through collaboration between CMS and SMAs. MITA is also a framework that provides a blueprint consisting of models, guidelines, and principles to be used by states as they implement enterprise solutions.

The key objectives of MITA as defined by CMS are:

- Adopt data and industry standards.
- Promote reusable components.
- Efficient, effective data sharing.
- Provide a beneficiary-focus.
- Support interoperability, integration, and open architecture.
- Promote secure data exchange.
- Support integration of clinical and administrative data.
- Promote good practices — Capability Maturity Model, etc.

MITA aligns well with CMS's The Standards and Conditions for Medicaid Technology Investments with Enhanced Federal Matched Funds.

The MITA maturity framework is based on assessing four different areas (Business Architecture, Information Architecture, Technical Architecture, and alignment with the CMS Standards and Conditions). While the State of Vermont (SoV) has adopted the MITA 3.0 framework, it has chosen to re-organize the MITA business processes into workstreams for business process alignment that is unique to Vermont, as shown in the figure below. In this context, workstream refers to the SoV's unique MITA business processes that share common focus and information. This crosswalk defines the state's Business Process Model and how it aligns with or differs from the MITA Business Process Model.

CMS has defined the following goals for MITA:

- Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards.
- Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.
- Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies.
- Provide data that is timely, accurate, usable, and easily accessible 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 to integrate health outcomes within the Medicaid community.

The MITA State Self-Assessment (SS-A) is a standardized method for states to discuss, document, and communicate their current status of MITA compliance in the MITA Framework. The SS-A provides a State Medicaid Enterprise with the following tools and outcomes, as defined by CMS:

- Provide a structured method for documenting and analyzing a state's current Medicaid business enterprise.

- Align SMA business areas to MITA business areas and business processes.
- Enable the SMA to use defined levels of business maturity to help shape the future vision of its State Medicaid Enterprise.
- Provide the foundation for a gap analysis that will support the state's transition planning.
- Facilitate the MITA Maturity Model Roadmap (MITA Roadmap).
- Focus any Advance Planning Documents (APDs) to effectively leverage project funding requests and identify what is achievable.

The MITA Framework includes four key areas that were evaluated as part of the SS-A – the Business Architecture, Technical Architecture, Information Architecture, and a state's alignment with the Standards and Conditions.

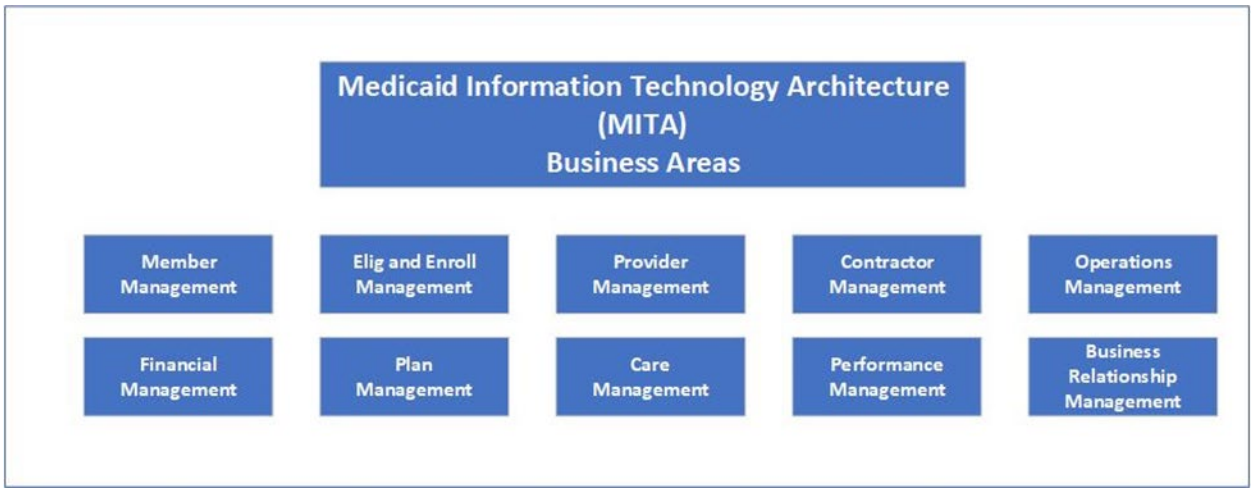
The SS-A is necessary for receiving enhanced federal funding and a required artifact in R1 and R3 milestone reviews. Vermont's entire SS-A was completed in 2014, and the State contracted with Gartner to perform the assessment and deliver the document. In 2018 Vermont began incremental updates to its SS-A when it procured MITA Pulse as its tool. For the first time the State is undertaking completion of its own SS-A instead of hiring a vendor. There will be a learning curve as we continue to go through this process, and the approach is subject to change based on lessons learned and stakeholder input.

The 2014 SS-A continues to be the starting baseline. We are working with our subject matter experts (SMEs) to update our SS-A based on our modular work. The document is at the Enterprise level and will continue to be updated on a regular basis. The revision history table is detailed.

Note, updates to the SS-A based on the impacts of the planned member Integrated Eligibility and Enrollment (IE&E) modules are not included in this version. A future iteration will include these impacts. Furthermore, supporting evidence and performance measures will be provided only for sections of the SS-A that have been scored in 2018 or later. The 2014 version of the Vermont SS-A may be referenced for previously provided evidence.

1.3 Introduction

CMS is Vermont's federal partner regarding the State Medicaid Enterprise. CMS has established MITA Business Areas for State Medicaid Agencies. These business areas consist of capabilities and services that support the business needs. All these capabilities and services are in scope for Vermont as possible opportunities for improvement and enhancement.



The State of Vermont has been engaged in a modular approach to transform its legacy systems into an environment of coordinated and integrated service delivery. By connecting information and promoting collaboration in a service-oriented-architectural (SOA) environment, Vermont will yield better and more cost-effective outcomes for its citizens, the State and its federal partners.

The core purpose of the Agency of Human Services (AHS) is to help every Vermonter who needs help. AHS strives to protect our most vulnerable citizens and assist in developing their fullest potential. The mission at AHS is to improve the health and well-being of Vermonters today and tomorrow and to protect those among us who are unable to protect themselves.

DVHA (Department of Vermont Health Access) is responsible for the management of Vermont's publicly funded health insurance programs. The mission of DVHA is to improve the health and well-being of Vermonters by providing access to healthcare cost effectively. DVHA's priorities are adoption of value-based payments, management of information technology projects, and operational performance improvement. Leadership at DVHA is committed to ensuring that supportive, cost-effective, health information technology systems are in place to provide tools and resources designed to improve the health of Medicaid members.

DVHA continues to pursue modern Medicaid and integrated eligibility systems changes in small, manageable modules to minimize risk and provide immediate business value. DVHA is focused on improving and streamlining the customer experience for the Medicaid member and the provider community. The development and implementation of these initiatives will continue over several years. It will be focused on repairing and/or replacing legacy infrastructure, operational and technical changes impacting the staff experience, and technological and operational optimization. CMS certification or approval is a primary goal for all Vermont solutions or modules.

The State of Vermont is modernizing its Medicaid Enterprise through the implementation of innovative, flexible, and interoperable modules that provide the key capabilities to meet Vermont's

objectives and CMS's requirements. A key purpose of the Vermont Enterprise Architecture (EA) framework is to organize the enterprise architecture content and define the desired future state capabilities. The State of Vermont has defined a series of architectural principles that describe the desired future state for the Vermont Medicaid Enterprise Architecture.

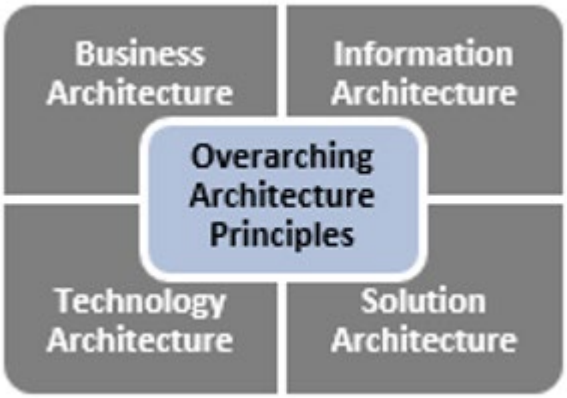
The Vermont Medicaid Enterprise Architecture consists of four (4) key domains:

- **Enterprise Business Architecture** – Define program strategy and identify policy drivers for Vermont's Medicaid Enterprise. Develop a functional model of the enterprise from which information and technical architectures can be derived.
- **Enterprise Information Architecture** – Identify the data that will be required to anticipate, support, and validate key decisions through the lifecycle of Vermont's Medicaid programs and how that data must flow through the State's legacy systems to support the transition to modern technology. Identifying the source of truth modules for data elements and ensuring this data is made accessible across the enterprise.
- **Enterprise Technology Architecture** – Define the required technologies, infrastructure (Office of National Coordinator [ONC], National Health Information Technology [HIT] Standards, Software/Hardware Standards, etc.), system management, operations, and security standards that are required for Vermont's enterprise vision. Provide for a sustainable, extensible lifecycle of Vermont's Medicaid Programs and Services while providing for interoperability between the modules.
- **Solution (Application) Architecture** – Define the solution pattern that will be required to implement Vermont's business and technical goals. Examples include a common front-end customer portal; enterprise information exchange; consolidation / modernization / retirement of legacy applications; enterprise data warehouse and business intelligence tools, etc.

Architectural Principles by Domain

Architectural principles provide guidance for decision-making in support of the vision for the future state. The principles provide a high-level framework for decision making and to ensure logical consistency across multiple areas. The principles also articulate how to deal with change, drive behavior, and affect individual decision-making events. These principles are not policies, but often drive the policy.

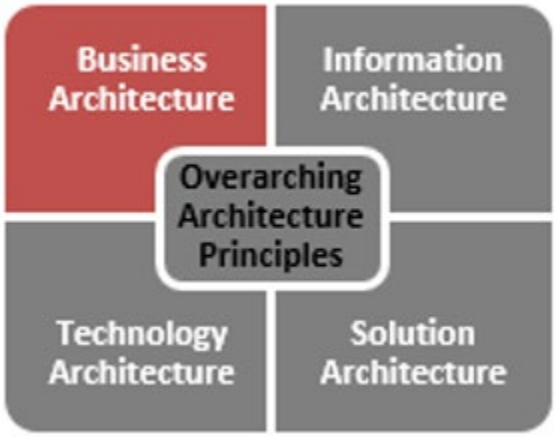
The following overarching **Architecture** principles support the Vermont Medicaid Enterprise:



- **Sustainability:** The Medicaid Enterprise Architecture must include essential actions and resources to ensure endurance of the Vermont Medicaid Enterprise. This requires committed leadership, effective governance and continuity of funding, and knowledgeable resources with the critical skills to sustain the architecture.
- **Open Process:** An open and inclusive process must be established for identifying the needs of the community (providers, payers, government, etc.) and defining the associated business, information, and technology architecture.
- **Accountability and Transparency:** There must be clearly defined ownership and governance for the architecture. Roles and responsibilities must be delineated unambiguously and shared openly. Defined responsibilities should include providing input to the decision-making process, analyzing alternatives, formulating proposals, making determinations, and review and approval.
- **Simplicity and Consistency:** Enterprise architecture governance processes must avoid unnecessary complexity and redundancy in the management of risks and controls across the enterprise by developing a single, unified approach.
- **Broad Participation:** Vermont has identified a need for broad stakeholder representation and involvement in enterprise architecture governance.

- **Aligned and Comprehensive:** The value of enterprise architecture will depend in large measure on how well it supports program requirements in all respects.

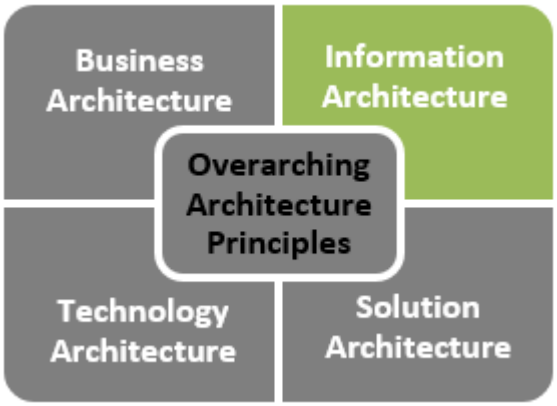
The following **Enterprise Business Architecture** principles support the Vermont Medicaid Enterprise:



- **Support the Enterprise Mission and Objectives:** All business processes should be optimized to support overall Medicaid business strategic objectives.
- **Focus on User Needs:** Providers, applicants, members, State of Vermont staff, and contracted/associated partners will be able to use systems that provide content-rich and user-friendly interfaces via multiple channels and task-appropriate devices aligned with Vermont's model of practices.
- **Enable Data Sharing:** The Vermont Medicaid Enterprise will enable enterprise-wide data sharing and provide flexible data access for residents and trading partners.
- **Ensure Privacy and Confidentiality:** The Vermont Medicaid Enterprise will ensure the privacy and confidentiality of health data including compliance with all laws and regulations.
- **Enhance Decision-support:** The Vermont Medicaid Enterprise will provide timely, accurate, and complete decision support information to users. This will be done through applications and shared services that minimize the labor intensity to enter, access, and manipulate data. It will also anticipate, support, and validate key public health and client service activities and decisions.
- **Utilize Advanced Data Analytics:** The Vermont Medicaid Enterprise will collect and marshal a wide variety of health data that will be able to be analyzed to create knowledge that informs evidence-based strategies to create actionable results for meeting the needs of Vermont residents and State of Vermont staff.

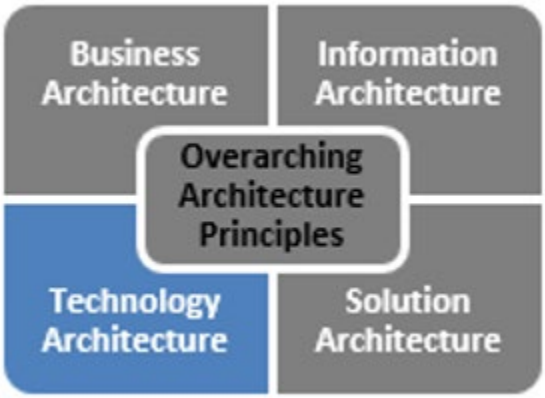
- **Create a Real-Time Integrated Enterprise:** The Vermont Medicaid Enterprise will allow all users to have current and up-to-the-second information regarding all clients' interactions with Vermont's Agency of Human Services (AHS) Programs.

The following **Enterprise Information Architecture** principles support the Vermont Medicaid Enterprise:



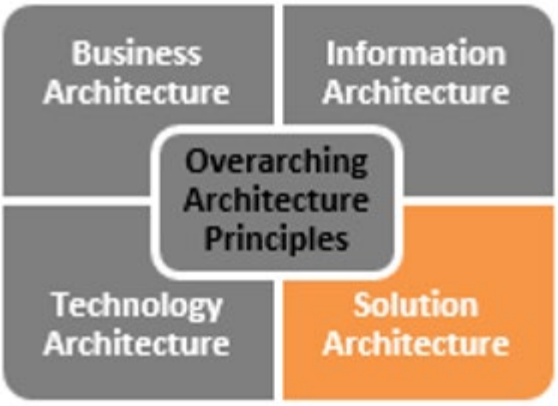
- **Manage Information as an Enterprise Asset:** Coordinate the collection, consolidation, and consumption of enterprise information to support strategic initiatives requiring the consistency and dependability of data across multiple business processes and throughout the entire lifecycle of the information.
- **Enable Data Sharing via Standards-Based Approach:** AHS will provide and benefit from consistent and accessible data sharing, internally and externally, using appropriate Health IT standards for naming, messaging, data exchange, access, and security.
- **Data Governance will be Transparent and Consistent:** The Vermont Medicaid Enterprise will ensure that data governance processes are consistently implemented and followed across the organization to ensure that data integration is as effective as possible.
- **Establish a Single Data Source Approach to Client and Provider Information:** The Vermont Medicaid Enterprise will use enterprise-wide tools to provide reliable and cost-effective data sources for the records managed by each agency and its partners.
- **Continuously Improve Data Quality:** Data will be continuously reviewed with relentless focus on ensuring the highest quality of data content with specified data owners accountable for quality and establishing standards for data stewardship - addressing data definition, transformation, integrity, and quality issues.
- **Enforce Data Confidentiality and Legal Requirements:** AHS will ensure that all rules and regulations that govern data collection, storage, and use are rigorously applied.

The following **Enterprise Technology Architecture** principles support the Vermont Medicaid Enterprise:



- **Integrated and Accessible Architecture**: Information captured across the program silos need to be integrated and accessible.
    - Leverage data across systems and processes - taking into account security, privacy, and confidentiality considerations.
    - Maintain consistent definitions and a single authoritative source of record for data.
- **Robust Infrastructure Capabilities:** Enhance infrastructure capabilities for standardized approach to health information.
    - Need to deploy IT infrastructure for user-driven access to and analysis of information.
- **Privacy and Security Compliance:** Ensure privacy and security of participant information in accordance with legislative mandates (e.g. HIPAA) and community preferences.
    - Improve and enforce the security standards around Identity and Access Management (IAM), Single Sign-on, etc.
- **Technology Solutions Aligned to Agency Requirements:** Design technology solutions to accommodate appropriate agency requirements consistent with enterprise architecture standards while minimizing the number of departmental applications (eliminating duplication and overlap wherever possible).

The following **Enterprise Solution Architecture** principles support the Vermont Medicaid Enterprise:



- **Service-Oriented:** The target architecture should consist of services that are compliant with industry standards for service-oriented architecture to facilitate reuse, adaptability, and interoperability.
- **Interoperability Standards**: Build upon Federal standards including The Center for Disease Control (CDC), National Institute of Standards and Technology (NIST), Office of the National Coordinator for Health Information Technology (ONC), Health Information Technology (HIT), and Nationwide Health Information Network (NHIN) with emerging national interoperability standards for content exchange, vocabulary/notation and privacy/security.
- **Investment Protection:** Provide the ability to integrate with existing public health system platforms and health information exchanges.
- **Independence:** Keep architecture skills separate from product and implementation vendors' dependencies to maintain vendor and technology neutrality in the development of architecture.
- **Scalable and Extensible:** Provide incremental expansion of functionality over time on a base that is scalable to accommodate additional users and extensible in expanding capabilities to meet future business needs and federal and state mandates.
- **Legacy System Access Through Modernized Interfaces:** Provide the platform, design patterns, and disciplines required to facilitate access to the existing application portfolio and data sets leveraging modern interface architecture approaches.

By bringing together a wide cross-section of staff and program representation from across the Enterprise, Vermont was able to identify and document a broad range of operational and technical gaps and strengths, many of which are common across the State Medicaid Enterprise. In addition, the SS-A provides a forum for staff to share strategies and goals that could be transferrable to other areas of the Enterprise, resulting in greater reuse and commitment to initiatives both planned and underway.

The analysis resulted in key sets of findings summarized below. The key strengths and challenges identified for each of these areas along with our architectural principles are the basis for the Vermont Medicaid Enterprise Roadmap.

1.4 Measurement and Data Driven Approach to Management

Many programs struggle with data collection, analysis, and measurement that can support performance monitoring and improvement.

There is a need for more evidence-based decision-making and there is a lack of data and tools to support it. Siloed and aging systems have resulted in disparate data collection systems, manual and spreadsheet-based records, and cumbersome analysis and reporting.

The planned roadmap initiatives must include the coordination of data and the ability to effectively and efficiently report on it, both within individual systems and departments, and across each. This holistic change will require efforts at the highest level to change processes, systems, and structures.

Strengths

- Business process compliance with state and federal regulations is achieved with necessary reports and data extracts.
- Systems support HIPAA and Vermont standards.
- Tactical (de facto) data management is effective within each system silo (MMIS, VCCI, and PBM).
- AHS has recently implemented a data governance structure to drive standards and decision making across the enterprise. There are efforts to implement a data governance structure at the state-level across all agencies.
- Considerable progress has been made in tracking Outcomes and Key Performance Indicators (KPIs).

Challenges

- Current systems have minimal reporting tools.
- Processes do not have formal, agreed upon, targets, metrics, or measurements.
- Data access and management is dispersed across systems and organizations.
- Enterprise data management, including Master Data Management (MDM) disciplines, are nonexistent.
- There are no easy ways for relevant leaders and administrators to access and conduct analysis on clinical measures.
- Clinical and functional best practices and industry-standard tools and techniques cannot be maintained or updated within legacy systems.

- It is very difficult to conduct program performance analysis, and cross-program analysis - data quality is poor or unavailable and few tools are available.

1.5 Standardization and Automation

Key transactional systems have long been supported by technology, but many programs reported a lack of standardization and automation in how information is collected and maintained. While some processes are supported by mature technology, many processes are manual and costly to perform. The Vermont Medicaid Enterprise is supported by a number of agencies, departments, and organizational units that augment core MMIS and Eligibility and Enrollment system functionality with unique processes and technology. While serving specific program and member needs, these unique systems lack standardizations or an objective of reusability.

Strengths

- Legacy systems use many HIPAA-compliant and CMS-dictated industry standards.
- Considerable progress has been made in requirements definition and acquisition of MITA-compliant systems.
- AHS has implemented stringent procurement and contracting policies to ensure that vendors deploy systems with modern architectures, comply with standards, and have higher MITA maturity levels than the legacy systems.

Challenges

- Stakeholders report that many processes are manual and costly to perform.
- Manual entry and other inefficiencies within business processes hamper process completion.
- In general, the systems used by AHS and vendors are primarily transactional and do not support current workflows.
- Older legacy systems pre-date modern standards and architectures (e.g. SOA) and extending functionality is difficult and costly.
- There are no tools in place to fully support program integrity. Performance management processes are still maturing.
- Separation of the business rules from the application code is not consistent across systems.
- As a result of programmatic silos, department, unit, and program-level systems have been acquired to meet specific needs, causing redundancies and challenges for data management and reporting across the agency.

1.6 Overall Maturity and Alignment with MITA

While Vermont has made major strides towards operational alignment with MITA and the goals of enterprise architecture, current systems continue to present challenges and gaps towards achieving the State's long-term goals.

AHS is well aligned with the MITA 3.0 Framework process model; however, many current systems are out of compliance with the standards and conditions. Vermont's commitment to a Medicaid Enterprise and a common view of the members it serves has brought organizational and governance changes that have further aligned it with MITA processes.

However, gaps remain within the technology framework currently in place in the State.

Strengths

- The Vermont Medicaid organization is well aligned with the MITA 3.0 Framework process model.
- The Vermont Enterprise supports the MITA goals:
    - To develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and;
    - To promote an environment that is flexible, adaptable, and that responds rapidly to changes in programs and technology.
- The AHS has committed to working toward an "Agency of One," providing for greater collaboration and sharing of data across Vermont agencies/business units and supporting the MITA goal to promote an enterprise view.
- The AHS requires all new vendors to commit to alignment with MITA goals when establishing agreements.

Challenges

- Current legacy systems are out of compliance with the standards and conditions.
- Administrative and planning functions lack automation for data sharing and integration with operational solutions.

1.7 Success Factors

When defining a roadmap for the future, Vermont has addressed the key organizational, technical, and governance directions that will combine to assure that the maturity levels can be achieved. Experience from State technology implementation projects in the past show that successful implementation of the Roadmap will require adoption of data management standards to maximize the benefits of Master Data Management (MDM) technology and governance.

Under sections 1903(a)(3)(A)(i) and 1903(a)(3)(B) of the Social Security Act, the Centers for Medicare & Medicaid Services (CMS) has issued standards and conditions that must be met by the states in order for Medicaid technology investments to be eligible for the enhanced match funding. The regulation establishing these standards and conditions was made public on April 19, 2011.

Vermont is committed to meeting these standards and conditions. The following table describes the steps that Vermont is taking to be compliant.

Vermont's Approach to the Conditions and Standards

#	Conditions and Standards	Vermont Approach
1.	Modularity Condition. Use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats.	Modularity is the key design principle that drives Vermont's architecture. • Business processes, using Federal standards, including Federal Enterprise Architecture (FEA), MITA, and National Human Services Interoperability Architecture (NHSIA), are designed with common steps and interfaces and then specialized for individual programs so that as business conditions evolve the processes can be prioritized for replacement and improvement modularly. • Technical systems and applications are designed with a Service Oriented Architecture (SOA) approach. • Applications are designed to expose documented Application Programming Interfaces (APIs) that can be consumed by other parts of the system. • Model, View, and Controller are discrete elements of design, keeping data systems (database), display (web or desktop applications), and control logic (rules engine) separated. • The principles of modularity are explicitly required by non-functional requirements (NFRs) as part of all contracted development and integration work. • Modular principles are enforced in design work on both State and vendor teams as part of acceptance process. • Vermont employs an iterative System Development Life Cycle (SDLC) process that modularly deploys functionality, continuously incorporates feedback and appreciates opportunities for improvement, and thereby, reduces risk, by being adaptive to best solutions to meet business problems at any particular moment in time. • All system interfaces will be open and documented.
2.	MITA Condition. Align to and advance increasingly in MITA maturity for business, architecture,	MITA is a central design standard that drives state work and is a written requirement incorporated into contracts with implementation partners. • Business Process modeling follows the MITA functional

#	Conditions and Standards	Vermont Approach
	and data.	taxonomy. • Requirements are organized and related by MITA processes. • The State Self-Assessment (SS-A) is an ongoing tool for the State to understand current state and prioritize improvement.
3.	Industry Standards Condition. Ensure alignment with, and incorporation of, industry standards; the Health Insurance Portability and Accountability Act of 1996 security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 15691 of the Affordable Care Act.	All contracted work, as documented by a contract's statement of work (SOW) or statement of objectives (SOO) explicitly requires compliance to a set of federal and industry open standards including: • ADA and Section 508 Compliance • Health Insurance Portability and Accountability Act (HIPAA) • Health Information Technology for Economic and Clinical Health Act of 1996 • Privacy Act of 1974 • Patient Protection and Affordable Care Act (ACA) of 2010, Section 1561 • Safeguarding and Protecting Tax Returns and Return Information (26 U.S, C. 6130 and related provisions) • National Institution of Standards & Technology (NIST) Special Publications. NIST's Special Publications are available at: http://csrc.nist.gov/publications/PubsSPs.html • National Security Agency (NSA) Security Recommendation Guide
4.	Leverage Condition. Promote sharing, leverage, and reuse of Medicaid technologies	Enabled by the Modularity Standard, reuse is a key priority of the Medicaid Enterprise, whereby the same processes and technologies can be leveraged across health and human services domains when possible. By maintaining a broad design perspective,

#	Conditions and Standards	Vermont Approach
	and systems within and among states.	each implementation is conceived to be extensible and scalable, to bring on additional service programs as funding and development opportunities become available. Where possible the modules that are being developed for the project will leverage existing State and Agency infrastructure and systems. For instance, the Business Rules Management project begins with health-care focused programs, but the design and implementation of the rules modeling and automation tools are being made in context of the complete catalog of agency policy and programs. An Enterprise Master Client Index is being developed to ensure that client management services are deployed throughout the Medicaid and human services enterprise. Every attempt will be made to adhere to using these already existing systems with each new module developed. Where practical, it is intended that all new modules will be developed in a way that their software will be released under an open source license and could be reused by any other state or human services organization.
5.	Business Results Condition. Support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.	By thoroughly understanding policy and other program constraints, desired outcomes, and business functions documented as business processes, Vermont has positioned itself to understand if its business is achieving its desired result. A good example of this dynamic is the integration of the eligibility services with real time determination, verification, and enrollment with robust reporting capability. Every effort on the roadmap has specific associated business metrics. These metrics focus on employee efficiency, reduction of error rate, enhanced client experience, and additional system automation where possible. There are multiple milestones dedicated to increasing the amount of system automation. In addition, the roadmap has improvements for applicants using self-service methods for application and renewal.
6.	Reporting Condition. Produce transaction data, reports, and performance information that would	In order for the agency to understand if it is making progress towards its goals, compliant to the constraints governing its operations, or performing adequately to other expectations and able to recognize opportunities for improvement, robust data and reporting systems must be available to facilitate analytics.

#	Conditions and Standards	Vermont Approach
	contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.	Reporting requirements, both prebuilt and ad hoc, are foundational to our project requirements, and Vermont's architecture is driven by principles of transparency and accountability that can only be realized through mature reporting capabilities.
7.	Interoperability Condition. Ensure seamless coordination and integration with the exchange (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.	The culmination of all the design standards and principles that drive the State's architecture is towards a capability of interoperability. Business and technical systems must operate seamlessly together, with high efficiency and accuracy, to enable a client-centric approach that yields a good understanding of client need and circumstances and high-capability to understand how to best meet that need. Given the mixed array of legacy and modern systems across public and private domains, it is challenging to link and exchange information. This dynamic has led to prioritization of master-data tools and indexes, identity and access, and consent management.

Vermont's Enterprise aims to create a place where the member, not the program, is at the focal point. Vermont is transitioning to a model of true integrated service delivery that will:

- Align with the Triple Aim
    - Improving the patient experience of care (including quality and satisfaction)
    - Improving the health of populations, and
    - Reducing the per capita cost of health care
- Improve the members service experience for Vermonters.
- Improve the members' service experience for health and human services providers.
- Improve efficiency and effectiveness of Medicaid operations.

2 Roadmap

2.1 Initiatives and Roadmap

The Vermont MMIS Program Procurement Strategy is parceled into the following 4 phases:

- Phase I In-Flight Projects Completion/Future Planning
- Phase II Develop the MMIS Infrastructure
- Phase III Enterprise Services Integration
- Phase IV Module Acquisition

It is important to note that while many of these projects are broken out in phases for planning purposes, many of the efforts will blend together overtime, run in parallel, have a sequence of finish to start, or a combination of all the above.

The Vermont Integrated Eligibility and Enrollment (IE&E) Roadmap Strategy for the next three to four years includes the following themes or phases:

- Customer Portal solution
- Case Management system

In the future, Health Information Exchange (HIE) investments will also be aligned or integrated with the Medicaid Enterprise. In light of this, we are including a link to Vermont's Health Information Exchange Strategic Plan.

Roadmap information is updated on an as needed basis and is subject to change as the Medicaid Enterprise Projects and Initiatives are updated. The highlighted quarters reflect the overall duration of the projects as known at this point in time. The calendar year is represented in this document.

2.2 MITA Roadmap

Initiative	2022				2023				2024	2025	2026
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
MMIS											
Vermont's Medicaid Management Information System (MMIS) Program is focused on enhancing business processes and leveraging new and innovative technologies and processes on an on-going basis to help the Agency of Human Services (AHS) and the Department of Vermont Health Access (DVHA) achieve their goal of administering the Medicaid Program and serving Vermonters in the most time efficient, secure and integrated manner. The MMIS Program is one of several Programs in the AHS, focused on upgrading the State's technological infrastructure for Medicaid and other benefit programs. The MMIS program consists of projects that address Federal and State mandates, Agency goals and priorities, and modernization of Vermont's Medicaid related Systems. These systems deliver health care provider and member solutions, payment capabilities, health care related functionality along with the associated quality and monitoring services that will advance Vermont's addressing the Social Determinants of Health to transform our legacy systems into an environment of coordinated and integrated service delivery. Vermont is driven by a passion to connect information and promote collaboration in a service-oriented- architectural (SOA) environment, yielding better and more cost-effective outcomes for its citizens, the State, and Federal Partners.											
MMIS Long Term Care (LTC) Case Management Duration: 09/14/2021 - 05/30/2024 Current Status: Executing											
Electronic Visit Verification System (EVVS) Phase 1 Duration: 03/1/2019 - 04/3/2023 Current Status: Closed											
Electronic Visit Verification System (EVVS) Phase 2 Duration: 03/1/2019 - 02/1/2024 Current Status: Execution											
Payment and Delivery System (PADS) Reform Duration: 06/1/2021 - 09/30/2025 Current Status: Executing											
Transformed Medicaid Statistical Information System (T-MSIS) Duration: 06/1/2015 - 12/30/2026											

Initiative	2022				2023				2024	2025	2026
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Current Status: Executing											
DVHA Medicaid Data Warehouse and Analytics Solution (MDWAS) Duration: 01/10/2022 - 01/3/2027 Current Status: Executing											
Special Investigation Unit (SIU) Case Management System Duration: 06/30/2023 - 06/30/2024 Current Status: Initiation											
Third Party Liability (TPL) System Replacement Duration: 9/30/2023 - TBD Current Status: Planning											
COB on Demand- NEDB (National Eligibility Database) Duration: 9/30/2023 - TBD Current Status: Planning											
MMIS 5% Cost Sharing Cap Duration: 08/2/2021 - 05/01/2023 Current Status: Closed											
Interoperability Project Duration: 12/1/2020 - 06/30/2023 Current Status: Closed											
Payer Initiated Eligibility (PIE) Duration: 12/1/2016 - 02/28/2023 Current Status: Closed											
Electronic Data Interface (EDI) Translator Duration: 07/1/2019 - 01/30/2022 Current Status: Complete											

Initiative	2022				2023				2024	2025	2026
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Health Information Exchange/Health Information Technology (HITECH)											
The **Health Information Exchange/Health Information Technology (HIE/HIT)** *is a secure digital enterprise network that connects Vermont's electronic health records, enabling the sharing of clinical and demographic data for patients across the State. Tightly interwoven with the Blueprint for Health and VITL, this forward-looking set of projects has created and advanced a State-wide environment for digital sharing of patient health records, connecting the vast majority of medical providers in the State.*											
VITL Contract Duration: 01/1/2020 - 12/31/2023 Current Status: Executing											
VHIE Data Types Duration: 01/1/2022 - 12/31/2023 Current Status: Executing											
VHIE Connectivity (HIE) Duration: 01/1/2020 - 12/31/2024 Current Status: Executing											
Collaborative Services (HIE) Duration: 01/1/2020 - 12/31/2025 Current Status: Executing											
Integrated Eligibility and Enrollment											
Vermont's Integrated Eligibility & Enrollment (IE&E) initiative is focused on enhancing business processes and leveraging technology to help AHS achieve its goal of serving Vermonters efficiently and effectively. The IE&E Program is one of several programs in the AHS Portfolio that are focused on upgrading the State's technological infrastructure for Medicaid and other benefit programs. The goal of the IE&E Program is to allow eligible Vermonters to apply for and receive health coverage and financial assistance benefits through a single point of access by 2025. The envisioned IE&E system will encompass eligibility and enrollment functionality for all in-scope programs. This effort will migrate and optimize eligibility and enrollment functionality for all in-scope programs from current eligibility and enrollment systems, including the State's Legacy ACCESS system and its Health Insurance Exchange, Vermont Health Connect (VHC).											

Initiative	2022				2023				2024	2025	2026
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
IE&E Noticing Project **Phase 1** Duration: 01/30/2022 - 09/30/2025 Current Status: Executing											
IE&E Vermont Integrated Eligibility System (VT-IES) Duration: 01/30/2022 - 12/30/2028 Current Status: Executing											
Modern Data Analytics Reporting (MDAR) Duration: 07/30/2021 - 10/30/2022 Current Status: Closed											
MABD Self Service Online Application (SSAP) Duration: 03/15/2021 - 06/31/2022 Current Status: Closed											
MABD Compliance Duration: 03/15/2021 - 06/30/2022 Current Status: Closed											
Disaster Recovery (DR) Online App & Doc Uploader Duration: 03/15/2021 - 03/31/2022 Current Status: Closed											
Health Care Premium Processing-Customer Portal Improvements Duration: 04/1/2019 - 06/30/2022 Current Status: Closed											
Customer Portal Phase 2 (Online Application) Duration: 01/1/2019 - 12/2/2020 Current Status: Complete											

2.2.1 IE&E Noticing Project

Initiative Start Date: 01-30-2022

Initiative End Date: 11-30-2025

Initiative Status: Executing

Project: Integrated Eligibility and Enrollment

IE&E Noticing Project to modernize bulk noticing functionality tied to the legacy eligibility system. Implementing Hyland's Content Composer as the foundational IE&E Notice Solution platform (can be purchased using existing contract). In addition to using Content Composer, an interface component will be created to consume ACCESS notice meta data and then interface with Content Composer to generate the notices.

2.2.2 IE&E Vermont Integrated Eligibility System (VT-IES)

Initiative Start Date: 01-30-2022

Initiative End Date: 12-30-2028

Initiative Status: Executing

Project: Integrated Eligibility and Enrollment

The Vermont Integrated Eligibility System (VT-IES) Project is a crucial part of the state's effort to modernize its Integrated Eligibility and Enrollment (IE&E) system. The current system faces operational and technical challenges impacting Vermonters and state staff. The VT-IES Project aims to address these issues by implementing a base-level, customer-focused integrated eligibility system (IES) through a phased, modular procurement strategy.

2.2.3 Modern Data Analytics Reporting (MDAR)

Initiative Start Date: 07-30-2021

Initiative End Date: 06-30-2022

Initiative Status: Complete

Project: Integrated Eligibility and Enrollment

The Oracle Data Integrator (ODI) and Oracle Business Intelligence Suite Enterprise Edition (OBIEE) tools have been inadequate in delivering up to date reporting information, with intermittent defects that cause considerable delays in available reporting data and create a concern meeting Service Level Agreements (SLAs) for Federal requirements. Additionally: keeping the Oracle software up-to-date has been mired with expensive work that has occupied state resources in addition to the costs incurred by

the vendor, the licensing, and the Oracle support costs. The goal of this project is to replace Vermont Health Connect (VHC)'s hosted OBIEE reporting platform with a Software as a Service (SaaS) reporting platform.

2.2.4 MABD Compliance

Initiative Start Date: 03-15-2021

Initiative End Date: 06-30-2022

Initiative Status: Complete

Project: Integrated Eligibility and Enrollment

The goal of the Medicaid for the Aged, Blind and Disabled (MABD) Compliance effort is to bring the State into compliance with Federal requirements for our MABD populations with regards to ex-parte renewals, redeterminations, and Change of Circumstance (COC).

2.2.5 Disaster Recovery (DR) Online App & Doc Uploader

Initiative Start Date: 03-15-2021

Initiative End Date: 03-31-2022

Initiative Status: Closed

Project: Integrated Eligibility and Enrollment

As per the CMS requirement, this project will design, implement and test a Disaster Recovery (DR) Plan that ensures the Document Uploader and the Medicaid for the Aged, Blind, and Disabled (MABD) Online Application are functioning properly within the State-specified Recovery Time Objective (RTO) of 8-hours after an unscheduled system outage

2.2.6 Health Care Premium Processing- Customer Portal Improvements

Initiative Start Date: 04-01-2019

Initiative End Date: 06-30-2022

Initiative Status: Closed

Project: Integrated Eligibility and Enrollment

The goal of the Premium Processing project is to streamline the financial transactions and processes associated with the administration of health coverage and financial benefit programs as a part of the overall IE&E roadmap.

- Customers will understand what they need to pay, by when, and how it will impact their coverage
- Customers will know who to call when there is a problem
- Staff will understand the premium payment process and their role in it

2.2.7 Customer Portal Phase 2 (Online Application)

Initiative Start Date: 01-01-2019

Initiative End Date: 12-02-2020

Initiative Status: Complete

Project: Integrated Eligibility and Enrollment

Develop online standalone supplemental (MABD MVP) so that Vermonters can receive an end-to-end healthcare screening via phone or electronic channel. Allow Vermonters to use a single sign on so they can access the Document Uploader, Online App, and MyBenefits.

2.2.8 MMIS Long Term Care (LTC) Case Management

Initiative Start Date: 09-14-2021

Initiative End Date: 05-30-2024

Initiative Status: Executing

Project: MMIS

Perform analysis of the current business processes for LTC Unit and look to address the many manual tracking and spreadsheet work that needs to be done as part of the TPL application process.

2.2.9 Electronic Visit Verification System (EVVS) Phase 1

Initiative Start Date: 03-01-2019

Initiative End Date: 04-03-2023

Initiative Status: Complete

Project: MMIS

The EVVS enables home care workers to digitally record information about the visit—specific care or services rendered. Section 12006 of the 21st Century CURES Act requires states to implement an Electronic Visit Verification (EVV) system for:

- Personal Care Services (PCS): by January 1, 2021
- Home Health Care Services (HHCS): by January 1, 2023

2.2.10 Electronic Visit Verification System (EVVS) Phase 2

Initiative Start Date: 03-01-2019

Initiative End Date: 02-01-2024

Initiative Status: Execution

Project: MMIS

Implementation of EVV to the Disabilities Determination Services (DDS) and Designated Agencies includes integration of EVV into their Agency systems, end-user efforts, and outreach.

2.2.11 Payment and Delivery System (PADS) Reform

Initiative Start Date: 06-01-2021

Initiative End Date: 09-30-2025

Initiative Status: Executing

Project: MMIS

Vermont Medicaid is taking incremental steps to design and implement payment models that represent an alternative to fee for service reimbursement. This project includes upgrades and modifications to Vermont's Medicaid Enterprise, including its Medicaid Management Information System (MMIS) to process, track, monitor, and report on changes in claims processing for alternative Medicaid payment models. Activities associated with payment reform and delivery system reform along with necessary business and system changes.

2.2.12 Transformed Medicaid Statistical Information System (T-MSIS)

Initiative Start Date: 06-01-2015

Initiative End Date: 12-30-2026

Initiative Status: Executing

Project: MMIS

The Transformed Medicaid Statistical Information System (T-MSIS) project will add additional data elements and data quality recommended by CMS to the T-MSIS files which are being submitted to CMS on monthly basis.

2.2.13 DVHA Medicaid Data Warehouse and Analytics Solution (MDWAS)

Initiative Start Date: 01-10-2022

Initiative End Date: 01-03-2027

Initiative Status: Executing

Project: MMIS

Initial step of the MMIS modernization strategy. The Data Warehouse will enable DVHA to access and manage data that is required to support key business functions, including state and federal reporting and data analytics. The data warehouse will provide tools for data mining and forecasting and address data quality issues.

2.2.14 Special Investigation Unit (SIU) Case Management System

Initiative Start Date: 10-30-2023

Initiative End Date: 06-30-2024

Initiative Status: Initiation

Project: MMIS

Create Case Management System for Special Investigations Unit (SIU) - formerly Program Integrity (PI Unit).

2.2.15 Third Party Liability (TPL) System Replacement

Initiative Start Date: 09-30-2023

Initiative End Date: TBD

Initiative Status: Initiation

Project: MMIS

The Third-Party Liability (TPL) unit is a subdivision of the Coordination of Benefits (COB). Federal statute establishes Medicaid as the payer of last resort and requires states to recover Medicaid monies when other liable parties are responsible for medical/healthcare claims payment. States are required to perform and report their TPL/Coordination of Benefits activities to the Centers for Medicare and Medicaid Services (CMS). The TPL system is a general ledger system that tracks claims billed, collected, reversed, and recouped from other liable parties and documents payments received through the

Coordination of Benefits processes. The TPL system provides the data used in CMS' required reporting. The TPL system was stood up in 2007 and runs on a Microsoft Access database hosted in Azure on a Windows Server 2003. An assessment of the TPL system was performed by ADS in 2019; documenting significant system and security issues requiring system replacement. The assessment noted TPL, and the Coordination of Benefits Unit recovers more than 9 million in annual revenue; informal estimates suggest an additional 10% could be recovered with a modern TPL System.

2.2.16 COB on Demand- NEDB (National Eligibility Database)

Initiative Start Date: 10-01-2023

Initiative End Date: TBD

Initiative Status: Initiation

Project: MMIS

The DRA of 2005 requires State Medicaid Agencies to receive files of members from insurance companies (or any entity that processes healthcare claims). At this time only Blue Cross Blue Shield is automated process. United and Cigna are manual processes that are not currently being worked due to manual work need by Gainwell.

2.2.17 MMIS 5% Cost Sharing Cap

Initiative Start Date: 08-02-2021

Initiative End Date: 05-01-2023

Initiative Status: Complete

Project: MMIS

Initial step of the MMIS modernization strategy. The Data Warehouse will enable DVHA to access and manage data that is required to support key business functions, including state and federal reporting and data analytics. The data warehouse will provide tools for data mining and forecasting and address data quality issues.

2.2.18 Interoperability Project

Initiative Start Date: 12-01-2020

Initiative End Date: 06-30-2023

Initiative Status: Closed

Project: MMIS

Implement multiple policies required by CMS / ONC in the Interoperability and Patient Access final rule (CMS-9115-F) that puts patients first, giving them access to their health information when they need it most and in a way they can best use it.

2.2.19 Payer Initiated Eligibility (PIE)

Initiative Start Date: 12-01-2016

Initiative End Date: 09-30-2022

Initiative Status: Complete

Project: MMIS

Third Party Liability activity. Allows for the sharing of eligibility and coverage data resulting in ability for State of Vermont to identify and collect payments from liable third parties. This project will automate the uploading of the data from files and will auto populate the data into the legacy eligibility system, ACCESS.

2.2.20 Electronic Data Interface (EDI) Translator

Initiative Start Date: 07-01-2019

Initiative End Date: 09-30-2021

Initiative Status: Complete

Project: MMIS

A component of the current Gainwell Technologies MMIS, is no longer supported and needs to be replaced. A new electronic data interface (EDI) processor will be necessary for the claim (837 EDI) transactions to be processed.

2.2.21 Provider Management Module (PMM)

Initiative Start Date: 04-01-2018

Initiative End Date: 05-31-2020

Initiative Status: Complete

Project: MMIS

Modernize the current manually intensive Provider eligibility determination and management business processes and allow providers to enter their enrollment information online - resulting in approved enrollments within 60 days, rather than 100-120 days. Went live May 1, 2019. Final Certification Review (R3) held on 11/21/2019. Certification approval letter received on 2/19/2020.

2.2.22 Care Management (CM)

Initiative Start Date: 12-01-2015

Initiative End Date: 08-31-2019

Initiative Status: Complete

Project: MMIS

Implement a Care Management Solution for Vermont Chronic Care Initiative (VCCI) to support individual and population-based approaches to health management. VCCI evaluates the Vermont Medicaid population and focuses on the top 5-10% utilizers of the healthcare system, accounting for 39% of healthcare costs. Went live 01/01/2016. CMS R3 - August, 2019. Certification approval letter received on October 21st, 2019.

2.2.23 VITL Contract

Initiative Start Date: 01-01-2022

Initiative End Date: 12-31-2023

Initiative Status: Executing

Project: Health Information Exchange/Health Information Technology (HITECH)

Enhancing Medicaid operations with health data and data services available through the HIE Technical Architecture.

2.2.24 VHIE Data Types

Initiative Start Date: 01-01-2022

Initiative End Date: 01-01-2024

Initiative Status: Executing

Project: Health Information Exchange/Health Information Technology (HITECH)

The state has designed a Health Information Exchange Technical Architecture that puts the Health Information Exchange at the center of data aggregation, translation, parsing, storage, extraction, and exchange. The state also continues to design population health programs (value-based care) and Medicaid operations with the notion that a complete understanding of a person's health experience and the factors influencing their health is essential to impacting quality of care, coordination of care, cost of

care, and provider burden. The HIE is essential to ensuring that the state has the needed data to impact health policy priorities, and this funding will be used to develop and use the HIE system for this purpose. This includes, but is not limited to, consolidating data systems to streamline the HIE function of collecting health data to include clinical, claims, social determinants of health and other clinically sensitive data. The work pertaining to sensitive data includes the development and deployment of a technical solution to allow for aggregation and protection of the confidentiality of that data including, but not limited to, Substance Use Disorder (SUD) Patient Records as required by 42 CFR Part II, which specifies parameters for consent and redisclosure.

2.2.25 VHIE Connectivity

Initiative Start Date: 01-01-2022

Initiative End Date: 12-31-2024

Initiative Status: Executing

Project: Health Information Exchange/Health Information Technology (HITECH)

Vermont Health Information Exchange (VHIE) Connectivity: Connecting Patients, Providers & Other Users to Health Data

2.2.26 Collaborative Services (HIE)

Initiative Start Date: 01-01-2022

Initiative End Date: 12-31-2025

Initiative Status: Executing

Project: Health Information Exchange/Health Information Technology (HITECH)

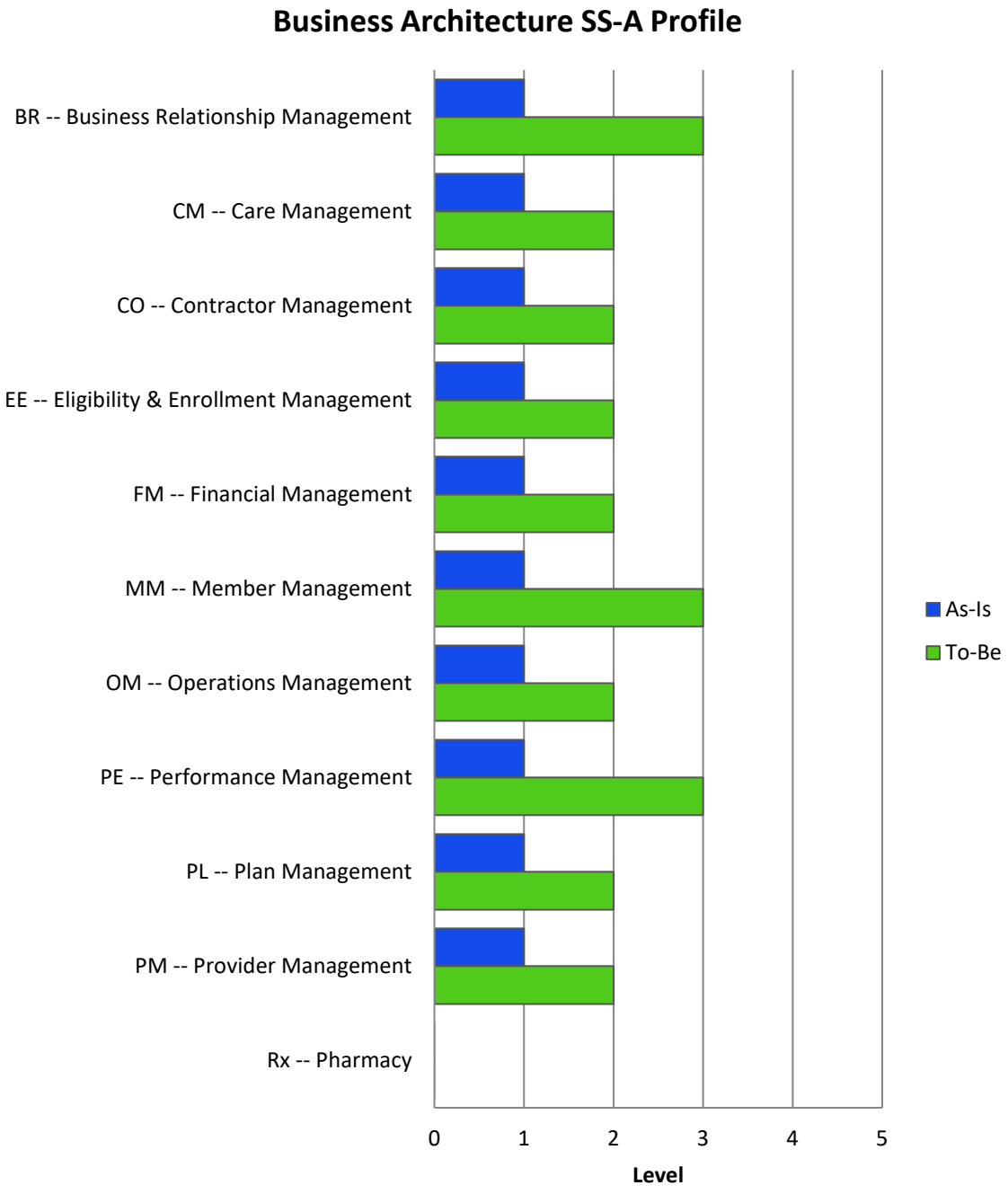
Project serves state efforts to develop the VHIE for use as a central component of Vermont's Unified Health Data Architecture (p.11 of the HIE Plan, link in Section 10)

3 Business Architecture

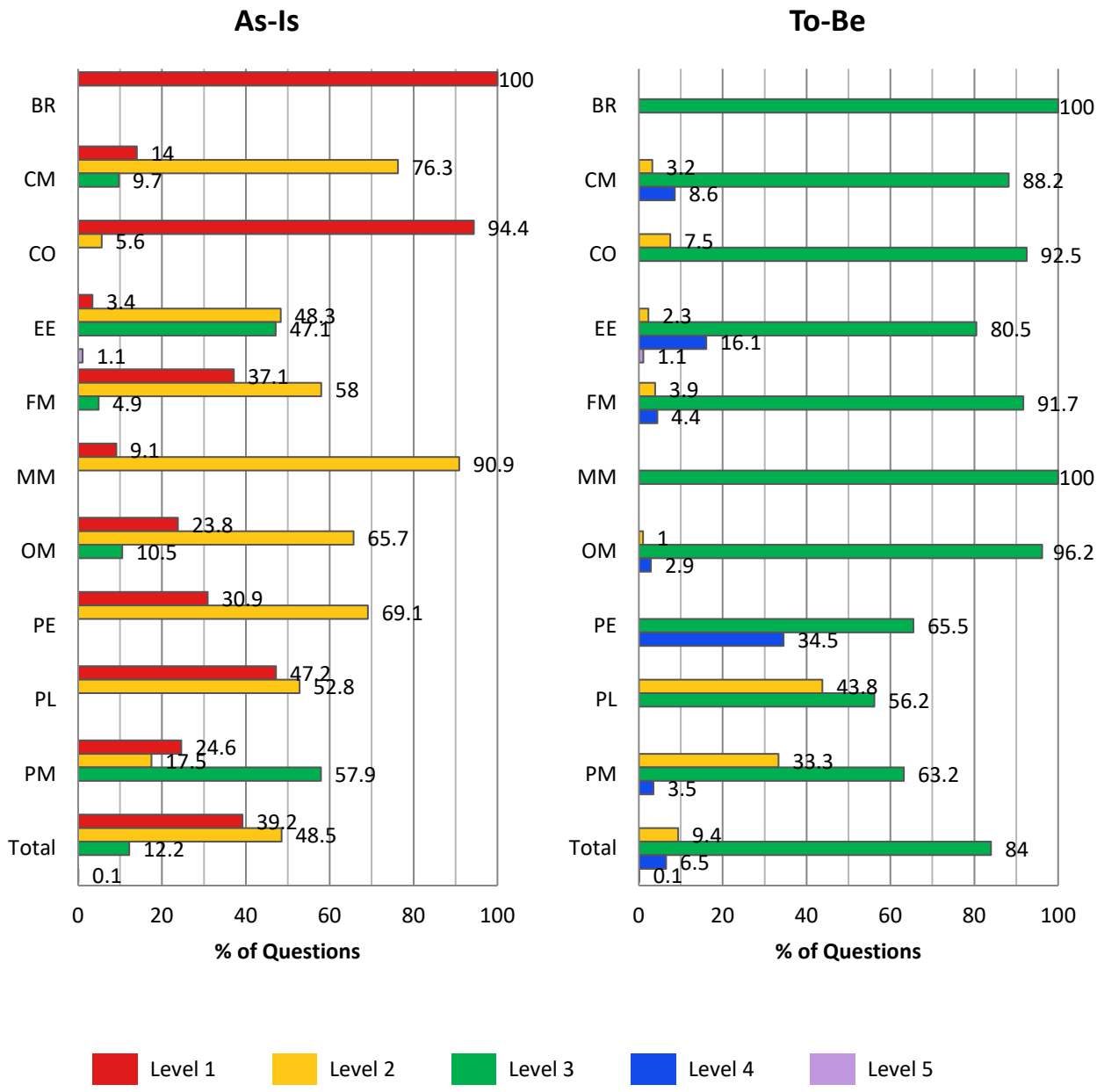
3.1 Business Capability Matrix

The Business Architecture, the Business Process Model and the Maturity Model are tools used to model, assess and compare VT AHS processes against a national framework. The MITA Business Architecture (BA) discusses the business capabilities associated with a business process. The Business Capability Matrix identifies the required business capabilities for a specific level of maturity. Each process has a corresponding business capability matrix representing 1-5 levels of maturity. The Business Capability Matrix addresses the following qualities, as detailed by MITA 3.0 documentation:

- Business Capabilities – This section provides general capabilities to identify the differences between the levels of maturity
- Timeliness of Process – Time lapse between SMA initiation of a business process and attaining the desired result (e.g., length of time to enroll a provider, assign 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


Business Architecture SS-A Profile
BR -- Business Relationship Management
CM -- Care Management
CO -- Contractor Management
EE -- Eligibility & Enrollment Management
FM -- Financial Management
MM -- Member Management
OM -- Operations Management
PE -- Performance Management
PL -- Plan Management
PM -- Provider Management
Rx -- Pharmacy
0
1
2
3
4
5
Level
As-Is
To-Be

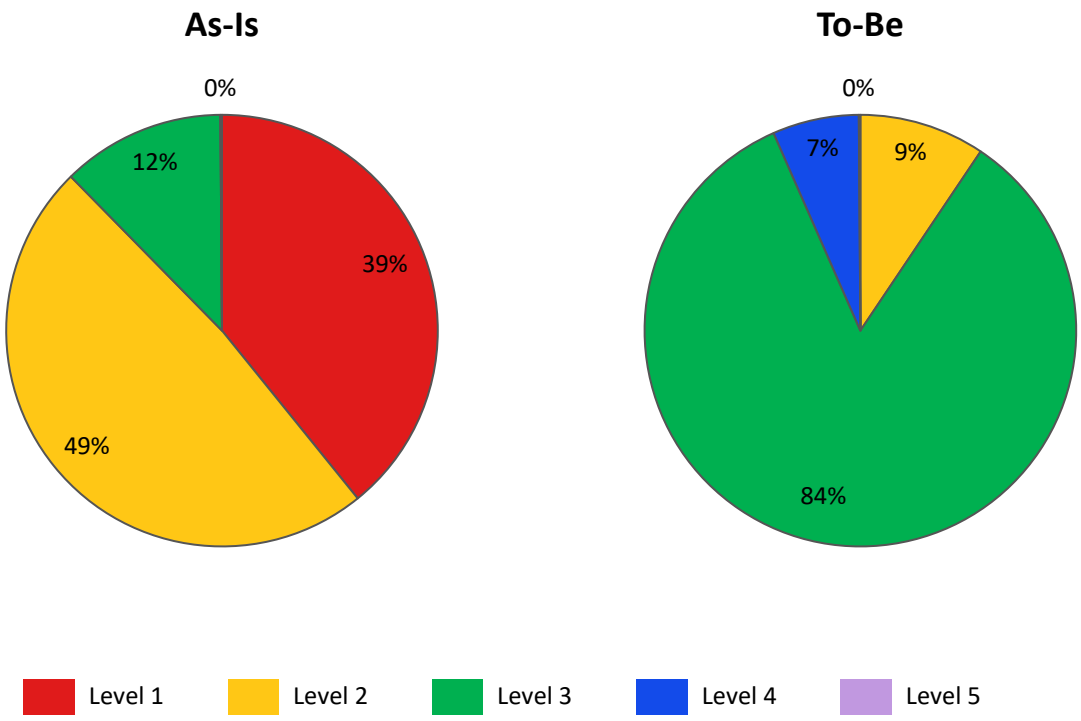
Comparison of Distribution by Business Area 2022 As Is vs. To Be



BR -- Business Relationship Management
CM -- Care Management
CO -- Contractor Management
EE -- Eligibility & Enrollment Management
FM -- Financial Management
MM -- Member Management
OM -- Operations Management
PE -- Performance Management
PL -- Plan Management
PM -- Provider Management

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	333	39.2%	0	0.0%
Level 2	412	48.5%	80	9.4%
Level 3	104	12.2%	714	84.0%
Level 4	0	0.0%	55	6.5%
Level 5	1	0.1%	1	0.1%



3.2 BR -- Business Relationship Management

3.2.1 Overview

Overall the State expects the Business Relationship process area to increase 2 levels in the MITA maturity model. Maturity is planned to increase from primarily manual and organically developed processes to standardized and technology-supported processes.

3.2.2 Process Area Findings

Business Area Strengths

- Business Relationships are closely aligned with contracting practices, and will benefit from new standardization and automation initiatives
- DVHA Business Office has developed processes to effectively manage these capabilities

Business Area Challenges

- No automation exists to support business agreements
- Standards and processes are internally developed and vary by area
- There are no current approaches to proactively manage agreements, and performance measures – issues are largely managed on an exception basis

3.2.3 Process Area Direction

Overall the State expects the Business Relationship process area to increase 2 levels in the MITA maturity model. Maturity is planned to increase from primarily manual and organically developed processes to standardized and technology-supported processes. In order to achieve this, AHS will follow directions to:

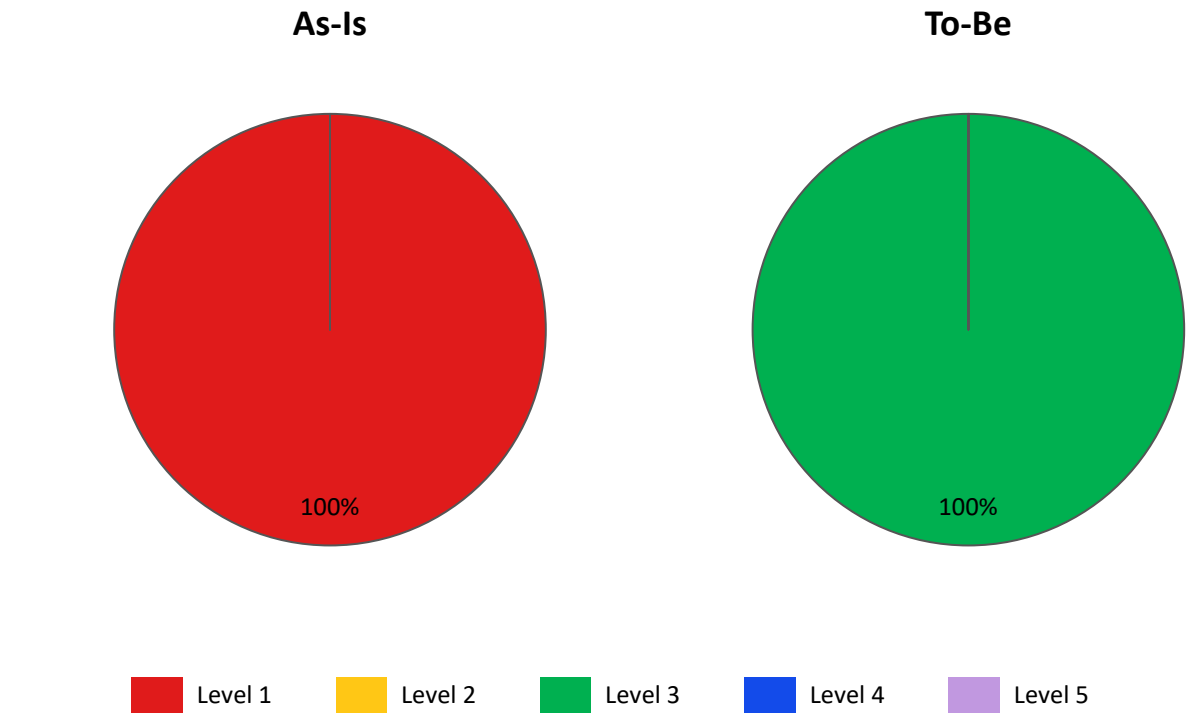
- Harmonize between contracting, business relationships and communications and relationship management
- Explore standardization of MOUs and IGAs across AHS and Statewide
- Plan for procurement and implementation of a contracting and business relationship management system

BR -- Business Relationship Management Maturity Profile

Reference	Business Process	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		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	41	100.0%	0	0.0%
Level 2	0	0.0%	0	0.0%
Level 3	0	0.0%	41	100.0%
Level 4	0	0.0%	0	0.0%
Level 5	0	0.0%	0	0.0%



3.2.4 Standards Management

3.2.4.1 BR01 -- Establish Business Relationship

Capability Metric Scorecard

BR01 -- Establish Business Relationship	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.2.4.2 BR02 -- Manage Business Relationship Communication

Capability Metric Scorecard

BR02 -- Manage Business Relationship Communication	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Is communication linguistically, culturally, and competency appropriate?	1	3
Does State Medicaid Agency use standards in the process?	1	3
Does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost to perform the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.2.4.3 BR03 -- Manage Business Relationship Information

Capability Metric Scorecard

BR03 -- Manage Business Relationship Information	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does State Medicaid Agency use standards in the process?	1	3
Does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost to perform the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.2.4.4 BR04 -- Terminate Business Relationship

Capability Metric Scorecard

BR04 -- Terminate Business Relationship	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost to perform the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.3 CM -- Care Management

3.3.1 Overview

The current Care Management system, a module that went live in 2016 and operational in 2017, has improved automation, information access and business outcomes for the Vermont Chronic Care Initiative (VCCI) since the last assessment in 2014. Although the newer system is highly automated, there is still room for improvement with user satisfaction.

3.3.2 Process Area Findings

Business Area Strengths

- Care Management Module certification approval letter was received on October 21st, 2019.
- Case documentation and care management within VCCI has been supported by technology for many years under both the previous and new Care solution.
- Highly automated system results in greater accuracy and efficiency.
- There are ideas for expanded reuse of procured technology.
- VITL Clinical Interface has been implemented which provides a gateway between Health Information Exchange (HIE) and the new Care Management module.

Business Area Challenges

- No case integration exists across business programs within the Agency.
- Although the system is highly automated, there is still room for improvement with user satisfaction.

3.3.3 Process Area Direction

Our current system is highly automated and is better able to meet business needs improving automation, information access and therefore business outcomes. In order to further improve this process area, AHS will need to:

- Continue to work on implementing ideas for reuse.
- Set up standardization of Maintenance and Operations.
- Proceed with planned Master Person Index (MPI), increasing accuracy for the CM Module.
- Continue to improve on reporting capabilities and information exchange with HIE.

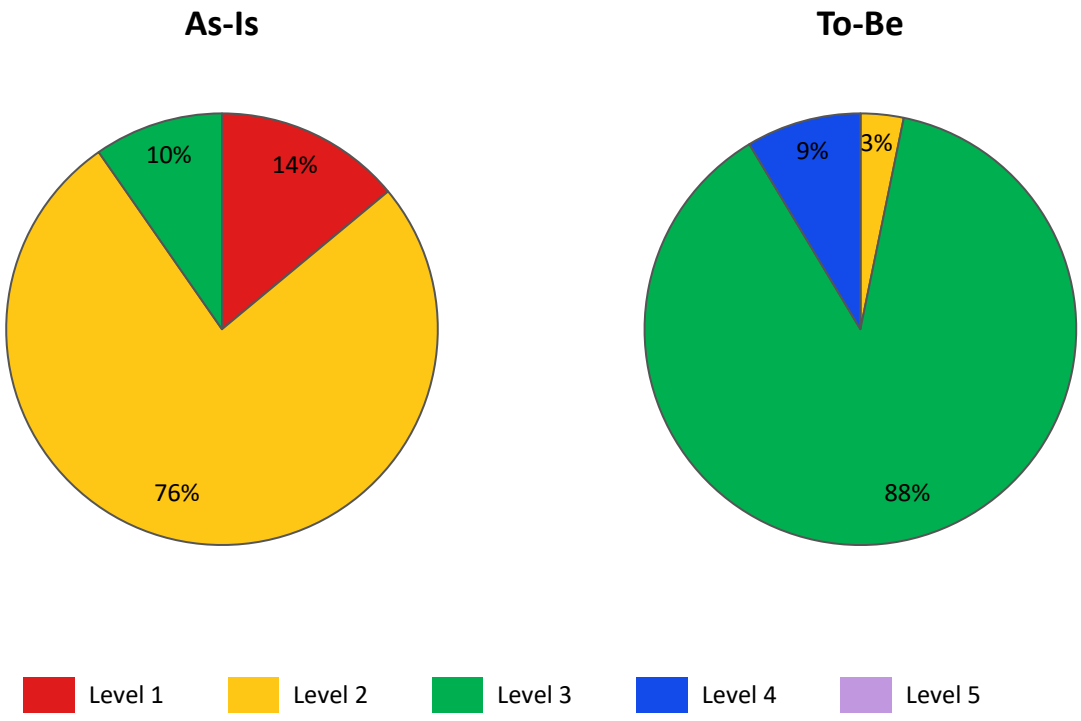
CM -- Care Management Maturity Profile

Reference	Business Process	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		As-Is	To-Be		

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
	Outreach					
CM04	Manage Registry		As-Is	To-Be		
CM05	Perform Screening and Assessment		As-Is	To-Be		
CM06	Manage Treatment Plans 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		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	13	14.0%	0	0.0%
Level 2	71	76.3%	3	3.2%
Level 3	9	9.7%	82	88.2%
Level 4	0	0.0%	8	8.6%
Level 5	0	0.0%	0	0.0%



3.3.4 Gap Analysis

Business Process	As-Is	To-Be	Gap Analysis
CM01 -- Establish Case	2	2	• Reusable business services for improved collaboration with other agencies and entities • Increase timeliness • Performance measurement: 99% accuracy of information used in process • Easy interface with other entities and agencies • Interface with VITL may currently take more than 3 seconds • Performance measure for efficiency: 95% or higher • Performance measure for accuracy of results: 95% or higher • Improve stakeholder satisfaction: 90% or higher
CM02 -- Manage Case Information	2	3	• Reusable business services to collaborate better with other agencies and entities • Increase timeliness • Performance measurement: 99% accuracy used in process • Easy interface with other entities and agencies • Interface with VITL may currently take more than 3 seconds • Performance measure for efficiency: 95% or higher • Performance measure for accuracy of results: 95% or higher • Improve stakeholder satisfaction: 90% or higher
CM03 -- Manage Population Health Outreach	2	3	• Fully automated system • Increase timeliness • Performance measurement: 90% accuracy used in process • Easy interface with other entities and agencies • Interface with VITL may currently take more than 3 seconds • Performance measure for efficiency: 95% or higher • Performance measure for accuracy of results: 99% or higher • Improve stakeholder satisfaction: 90% or higher
CM04 -- Manage Registry	2	3	• Fully automated system • Increase timeliness • Performance measurement: 99% accuracy used in process • Easy interface with other entities and agencies • Performance measure for efficiency: 95% or higher • Performance measure for accuracy of results:90% or higher

Business Process	As-Is	To-Be	Gap Analysis
			• Improve stakeholder satisfaction: 90% or higher
CM05 -- Perform Screening and Assessment	2	3	• Reusable business services to collaborate better with other agencies and entities • Increase timeliness • Performance measurement: 99% accuracy used in process • Easy interface with other entities and agencies • Interface with VITL may currently take more than 3 seconds • Performance measure for efficiency: 95% or higher • Performance measure for accuracy of results: 95% or higher • Improve stakeholder satisfaction: 90% or higher
CM06 -- Manage Treatment Plans and Outcomes	2	3	• Reusable business services to collaborate better with other agencies and entities • Increase timeliness • Performance measurement: 99% accuracy used in process • Easy interface with other entities and agencies • Interface with VITL may currently take more than 3 seconds • Performance measure for efficiency: 95% or higher • Performance measure for accuracy of results: 95% or higher • Improve stakeholder satisfaction: 90% or higher
CM07 -- Authorize Referral	1	3	
CM08 -- Authorize Service	2	3	
CM09 -- Authorize Treatment Plan	1	3	

3.3.5 Case Management

3.3.5.1 CM01 -- Establish Case

Capability Metric Scorecard

CM01 -- Establish Case	As-Is	To-Be
Business Capability Descriptions	2	2
Is the process primarily manual or automatic?	3	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. VCCI went live with a new care management system on 1/1/2016. VCCI evaluates the Vermont Medicaid population and focuses on the top utilizers of the healthcare system which includes screening and stratification for social determinants of health (mental health, substance use, inter-partner violence, housing stability, and food security). VCCI proactively conducts outreach to new Medicaid beneficiaries using verbal, telephonic screening tools to help stratify them into low, medium, high, and very high risk. Based on the level of risk, beneficiaries will be connected with primary care, community-based self-management programs and human service providers or engaged in complex care management using the same tools as the local care teams facilitate through Blueprint for Health and the Accountable Care Organization (ACO). Provider referrals are accepted including for individuals who are high or very high risk based on a combination of chronic disease and social determinants of health. VCCI targets Medicaid members at risk for adverse health outcomes for short term, holistic, intensive case management and social support services required to improve individual and population health and related health care costs. VCCI case managers meet with members in their homes or State offices to work on self-management plans and attend provider appointments to help facilitate collaborative care planning and meeting clinical gaps in care. **Goals of the VCCI program include:** • Improve access to and utilization of primary care (Medical Homes) • Improve member adherence to medical treatment • Engaging and empowering members to participate in self-management of their health • Reducing emergency and inpatient hospital utilization for ambulatory care sensitive conditions	

CM01 -- Establish Case	As-Is	To-Be
	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. There is outcome reporting on population intervened and goals achieved. Monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. All assessments are automated within the system, and it generates a plan of care. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Arthritis.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Diabetes.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Does State Medicaid Agency use standards in the process?	3	3
Evidence	The Agency requires all new vendors to commit to alignment with MITA goals when establishing agreements. Per the contract, the Care Management system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The HIPAA policy covers paper security, access to data	

CM01 -- Establish Case	As-Is	To-Be
	processing resources, passwords and security incident reporting, software licensing, remote computer usage, virus, e-mail and application development security considerations. Per the contract, the Care Management system must demonstrate experience and ability to meet all regulatory requirements (e.g., FISMA, HIPAA, and Vermont Statutes [pg. 36]) and provide an extensive library of assessments that incorporate nationally recognized standards (pg. 10). This system must also leverage published industry standards and models to apply security best practices (pg. 22). Per Business Rule 823 - Assessments, rules, measures will be based on national practice guidelines and best practices whenever possible. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Evidence	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. The Care Management system receives eligibility and claim information originally generating from the ACCESS (Legacy Eligibility and Enrollment) and MMIS systems. State of Vermont complies with HIPAA standards. Per the contract, this system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security	

CM01 -- Establish Case	As-Is	To-Be
	Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Timeliness of Process	2	2
How timely is this end-to-end process?	2	2
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. Per state KPI, monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Care_Management_Workflow.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfo	

CM01 -- Establish Case	As-Is	To-Be
	lio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	Per the contract, the system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	The Care Management system used by VCCI is an automated system. Per contract, system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations.	

CM01 -- Establish Case	As-Is	To-Be
	The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. Admission, Discharge and Transfer (ADT) messages are received in real time. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		3 seconds
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Evidence	The Care Management system used by VCCI is an automated system. The state's performance measure to improve to a level three includes increasing stakeholder satisfaction and reusability. The expansion of the Medicaid population served may help to increase the State's assessment of cost-effectiveness maturity. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM01 -- Establish Case	As-Is	To-Be
	Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	The Care Management system is an automated system. As per the contract, the Care Management system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. Monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The Care Management system used by VCCI is an automated system.	

CM01 -- Establish Case	As-Is	To-Be
	When MPI has been implemented, it will increase accuracy for VCCI processes across the board. Business Rules exist to increase accuracy. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf	
Performance Measure		95%
Utility or Value to Stakeholders	2	2
Does the business process satisfy stakeholders?	2	2
Evidence	The Care Management system used by VCCI is an automated system. The Care Management system has a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system complies with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	

3.3.5.2 CM02 -- Manage Case Information

Capability Metric Scorecard

CM02 -- Manage Case Information	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Evidence	The Care Management system currently used by VCCI is an automated system. VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. This process is a combination of the old system and the new system. See BR-278 for rule concerning producing an audit trail: https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	
Does State Medicaid Agency use standards in the process?	3	3
Evidence	The Agency requires all new vendors to commit to alignment with MITA goals when establishing agreements. Per the contract, the Care Management system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The HIPAA policy covers paper security, access to data processing resources, passwords and security incident reporting, software licensing, remote computer usage, virus, e-mail and application development security considerations. Per the contract, the Care Management system must demonstrate experience and ability to meet all regulatory requirements (e.g., FISMA, HIPAA, and Vermont Statutes [pg. 36]) and provide an extensive library of assessments that incorporate nationally recognized standards (pg. 10). This system must also leverage published industry standards and models to apply security best practices (pg. 22).	

CM02 -- Manage Case Information	As-Is	To-Be
	Per Business Rule 823 - Assessments, rules, measures will be based on national practice guidelines and best practices whenever possible. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. The Care Management system receives eligibility and claim information originally generating from the ACCESS (Legacy Eligibility and Enrollment) and MMIS systems. State of Vermont complies with HIPAA standards. Per the contract, this system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM02 -- Manage Case Information	As-Is	To-Be
	Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	The Care Management system used by VCCI is an automated system. Per state KPI, monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Care_Management_Workflow.pdf	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	Per the contract, the system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy	

CM02 -- Manage Case Information	As-Is	To-Be
	Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	The Care Management system used by VCCI is an automated system. Per contract, system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf	

CM02 -- Manage Case Information	As-Is	To-Be
	https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		3 seconds
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Evidence	The Care Management system used by VCCI is an automated system. The State's performance measure to improve to a level three includes increasing stakeholder satisfaction and reusability. The expansion of the Medicaid population served may help to increase the State's assessment of cost-effectiveness maturity. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	The Care Management system is an automated system. As per the contract, the Care Management system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfo	

CM02 -- Manage Case Information	As-Is	To-Be
	lio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The Care Management system used by VCCI is an automated system. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. Business Rules exist to increase accuracy. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	
Performance Measure		95%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	The Care Management system used by VCCI is an automated system. The Care Management system has a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system complies with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	

3.3.5.3 CM03 -- Manage Population Health Outreach

Capability Metric Scorecard

CM03 -- Manage Population Health Outreach	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Evidence	The Care Management system used by VCCI is an automated system. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Description.docx?d=w6f324289d9cc4b6088ee5c1bb67cd235 VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. There is outcome reporting on population intervened and goals achieved. Monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. All assessments are automated within the system and it generates a plan of care. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Arthritis.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Diabetes.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Does State Medicaid Agency use standards in the process?	3	4
Evidence	The Agency requires all new vendors to commit to alignment with	

CM03 -- Manage Population Health Outreach	As-Is	To-Be
	MITA goals when establishing agreements. Per the contract, the Care Management system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The HIPAA policy covers paper security, access to data processing resources, passwords and security incident reporting, software licensing, remote computer usage, virus, e-mail and application development security considerations. Per the contract, the Care Management system must demonstrate experience and ability to meet all regulatory requirements (e.g., FISMA, HIPAA, and Vermont Statutes [pg. 36]) and provide an extensive library of assessments that incorporate nationally recognized standards (pg. 10). This system must also leverage published industry standards and models to apply security best practices (pg. 22). Per Business Rule 823 - Assessments, rules, measures will be based on national practice guidelines and best practices whenever possible. VCCI is using a nationally recognized grouper (same one used by the Accountable Care Organization) to stratify members into Risk categories. It is the Johns Hopkins ACG. The Vendor takes the outputs from the ACG and assigns acuity scores based on the Vendor's algorithm. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM03 -- Manage Population Health Outreach	As-Is	To-Be
	Is_Evidence/CM_Contract_Amendment2.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. The Care Management system receives eligibility and claim information originally generating from the ACCESS (Legacy Eligibility and Enrollment) and MMIS systems. State of Vermont complies with HIPAA standards. Per the contract, this system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3

CM03 -- Manage Population Health Outreach	As-Is	To-Be
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Care_Management_Workflow.pdf	
Data Access and Accuracy	2	4
How accurate is the information in the process?	2	4
Evidence	Per the contract, the system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		90%
How accessible is the information in the process?	2	4
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. Per contract, system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification	

CM03 -- Manage Population Health Outreach	As-Is	To-Be
	provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		3 seconds
Cost-Effectiveness	2	4
What is the cost of the process compared to the benefits of the results?	2	4
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. The State's performance measure to improve to a level three includes increasing stakeholder satisfaction and reusability. The expansion of the Medicaid population served may help to increase the State's assessment of cost-effectiveness maturity. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3

CM03 -- Manage Population Health Outreach	As-Is	To-Be
Evidence	The Care Management system is an automated system. As per the contract, the Care Management system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. Business Rules exist to increase accuracy. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	
Performance Measure		99%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

CM03 -- Manage Population Health Outreach	As-Is	To-Be
Evidence	The Care Management system is an automated system used by VCCI. The Care Management system has a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system complies with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	

3.3.5.4 CM04 -- Manage Registry

Capability Metric Scorecard

CM04 -- Manage Registry	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. There are still some manual tasks associated with this business process. Manage Registry info can be found in the business rules (BR Rules 136, 137, 152,154, 155, 157, and 172). https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Does State Medicaid Agency use standards in the process?	3	3
Evidence	The Agency requires all new vendors to commit to alignment with MITA goals when establishing agreements. Per the contract, the Care Management system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The HIPAA policy covers paper security, access to data processing resources, passwords and security incident reporting,	

CM04 -- Manage Registry	As-Is	To-Be
	software licensing, remote computer usage, virus, e-mail and application development security considerations. Per the contract, the Care Management system must demonstrate experience and ability to meet all regulatory requirements (e.g., FISMA, HIPAA, and Vermont Statutes [pg. 36]) and provide an extensive library of assessments that incorporate nationally recognized standards (pg. 10). This system must also leverage published industry standards and models to apply security best practices (pg. 22). Per Business Rule 823 - Assessments, rules, measures will be based on national practice guidelines and best practices whenever possible. VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. VCCI staff also work with BluePrint Community Health Teams on this process. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_integration-of-blueprint-cht-and-vcci.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. The Care Management system receives eligibility and claim information originally generating from the ACCESS (Legacy Eligibility	

CM04 -- Manage Registry	As-Is	To-Be
	and Enrollment) and MMIS systems. State of Vermont complies with HIPAA standards. Per the contract, this system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. Per the contract, the system will have access to up-to-date community provider/partner registry data through MMIS and 2-1-1. This information comes from the Data Unit and we have a manual process of updating community partners based on staff providing updates on partner addresses/contact info. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. Per state KPI, monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then	

CM04 -- Manage Registry	As-Is	To-Be
	audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Care_Management_Workflow.pdf	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	Per the contract, the system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. In addition, we are developing a report on clinical outcomes based on gaps in care. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative	

CM04 -- Manage Registry	As-Is	To-Be
	(VCCI) is an automated system. Per contract, system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The system will have access to up-to-date community provider/partner registry data through MMIS and 2-1-1. This information comes from the Data Unit and we have a manual process of updating community partners based on staff providing updates on partner addresses/contact info. In the User Interface, users have access to registry information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. The State's performance measure to improve to a level three includes increasing stakeholder satisfaction and reusability. The expansion of the Medicaid population served may help to increase	

CM04 -- Manage Registry	As-Is	To-Be
	the State's assessment of cost-effectiveness maturity. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	The Care Management system is an automated system. Per the contract, the Care Management system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. In addition, we are developing a report on clinical outcomes based on gaps in care. In the User Interface, users have access to registry information. Monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM04 -- Manage Registry	As-Is	To-Be
	Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. We are developing a report on clinical outcomes based on gaps in care. Business Rules exist to increase accuracy. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	
Performance Measure		90%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	The Care Management system is an automated system used by VCCI. The Care Management system has a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system complies with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	

3.3.5.5 CM05 -- Perform Screening and Assessment

Capability Metric Scorecard

CM05 -- Perform Screening and Assessment	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	3	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Description.docx?d=w6f324289d9cc4b6088ee5c1bb67cd235 VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. There is outcome reporting on population intervened and goals achieved. Monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. All assessments are automated within the system and it generates a plan of care. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Arthritis.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Diabetes.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM05 -- Perform Screening and Assessment	As-Is	To-Be
	Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Does State Medicaid Agency use standards in the process?	3	4
Evidence	The Agency requires all new vendors to commit to alignment with MITA goals when establishing agreements. Per the contract, the Care Management system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The HIPAA policy covers paper security, access to data processing resources, passwords and security incident reporting, software licensing, remote computer usage, virus, e-mail and application development security considerations. Per the contract, the Care Management system must demonstrate experience and ability to meet all regulatory requirements (e.g., FISMA, HIPAA, and Vermont Statutes [pg. 36]) and provide an extensive library of assessments that incorporate nationally recognized standards (pg. 10). This system must also leverage published industry standards and models to apply security best practices (pg. 22). Per Business Rule 823 - Assessments, rules, measures will be based on national practice guidelines and best practices whenever possible. The vendor, EQHealth, sends out all of their assessments on a yearly basis for review by specialists in that field—for example, the diabetes assessment is sent out every year to be reviewed by endocrinologists who provide updated clinical recommendations to both the questions, answers and IGI mapping. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf	

CM05 -- Perform Screening and Assessment	As-Is	To-Be
	https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	4
Evidence	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. The Care Management system receives eligibility and claim information originally generating from the ACCESS (Legacy Eligibility and Enrollment) and MMIS systems. State of Vermont complies with HIPAA standards. Per the contract, this system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM05 -- Perform Screening and Assessment	As-Is	To-Be
	Is_Evidence/CM_Contract_Amendment2.pdf	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. Per state KPI, monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Care_Management_Workflow.pdf	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	Per the contract, the system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf	

CM05 -- Perform Screening and Assessment	As-Is	To-Be
	https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. Per contract, system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of the results?	3	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative	

CM05 -- Perform Screening and Assessment	As-Is	To-Be
	(VCCI) is an automated system. The expansion of the Medicaid population served may help to increase the State's assessment of cost-effectiveness maturity. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	The Care Management system is an automated system. Per the contract, the Care Management system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. Monthly staff audits on priority elements of workflow are performed using 5 cases/month on each staff, with the goal of each staff averaging a 90% audit results toward a team goal of 90%. Individual staff with 90% in each of 3 consecutive months are then audited only once each quarter. The measure is calculated monthly based on the average of a rolling 3 months. Audits are an indicator of staff understanding of and adherence to the VCCI workflow, and the timeliness of their delivery of case management services, which informs program outcome reporting on population intervened, goals achieved, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-	

CM05 -- Perform Screening and Assessment	As-Is	To-Be
	Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. Business Rules exist to increase accuracy. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	
Performance Measure		90%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	The Care Management system is an automated system used by VCCI. The Care Management system has a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system complies with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	

3.3.5.6 CM06 -- Manage Treatment Plans and Outcomes

Capability Metric Scorecard

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Description.docx?d=w6f324289d9cc4b6088ee5c1bb67cd235 VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. All assessments are automated within the system and it generates a plan of care. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Arthritis.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Action_Plan_Diabetes.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Does State Medicaid Agency use standards in the process?	3	4
Evidence	The Agency requires all new vendors to commit to alignment with MITA goals when establishing agreements. Per the contract, the Care Management system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health	

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
	Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. The HIPAA policy covers paper security, access to data processing resources, passwords and security incident reporting, software licensing, remote computer usage, virus, e-mail and application development security considerations. Per the contract, the Care Management system must demonstrate experience and ability to meet all regulatory requirements (e.g., FISMA, HIPAA, and Vermont Statutes [pg. 36]) and provide an extensive library of assessments that incorporate nationally recognized standards (pg. 10). This system must also leverage published industry standards and models to apply security best practices (pg. 22). Per Business Rule 823 - Assessments, rules, measures will be based on national practice guidelines and best practices whenever possible. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	4
Evidence	VITL Clinical Interface has been implemented which provides a gateway between HIE and the Care Management module. The Care Management system receives eligibility and claim information originally generating from the ACCESS (Legacy Eligibility and Enrollment) and MMIS systems. State of Vermont complies with HIPAA standards. Per the contract, this system must comply with all	

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
	HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VITL-eQHealth_Technical_Design_Document.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Care_Management_Workflow.pdf	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	Per the contract, the system has to have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements,	

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
	specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. In addition, a report is available that shows goals achieved. There will also be a clinical outcomes report as well as gaps in care report that will show treatment outcomes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. Per contract, system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. The system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Medicaid_Data_Flows.pdf	

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
	https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. The State's performance measure to improve to a level three includes increasing stakeholder satisfaction and reusability. The expansion of the Medicaid population served may help to increase the State's assessment of cost-effectiveness maturity. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Eligibility_Changes.pdf	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	The Care Management system is an automated system. Per the contract, the Care Management system must have a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system must comply with all HIPAA requirements, specifically the administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information.	

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
	In addition, a report is available that shows goals achieved. There will also be a clinical outcomes report as well as gaps in care report that will show treatment outcomes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_EQHEALTH_Contract.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment1.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_Contract_Amendment2.pdf	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The Care Management system used by Vermont Chronic Care Initiative (VCCI) is an automated system. When Master Person Index (MPI) is instituted, this will increase the accuracy for VCCI processes. In addition, a report is available that shows goals achieved. There will also be a clinical outcomes report as well as gaps in care report that will show treatment outcomes. Business Rules exist to increase accuracy. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	
Performance Measure		90%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	The Care Management system is an automated system used by VCCI. The Care Management system has a comprehensive HIPAA compliance program that includes all required privacy and security regulations. This system complies with all HIPAA requirements, specifically the	

CM06 -- Manage Treatment Plans and Outcomes	As-Is	To-Be
	administrative simplification provisions of the law, and the associated rules published by Health and Human Services (HHS), the Department of Defense (DoD) Health Information privacy Regulation (DoD 6025.19-R), the HIPAA Security Compliance Memorandum (HA Policy 60-010), and the Security Standards for the Protection of Electronic Protected Health Information. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Care_Management_BA_As-Is_Evidence/CM_VCCI_Business_Rules.pdf	

3.3.6 Authorization Determination

3.3.6.1 CM07 -- Authorize Referral

Capability Metric Scorecard

CM07 -- Authorize Referral	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does State Medicaid Agency use standards in the process?	1	3
How easy is it to change the business rules of Authorize Service?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.3.6.2 CM08 -- Authorize Service

Capability Metric Scorecard

CM08 -- Authorize Service	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does State Medicaid Agency use standards in the process?	2	3
How easy is it to change the business rules of Authorize Service?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.3.6.3 CM09 -- Authorize Treatment Plan

Capability Metric Scorecard

CM09 -- Authorize Treatment Plan	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does State Medicaid Agency use standards in the process?	1	3
How easy is it to change the business rules of Authorize Service?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.4 CO -- Contractor Management

3.4.1 Overview

Overall the State expects the Business Relationship process area to increase 2 levels in the MITA maturity model. Maturity is planned to increase from primarily manual and organically developed processes to standardized and technology-supported processes.

3.4.2 Process Area Findings

Business Area Strengths

- Electronic Bulletin Board (EBB) is well established and utilized for contracting and solicitation communication
- Contracts are available digitally
- DVHA Business Office has developed processes to effectively manage these capabilities

Business Area Challenges

- EBB has very limited functionality – DVHA uses workarounds to enhance this functionality
- Structure outside of traditional contracting relationships is vaguely defined
- No automation exists to support contracts or agreements
- Standards and processes are internally developed
- There are no current approaches to proactively manage contracts, and performance measures – issues are largely managed on an exception basis
- Errors and lack of timeliness result from a largely manual process

3.4.3 Process Area Direction

Overall the State expects the Contractor Management process area to increase 2 levels in the MITA maturity model. Maturity is planned to increase from primarily manual and organically developed processes to standardized and technology-supported processes. In order to achieve this, AHS will follow directions to:

- Harmonize between contracting, business relationships and communications and relationship management
- Plan for procurement and implementation of a contracting and business relationship management system with performance management capabilities

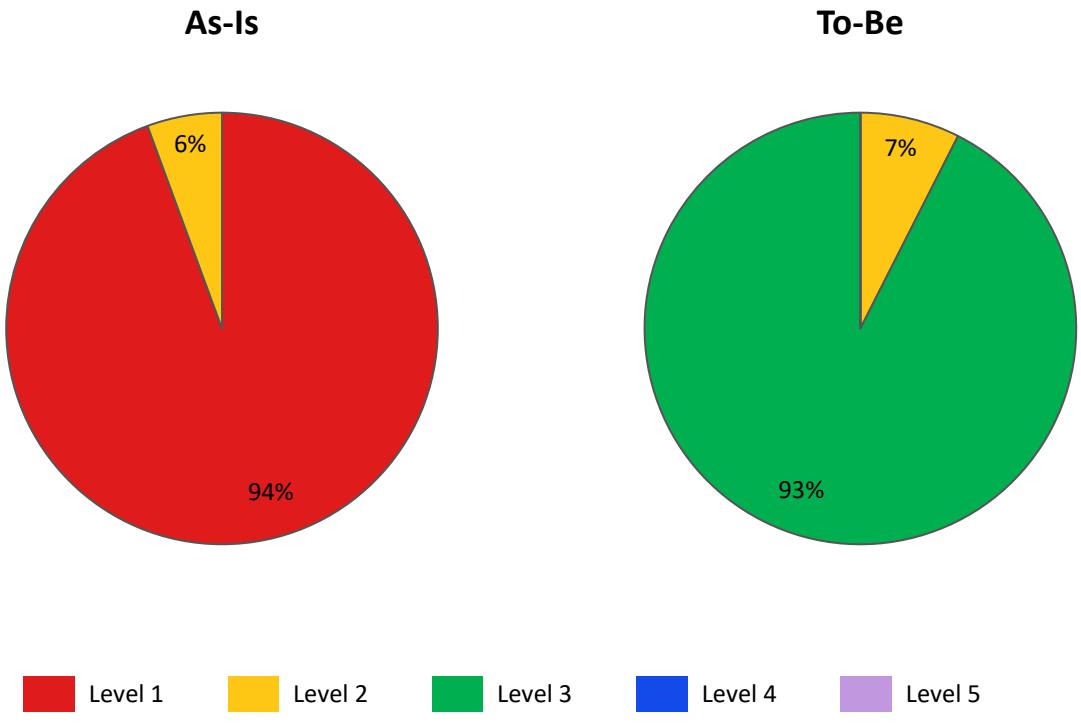
CO -- Contractor Management Maturity Profile

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
CO01	Manage Contractor Information	As-Is	To-Be			
CO04	Inquire Contractor Information	As-Is	To-Be			

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
CO02	Manage Contractor Communication	As-Is		To-Be		
CO03	Perform Contractor Outreach	As-Is		To-Be		
CO09	Manage Contractor Grievance and Appeal	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		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	101	94.4%	0	0.0%
Level 2	6	5.6%	8	7.5%
Level 3	0	0.0%	99	92.5%
Level 4	0	0.0%	0	0.0%
Level 5	0	0.0%	0	0.0%



3.4.4 Contractor Information Management

3.4.4.1 CO01 -- Manage Contractor Information

Capability Metric Scorecard

CO01 -- Manage Contractor Information	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
How is the information regarding the Contractor information validated?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	2
What is the cost of the process compared to the benefits of the results?	1	2
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.4.2 CO04 -- Inquire Contractor Information

Capability Metric Scorecard

CO04 -- Inquire Contractor Information	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
What information does the inquiry and response convey?	1	2
How formalized is the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.5 Contractor Support

3.4.5.1 CO02 -- Manage Contractor Communication

Capability Metric Scorecard

CO02 -- Manage Contractor Communication	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Is communication linguistically, culturally, and competency appropriate?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.5.2 CO03 -- Perform Contractor Outreach

Capability Metric Scorecard

CO03 -- Perform Contractor Outreach	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	2	3
Is communication linguistically, culturally, and competency appropriate?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How formalized is the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.5.3 CO09 -- Manage Contractor Grievance and Appeal

Capability Metric Scorecard

CO09 -- Manage Contractor Grievance and Appeal	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
How central is the grievance and appeals process?	1	3
Do contractors know how to access the grievance and appeals process?	1	3
How does the State Medicaid Agency manage the process?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.6 Contract Management

3.4.6.1 CO05 -- Produce Solicitation

Capability Metric Scorecard

CO05 -- Produce Solicitation	As-Is	To-Be
Business Capability Descriptions	1	2
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	1	3
What is the primary mechanism for publication of the solicitation and communication with potential respondents?	1	3
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.6.2 CO06 -- Award Contract

Capability Metric Scorecard

CO06 -- Award Contract	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	3
What is the primary mechanism for receipt of proposals and communication with respondents?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency verify proposal information?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.6.3 CO07 -- Manage Contract

Capability Metric Scorecard

CO07 -- Manage Contract	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	1	3
What is the primary mechanism for exchange of contract information?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.4.6.4 CO08 -- Close Out Contract

Capability Metric Scorecard

CO08 -- Close Out Contract	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	1	3
What is the primary mechanism for exchange of contract information?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.5 EE -- Eligibility & Enrollment Management

3.5.1 Overview

Procurements, new releases and enhancements, and performance management, including in Maintenance and Operations, will further enhance the existing technology support and better align with the standards and conditions. Current technology and the planned procurement of solutions that are better able to meet business needs will contribute to increasing the overall maturity levels in this business area.

The Provider Management Module (PMM) went live on 5/1/2019 and advanced the automation and maturity level for the State in the provider enrollment business category.

3.5.2 Process Area Findings

Business Area Strengths

- The Provider Management Module certification approval letter was received on 2/19/2020.
- Member eligibility determination and enrollment are heavily automated.
- Provider eligibility and enrollment for the Agency is centralized and highly standardized.
- Implementation of VHC continues to raise level of automation and standardization.
- It takes 30 days or less to enroll a new provider with new automated PMM

Business Area Challenges

- Eligibility rules are maintained in code and difficult to manage and modify.
- Medicaid eligibility determinations (MAGI and Non-MAGI) take place in two different systems.
- Access to data from other states for provider eligibility and enrollment was not meeting all business goals at self- assessment time

3.5.3 Process Area Direction

- Develop performance metrics and implement performance management plans.
- Proceed with modular, agile approach to Integrated Eligibility & Enrollment, delivering a streamlined E&E experience for health coverage and financial benefit programs.

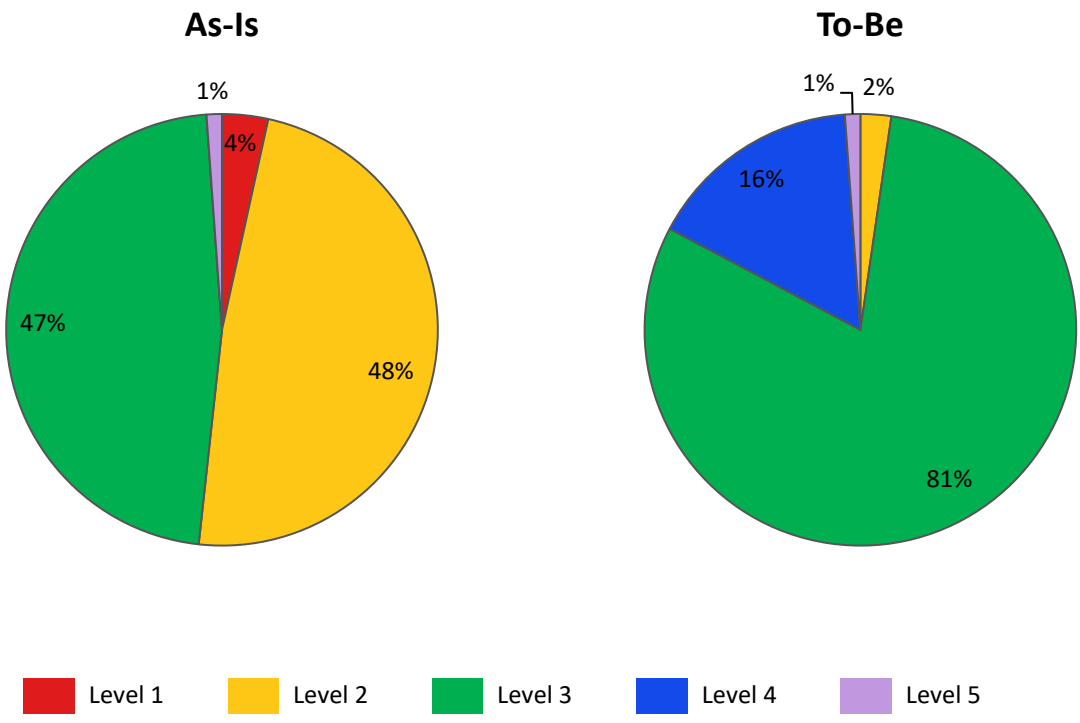
EE -- Eligibility & Enrollment Management Maturity Profile

Reference	Business Process	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- To-			

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
			Is / Be			
EE06	Enroll Provider		As-Is / To-Be			
EE07	Disenroll Provider		As-Is	To-Be		
EE08	Inquire Provider Information			As-Is / To-Be		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	3	3.4%	0	0.0%
Level 2	42	48.3%	2	2.3%
Level 3	41	47.1%	70	80.5%
Level 4	0	0.0%	14	16.1%
Level 5	1	1.1%	1	1.1%



3.5.4 Gap Analysis

Business Process	As-Is	To-Be	Gap Analysis
EE01 -- Determine Member Eligibility	1	3	
EE02 -- Enroll	2	3	

Business Process	As-Is	To-Be	Gap Analysis
Member			
EE03 -- Disenroll Member	1	3	
EE04 -- Inquire Member Eligibility	2	3	
EE05 -- Determine Provider Eligibility	2	2	To improve to a 3 or 4 for some business capabilities including cost-effectiveness, accuracy of process results and value to stakeholders: Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements. More automated decision-making may also improve this process further.
EE06 -- Enroll Provider	2	2	To improve to a 3 or 4 for some business capabilities including timeliness, cost-effectiveness and value to stakeholders: Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements. More automated decision-making may also improve this process further.
EE07 -- Disenroll Provider	2	3	Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements.
EE08 -- Inquire Provider Information	3	3	The results of the Stakeholder Satisfaction Survey will further advance maturity.

3.5.5 Member Enrollment

3.5.5.1 EE01 -- Determine Member Eligibility

Capability Metric Scorecard

EE01 -- Determine Member Eligibility	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automated?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is the end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	3	3
Cost-Effectiveness	1	3
What is the ratio for the cost of eligibility determination compared to the value of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.5.5.2 EE02 -- Enroll Member

Capability Metric Scorecard

EE02 -- Enroll Member	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
How satisfied are the Stakeholders?	2	3

3.5.5.3 EE03 -- Disenroll Member

Capability Metric Scorecard

EE03 -- Disenroll Member	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
How satisfied are the Stakeholders?	2	3

3.5.5.4 EE04 -- Inquire Member Eligibility

Capability Metric Scorecard

EE04 -- Inquire Member Eligibility	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automated?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
How satisfied are the Stakeholders?	2	3

3.5.6 Provider Enrollment

3.5.6.1 EE05 -- Determine Provider Eligibility

Capability Metric Scorecard

EE05 -- Determine Provider Eligibility	As-Is	To-Be
Business Capability Descriptions	3	3
Does enrollment process meet state and federal regulations or policies?	3	4
Evidence	Vermont is exceeding the State legislature's timeliness requirement for 60 days. New Provider Management Module (PMM) is allowing SoV to meet business goal of 30 days or less since implementation. PMM provides one place for providers to apply for enrollment, revalidate enrollment and maintain their information via a web portal. Providers who serve Medicare dual-eligible beneficiaries complete a form as part of the application process in the online portal. Vermont screens to verify new and revalidating providers meet State and CMS criteria- such as conducting license verification and checking for exclusions or sanctions in a federal or state program. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES), etc. Providers are categorized by screening levels established by CMS and utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=Vat4pe https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=9Uog1L https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEP	

EE05 -- Determine Provider Eligibility	As-Is	To-Be
	ortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=o6sAzB	
Is the process primarily manual or automatic?	3	4
Evidence	The PMM allows providers to register themselves through a web portal and maintain their information. It also supports the State of Vermont Provider Management organization with an automated workflow for certifying and re-certifying the provider enrollment status. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. Although there is no formal reporting from DXC, the enrollment audit trail shows providers where their application stands in needing additional information. Once the application is screened and sent to state review, the State can produce reports that indicated over 90% of the time applications are approved as presented.	
Performance Measure	100%	
Does the State Medicaid Agency use standards in the process?	3	4
Evidence	Vermont aligns with 42 CFR 455 Subpart B & E and the MPEC as well as DXC Enrollment Manual. The Agency of Human Services requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. For example, there is a MITA Requirements Alignment Section (2.2) in the contract amendment with DXC for PMM work. We are meeting State legislative timeliness standards. The PMM allows providers to register themselves through a web portal and maintain their information. It also supports the State of Vermont Provider Management organization with an automated workflow for certifying and re-certifying the provider enrollment status. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC%2035485%20Amdt2%20Final%20Signed.pdf?csf=1&e=lBI5Y5	

EE05 -- Determine Provider Eligibility	As-Is	To-Be
	https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=o6sAzB https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=UH5LSc	
Does the State Medicaid Agency use required screening requirements?	5	5
Evidence	The State of Vermont was in full compliance with all federal screening requirements as of 9/2015. State following screening requirements includes any provider across the nation enrolling or revalidating with Vermont Medicaid. In compliance with 42 CFR §455.414, all providers are required to enroll with Vermont Medicaid and revalidate their enrollment at least every five years depending on provider type and assigned risk level. Vermont's Provider Enrollment business area screens to verify new and revalidating providers meet State and CMS criteria- such as conducting license verification and checking for exclusions or sanctions in a federal or state program. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES), etc. Providers are categorized by screening levels established by CMS utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. When the Provider submits the enrollment application, it launches the screening service. The Provider, managing employee and control interest parties are each checked against the required federal and state resources. During the review process, the analyst is required to review and act on each screening check for each entity. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=yLJdW2	
What provider identifier is used?	3	4

EE05 -- Determine Provider Eligibility	As-Is	To-Be
Evidence	VT issues a unique provider ID as well as the NPI.	
How does the State Medicaid Agency verify credentials (e.g., college degree, license, certification, NPI, Employer Identification Number (EIN), Social Security Number (SSN))?	3	4
Evidence	The PMM handles the initial screening of enrolling providers and ongoing screening of enrolled providers against state and federal databases. When the Provider submits the enrollment application, it launches the screening service. The Provider, managing employee and control interest parties are each checked against the required federal and state resources. During the review process, the Fiscal Agent analyst is required to review and act on each screening check for each entity. Automation, messages and documented enrollment workflow facilitates the standardization and efficiency of Provider application processing. Screening results include: NPPES Screening result, which compares the NPI and the primary taxonomy by the provider against the NPPES database, and license checks. Also see question above on SMA using required screening requirements for more information. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=yLJdW2	
Is there a process for revalidation of credentials?	3	3
Evidence	VT revalidates on a 5-year cycle unless otherwise noted. This is outlined in both the DXC Enrollment Manual for internal process and at VT Medicaid website for external review. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_201	

EE05 -- Determine Provider Eligibility	As-Is	To-Be
	90416.pdf?csf=1&e=yLJdW2 https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=6mvCnr	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Evidence	PMM has screening interfaces with CMS PECOS data, DEX, etc. PMM also has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Vermont Tax Department collaboration is a manual process. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS	
Timeliness of Process	2	2
How timely is this end-to-end process?	2	2
Evidence	The Provider Management Module was implemented on May 1st, 2019 and continues to demonstrate significant efficiencies for enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30th, 2019, Vermont Medicaid enrolled 987 providers as compared to the same time frame in 2018 in which 433 providers were enrolled. The average time to enroll a provider in May and June 2019 was 15 days, as compared to 63 days for the same period in 2018. https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_Enrollment_SLR.docx?d=w784bf52b7db4473cb96f23c74f4f6e48&csf=1&e=Qqft6e	
Performance Measure	15-30 business days	15-30 business days
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	3

EE05 -- Determine Provider Eligibility	As-Is	To-Be
Evidence	AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. The new Provider Management Module is automated and has been live since May 1, 2019. Information used in this process is as accurate as possible now that providers apply online and screening and generated results are performed in the module and not via a manual process. System went through data conversion/cleanup for Design, Development, Implementation (DDI), testing and validation. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=lQWpAG https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=NB6OqH	
Performance Measure	99%	99%
How accessible is the information in the process?	3	4
Evidence	Provider enrollment application is completed via online portal with the new PMM, which is the system of record for provider enrollment and eligibility. Information needed for process is easily accessible to providers and staff. Interface with MMIS system. Within the PMM users have access to license data within the State and from some other states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-	

EE05 -- Determine Provider Eligibility	As-Is	To-Be
	Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=NB6OqH	
Cost-Effectiveness	3	4
What is the cost of the process compared to the benefits of its results?	3	4
Evidence	The PMM continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=lQWpAG	
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Evidence	See the evidence for cost-effectiveness for information that also applies to efficiency. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. This measure also correlates with	

EE05 -- Determine Provider Eligibility	As-Is	To-Be
	efficiency.	
Performance Measure	99%	99%
Accuracy of Process Results	3	4
How accurate are the results of the process?	3	4
Evidence	Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. Within the PMM users have access to license data within the State and from some other states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. Although there is no formal reporting from DXC, the enrollment audit trail shows providers where their application stands in needing additional information. Once the application is screened and sent to state review, the State can produce reports that indicated over 90% of the time applications are approved as presented.	
Performance Measure	90%	98%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation has helped improve stakeholder satisfaction and provider and staff feedback on PMM has been positive. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx?	
Performance Measure	90%	90%

3.5.6.2 EE06 -- Enroll Provider

Capability Metric Scorecard

EE06 -- Enroll Provider	As-Is	To-Be
Business Capability Descriptions	2	3
Does enrollment process meet state and federal regulations or policies?	3	3
Evidence	Vermont is exceeding the State legislature's timeliness requirement for 60 days. New Provider Management Module (PMM) is allowing SoV to meet business goal of 30 days or less since implementation. PMM provides one place for providers to apply for enrollment, revalidate enrollment and maintain their information via a web portal. Providers who serve Medicare dual-eligible beneficiaries complete a form as part of the application process in the online portal. Vermont screens to verify new and revalidating providers meet State and CMS criteria - such as conducting license verification and checking for exclusions or sanctions in a federal or state program. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES), etc. Providers are categorized by screening levels established by CMS and utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS	
Is the process primarily manual or automatic?	3	3
Evidence	The implementation of PMM helped to improve automation of this process. Vermont aligns with 42 CFR 455 Subpart B & E and the MPEC as well as DXC Enrollment Manual. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. For example, there is a MITA Requirements Alignment Section (2.2) in contract amendment with DXC for PMM work. We are meeting State legislative	

EE06 -- Enroll Provider	As-Is	To-Be
	timeliness standards. The PMM allows providers to register themselves through a web portal and maintain their information. It also supports the State of Vermont Provider Management organization with an automated workflow for certifying and re-certifying the provider enrollment status. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. Although there is no formal reporting from DXC, the enrollment audit trail shows providers where their application stands in needing additional information. Once the application is screened and sent to state review, the State can produce reports that indicated over 90% of the time applications are approved as presented. The below report shows the status of applications, and of the 2023 approved applications, YTD 2 have been voided due to a provider entering incorrect information. https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Enrollment%20Audit%20Trail%20Report%20Evidence.docx?d=we3a17641e21e4d68a90a7c8215739692&csf=1&e=ZazsFu https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS	
Performance Measure	100%	100%
How does the applicant complete and submit the application?	3	3
Evidence	The implementation of PMM has helped to automate this process and providers can log in to complete an application. Providers who serve Medicare dual-eligible beneficiaries complete a form as part of the application process in the online portal.	
Does the State Medicaid Agency use standards in the process?	3	3
Evidence	The PMM allows providers to register themselves through a web portal and maintain their information. It also supports the State of Vermont Provider Management organization with an automated workflow for certifying and re-certifying the provider enrollment status. AHS	

EE06 -- Enroll Provider	As-Is	To-Be
	requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	PMM has screening interfaces with CMS PECOS data, DEX, etc. PMM also has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Vermont Tax Department collaboration is a manual process. SoV continues to work on getting license data from all states, which is planned in an upcoming release. As far as reusable business services, this is not a module that's been overly customized for our state. DXC's cloud-run module or solution is being used in other states as well. Many units have use of PMM. Site visits are reused not only via other state agencies but other Medicaid plans.	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	The PMM implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has	

EE06 -- Enroll Provider	As-Is	To-Be
	improved efficiency, timeliness and amount of staff required. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_Enrollment_SLR.docx?d=w784bf52b7db4473cb96f23c74f4f6e48&csf=1&e=Qqft6e	
Data Access and Accuracy	2	2
How accurate is the information in the process?	2	3
Evidence	The automation brought by the new PMM and reduction of manual processes has increased the accuracy and reduced the likelihood of human data entry mistakes. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. Most decisions are done automatically but some are still done manually.	
Performance Measure		99%
How accessible is the information in the process?	2	2
Evidence	Provider enrollment application is completed via an online portal with the new PMM, which is the system of record for provider enrollment and eligibility. Information needed for this process is easily accessible to providers and staff and PMM data interfaces with the MMIS system. Within the PMM users have access to license data within the State and from some other states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-	

EE06 -- Enroll Provider	As-Is	To-Be
	Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=lQWpAG https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=NB6OqH	
Cost-Effectiveness	3	4
What is the cost of the process compared to the benefits of its results?	3	4
Evidence	The PMM implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=lQWpAG	
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30,	

EE06 -- Enroll Provider	As-Is	To-Be
	2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. SMA has adopted MITA Framework and it is implemented in all new modules. Regional interfaces are being developed and improvements will be made there in future releases. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. Accuracy of information used also correlates to efficiency in provider enrollment. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=xm7AsS https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=lQWpAG	
Performance Measure	95%	95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in	

EE06 -- Enroll Provider	As-Is	To-Be
	all new modules. Regional interfaces are being developed and improvements will be made there in future releases. Although there is no formal reporting from DXC, the enrollment audit trail shows providers where their application stands in needing additional information. Once the application is screened and sent to state review, the State can produce reports that indicated over 90% of the time applications are approved as presented. The below report shows the status of applications, and of the 2023 approved applications, YTD 2 have been voided due to a provider entering incorrect information. DXC Voids the application for the provider if the provider recognized after entering and submitting the application that they did something wrong. https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Enrollment%20Audit%20Trail%20Report%20Evidence.docx?d=we3a17641e21e4d68a90a7c8215739692&csf=1&e=ZazsFu	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation has helped improve stakeholder satisfaction and provider and staff feedback on PMM has been positive. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx?	
Performance Measure	90%	90%

3.5.6.3 EE07 -- Disenroll Provider

Capability Metric Scorecard

EE07 -- Disenroll Provider	As-Is	To-Be
Business Capability Descriptions	3	3
Is the process primarily manual or automatic?	3	3
Evidence	The process is now automated as of May 1, 2019. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_provider_lookup_screenshot.docx?d=w6de6323691eb432bbea8e5267d688ed6&csf=1&e=fE1HoL	
Performance Measure	100%	100%
Does the State Medicaid Agency use standards in the process?	3	3
Evidence	The PMM automated this process. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. PMM interfaces with the MMIS system. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_Provider_Enroll_screenshot.docx?d=w37206f7e651b4ca6afa2bacf33184c68&csf=1&e=wWHHhk	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4

EE07 -- Disenroll Provider	As-Is	To-Be
Evidence	SMA is using reusable business services and communicating with interstate agencies. In order to disenroll a provider, Vermont may rely on CMS, PECOS, DEX or other state agencies and relay as needed. PMM also has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Vermont Tax Department collaboration is a manual process. SoV continues to work on getting license data from all states, which is coming in a planned release in the near future. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	PMM improved automation of this process since implementation as of May 1, 2019. Disenroll provider process completes in 5 business days or less. https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_Provider_Enroll_screenshot.docx?d=w37206f7e651b4ca6afa2bacf33184c68&csf=1&e=E1r2PA http://www.vtmedicaid.com/#/provEnrollDataMaint	
Performance Measure	5 days or less	24 hours or less
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	4
Evidence	Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is coming in a planned release in the near future. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. This is now an automated process.	

EE07 -- Disenroll Provider	As-Is	To-Be
	If a provider chooses to voluntary disenroll with VT Medicaid they do so via the PMM Module, and a letter is generated. No manual intervention is needed, and the State receives weekly reports for review on voluntary terminated providers. DXC can produce statistics to show the PMM system is available 24/7 99% of time. This helps to ensure automation and accuracy of information. Additionally, the State can show that 99% of the time providers are terminated correctly per request.	
Performance Measure	99%	99%
How accessible is the information in the process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. PMM data interfaces with the MMIS system. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSE Portfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_Provider_Enroll_screenshot.docx?d=w37206f7e651b4ca6afa2bacf33184c68&csf=1&e=G4bDxR https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSE Portfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_provider_lookup_screenshot.docx?d=w6de6323691eb432bbea8e5267d688ed6&csf=1&e=9eEAoC	
Cost-Effectiveness	3	4
What is the cost of the process compared to the benefits of its results?	3	4
Evidence	See "How accessible is the information in this process?" for	

EE07 -- Disenroll Provider	As-Is	To-Be
	information that also applies to this question.	
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. DXC can produce statistics to show the PMM system is available 24/7 99% of time. This helps to ensure automation and accuracy of information which correlate to efficiency. Additionally, the State can show that 99% of the time providers are terminated correctly per request.	
Performance Measure	95%	95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	See Effort to Perform: Efficiency for information that also applies here. DXC can produce statistics to show the PMM system is available 24/7 99% of time. This helps to ensure automation and accuracy of results. Additionally, the State can show that 99% of the time providers are terminated correctly per request.	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation has helped improve stakeholder satisfaction and provider and staff feedback on PMM has been positive.	

EE07 -- Disenroll Provider	As-Is	To-Be
	Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx?	
Performance Measure	90%	90%

3.5.6.4 EE08 -- Inquire Provider Information

Capability Metric Scorecard

EE08 -- Inquire Provider Information	As-Is	To-Be
Business Capability Descriptions	3	3
Is the process primarily manual or automatic?	3	4
Evidence	The PMM allows providers to register themselves through a web portal and maintain their information. It also supports the State of Vermont Provider Management organization with an automated workflow for certifying and re-certifying the provider enrollment status. This module captures approved enrollment applications and processes them for finalization. Providers and delegates can click enrollment status in portal, enter the ATN (Application Tracking Number), and click submit to receive status. Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is coming in a planned release in the near future. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=uiQmVj https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=YrWeto	
Does the State Medicaid Agency use standards in the process?	3	3
Evidence	This module captures approved enrollment applications and processes them for finalization. Providers and delegates can click enrollment status in portal, enter the ATN (Application Tracking Number), and click submit to receive status. Status messages are standardized and defined. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. The DXC Enrollment Manual outlines the	

EE08 -- Inquire Provider Information	As-Is	To-Be
	process in which to enroll a provider. Both DXC and the State of Vermont define the process to enroll Limited, Moderate and High-Risk providers.	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Evidence	Process of enrolling a provider and inquiring status of application has been automated by PMM. SMA collaborates within the State to share and receive necessary data.	
Timeliness of Process	3	3
How timely is this end-to-end process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. This module captures approved enrollment applications and processes them for finalization. Providers and delegates can click enrollment status in portal, enter the ATN (Application Tracking Number), and click submit to receive status. Timeliness performance testing was conducted, and performance requirements included that less than 1% of the total amount of transaction response times should exceed 10 seconds. Majority within 4 seconds. Vermont has a Health Information Exchange (HIE) for the intrastate. It is localized to Vermont.	
Performance Measure	10 seconds or less	10 seconds or less
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to	

EE08 -- Inquire Provider Information	As-Is	To-Be
	participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. PMM interfaces with the MMIS system. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. Decision-making is automatic. Provider can check any time and see their enrollment status. It is a "self-check" process. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. Evidence currently shows that of 2023 applications submitted 27 were returned to provider for wrong information or not responding (which is 99% accuracy). Returning to Provider is the provider missed something (IE: include DEA) or something was an error and after outreach for 30 days does not respond. Providers self-attest to information in the PMM module. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT	
Performance Measure	99%	99%
How accessible is the information in the process?	3	4
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. PMM	

EE08 -- Inquire Provider Information	As-Is	To-Be
	interfaces with the MMIS system. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=YrWeto	
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of its results?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Evidence	The Provider Management Module implemented on May 1, 2019 continues to show great efficiencies in enrolling providers to participate with Vermont Medicaid. Between May 1st and June 30, 2019, we enrolled 987 providers compared to the same time frame in 2018 in which we enrolled 433. The average time to enroll a provider in May and June 2018 was 63 days and the same period for 2019 was 15 days. In that time period in 2018 there were 9 DXC staff and 2 State	

EE08 -- Inquire Provider Information	As-Is	To-Be
	staff doing enrollments. In 2019, there were on average 7 DXC staff doing enrollment. Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. Evidence currently shows that of 2023 applications submitted 27 were returned to provider for wrong information or not responding (which is 99% accuracy). Providers self-attest to information in the PMM module. Accuracy of information used correlates to efficiency. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Performance Measure	95%	95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	Vermont aligns with 42 CFR 455 Subpart B & E and the MPEC as well as DXC Enrollment Manual. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. For example, there is a MITA Requirements Alignment Section (2.2) in contract amendment with DXC for PMM work. The implementation of PMM brought automation to this process, which increases the accuracy. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. Evidence currently shows that of 2023 applications submitted 27 were returned to provider for wrong information or not responding (which is 99% accuracy). Providers self-attest to information in the PMM module. Accuracy of information used also correlates to accuracy of results. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=HKHOXT https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da651	

EE08 -- Inquire Provider Information	As-Is	To-Be
	01ec3a21718c&csf=1&e=uiQmVj https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=YrWeto	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation has helped improve satisfaction and provider and staff feedback on PMM has been positive. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx? Vermont has access to license data from some states including some border states. SoV continues to work on getting license data from all states, which is planned in an upcoming release.	
Performance Measure	90%	90%

3.6 FM -- Financial Management

3.6.1 Overview

Procuring a new modular MMIS will enhance financial management support beyond the existing use of Excel and reliance on Fiscal Agent support.

FM04, Manage Drug Rebate, has been removed from this section as this process is evaluated as a part of RX, section 2.12.

3.6.2 Process Area Findings

Business Area Strengths

- Accounts payable processes are well defined and executed
- Financial management is seen as accurate and reliable

Business Area Challenges

- There are weak linkages between the MMIS and the State financial system Vision requiring significant State and vendor involvement in financial information transmission
- Budgeting and fund management activities are highly manual and depend on a complex effort through spreadsheets at multiple organizational levels
- Coordination of Benefits (COB) recovery processes are manually intensive and lack automation

3.6.3 Process Area Direction

Procuring a new modular MMIS will enhance financial management support beyond the existing use of Excel and reliance on Fiscal Agent support. In order to achieve this, AHS will need to:

- Identify and prioritize opportunities for budgeting management and automation
- Automate and standardize financial information management and data flows
- Implement a budgeting tool, providing data and analysis to support planning, impact analysis and performance metrics
- Integrate performance metrics in a Medicaid Enterprise Performance Measurement Framework

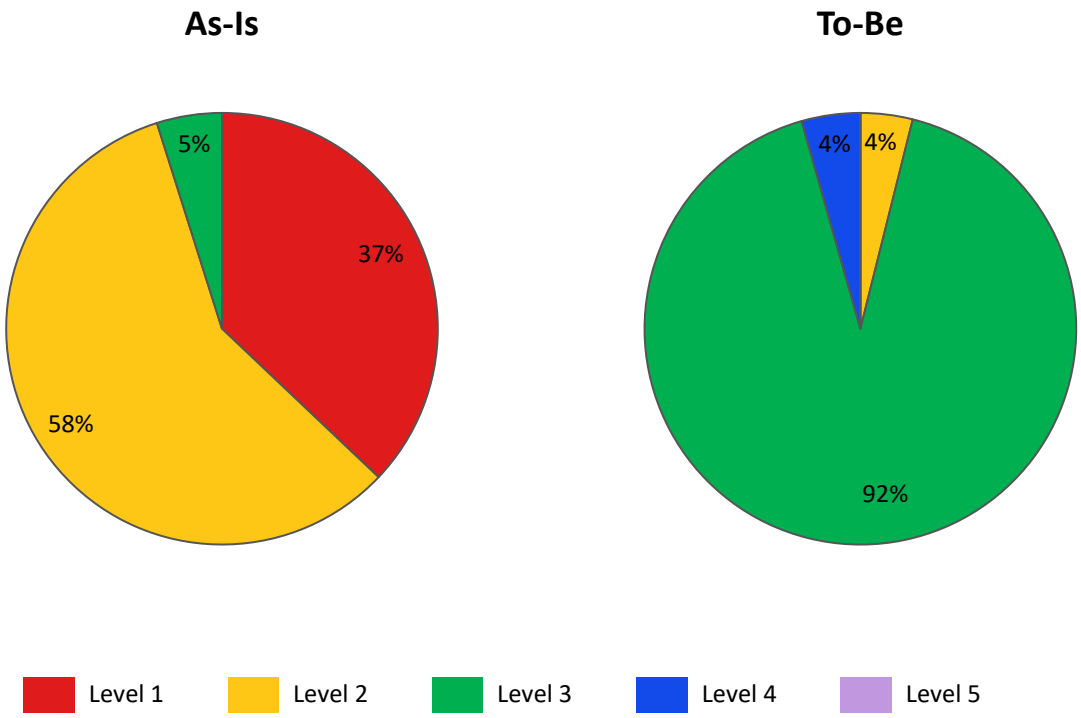
FM -- Financial Management Maturity Profile

Reference	Business Process	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		

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
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		
FM08	Prepare Member Premium Invoice		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		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	76	37.1%	0	0.0%
Level 2	119	58.0%	8	3.9%
Level 3	10	4.9%	188	91.7%
Level 4	0	0.0%	9	4.4%
Level 5	0	0.0%	0	0.0%



3.6.4 Gap Analysis

Business Process	As-Is	To-Be	Gap Analysis
FM01 -- Manage Provider Recoupment	2	3	
FM02 -- Manage TPL Recovery	1	2	Automation, integration and removal of manual processes will help further mature this process in every capability question including cost effectiveness, accuracy, timeliness and efficiency. More automation will improve overall process, increase recoveries and improve quality of data received from the process. Additionally, the improvement gap for stakeholder satisfaction is specific to state staff workflow, because other stakeholders, such as beneficiaries and their families, are satisfied with this process. More automated and modern tools to perform job duties will increase stakeholder satisfaction. Most recovery is currently payer-to-payer versus payer-to-provider, and this process has been improved further through the Payer Initiated Eligibility (PIE) project. However, any way to increase payer-to-payer recoveries further and remove exceptions, to extent possible, will improve how Vermont conducts Coordination of Benefits (COB) and allow

Business Process	As-Is	To-Be	Gap Analysis
			COB to assist more beneficiaries. Also see to-be performance measures where applicable for gap analysis reference.
FM03 -- Manage Estate Recovery	1	2	Automation, to extent possible, standardization and modern technology will help further mature this process in every capability question including cost effectiveness, accuracy, timeliness and efficiency. More standardized and accepted standard information elements to allow application to application updates and the Probate System coming online for improved collaboration and coordination would improve maturity in terms of integration. The improvement gap for stakeholder satisfaction is specific to state staff workflow, because other stakeholders, such as beneficiaries and their families, are satisfied with this process. A more automated and less duplicative process would increase stakeholder satisfaction maturity. Also see to-be performance measures where applicable for gap analysis reference.
FM04 -- Manage Drug Rebate	1	3	
FM05 -- Manage Cost Settlement	1	3	
FM06 -- Manage Accounts Receivable Information	1	3	
FM07 -- Manage Accounts Receivable Funds	1	3	
FM08 -- Prepare Member Premium Invoice	2	3	
FM09 -- Manage Contractor Payment	1	3	
FM10 -- Manage Member Financial Participation	2	3	Maturity gaps to improve this process include increasing automation along with a more synchronized workflow and interconnections. This would alleviate staff from dedicating as much time to reconciling and resolving issues and improve efficiency along with other business capability areas. Furthermore, the ability for the State to send its own electronic transactions, such as to other payers, would

Business Process	As-Is	To-Be	Gap Analysis
			improve this process. Improvements in accuracy of CMS data in accretion/Medicare Buy-In process would increase maturity in areas such as information used in process and efficiency. Additionally, improvements to the frequency and timing of the files sent and received by the State of Vermont to CMS for CMS Medicare Savings Plans, Low Income Subsidy (LIS) and other file transfers would allow benefits to be coordinated more quickly, would prevent the need for manual intervention and the BAE process, and improve the identification and correction of inaccuracies. Also see to-be performance measures where applicable for gap analysis reference.
FM11 -- Manage Capitation Payment	1	3	
FM12 -- Manage Incentive Payment	2	3	
FM13 -- Manage Accounts Payable Information	1	3	
FM14 -- Manage Accounts Payable Disbursement	2	3	
FM15 -- Manage 1099	1	3	
FM16 -- Formulate Budget	1	3	
FM17 -- Manage Budget Information	1	2	
FM18 -- Manage Fund	1	2	
FM19 -- Generate Financial Report	1	3	The demand for Medicaid reporting will likely continue to increase due to State and Federal healthcare landscapes being in flux, and Centers for Medicare and Medicaid Services (CMS) focus on data availability and quality. This process could mature with: • More automation and less manual work • A solution for improved Enterprise Data Storage and Analytics • A solution for a Claims Processing Module • Integration and unified reporting capabilities

3.6.5 Accounts Receivable Management

3.6.5.1 FM01 -- Manage Provider Recoupment

Capability Metric Scorecard

FM01 -- Manage Provider Recoupment	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
What is the mode of communication?	2	3
How does the State Medicaid Agency requests recoupment of monies in third party liability situations requested?	2	3
How integrated is the process?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.6.5.2 FM02 -- Manage TPL Recovery

Capability Metric Scorecard

FM02 -- Manage TPL Recovery	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process manual or automatic?	1	3
Evidence	All of the TPL process are manual. There is no automation, and most are managed by a variety of spreadsheets. As-Is Manage TPL Recovery Evidence	
How does the State Medicaid Agency validate Third Party Liability (TPL) information?	1	3
Evidence	As-Is Manage TPL Recovery Evidence	
How integrated is the process?	1	3
Evidence	As-Is Manage TPL Recovery Evidence	
Does the State Medicaid Agency use standards in the process?	2	3
Evidence	As-Is Manage TPL Recovery Evidence	
How does the State Medicaid Agency conduct coordination of benefits (COB)?	2	3
Evidence	As-Is Manage TPL Recovery Evidence	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Evidence	Currently there are no other state agencies or entities performing the same or similar work with other liable parties. Therefore, the State of Vermont, DVHA COB unit exclusively performs these tasks and is engaging health insurers to participate in the Payer Initiated Eligibility (PIE) data-matching process. The SMA has adopted best practices, standard electronic transactions, HIPAA and correct coding practices to ensure that it meets current industry standards.	

FM02 -- Manage TPL Recovery	As-Is	To-Be
	As-Is Manage TPL Recovery Evidence	
Timeliness of Process	1	2
How timely is this end-to-end process?	1	2
Evidence	Most of these processes are very manual. The SMA is meeting all of the processing requirements for the manage TPL recovery processes. For many of these processes, the timelines are subjective and are difficult to predict. For other processes, many of the timelines are dependent upon the timeliness of filing a case in probate court, the outcome of cases in the VT Supreme Court or the resolution of injury cases which can be unpredictable. As-Is Manage TPL Recovery Evidence	
Performance Measure	Process completes in months	Process completes in weeks
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
Evidence	All data for the TPL manage recovery processes is manually entered into a variety of systems and on a variety of spreadsheets and utilized for multiple purposes. As-Is Manage TPL Recovery Evidence	
Performance Measure		99%
How accessible is the information in the process?	1	3
Evidence	As-Is Manage TPL Recovery Evidence	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Evidence	As-Is Manage TPL Recovery Evidence	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	While the efficiency is higher than Level 1, all of the processes are manual, managed off a number of spreadsheets which require duplicative data entry and utilize a large amount of time.	

FM02 -- Manage TPL Recovery	As-Is	To-Be
	As-Is Manage TPL Recovery Evidence	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	As-Is Manage TPL Recovery Evidence	
Performance Measure		90%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	The beneficiaries/beneficiaries' families feel they receive great customer service and have faith in the information provided to them via the COB Unit. The COB Unit would like to have more modern/automated tools to perform job duties and assist more beneficiaries. As-Is Manage TPL Recovery Evidence	
Performance Measure		90%

3.6.5.3 FM03 -- Manage Estate Recovery

Capability Metric Scorecard

FM03 -- Manage Estate Recovery	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	2
Evidence	As-Is Manage Estate Recovery Evidence	
What is the media of communication with stakeholders involved in the recovery?	1	3
Evidence	As-Is Manage Estate Recovery Evidence	
How integrated is the process?	1	2
Evidence	The process is not coordinated and until the probate court system comes on-line, coordination and collaboration will not be possible. In addition, there is little standardization in this process, and few accepted standard information elements, hence the ability to allow application to application updates is not feasible. As-Is Manage Estate Recovery Evidence	
Does the State Medicaid Agency use standards in the process?	2	3
Evidence	As-Is Manage Estate Recovery Evidence	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	As-Is Manage Estate Recovery Evidence	
Timeliness of Process	1	2
How timely is the end-to-end process? Note: Due to the variables involved in estate recovery process (i.e., wills, lawsuits, claims and other procedural steps inherent in the probate process), it is difficult to	1	2

FM03 -- Manage Estate Recovery	As-Is	To-Be
estimate the end-to-end time line.		
Evidence	As-Is Manage Estate Recovery Evidence	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	As-Is Manage Estate Recovery Evidence	
Performance Measure		90%
How accessible is the information in the process?	2	3
Evidence	As-Is Manage Estate Recovery Evidence	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Evidence	While this process is done manually, our staff are very accurate and cost-effective despite the lack of automation and duplicative manual data entry. As-Is Manage Estate Recovery Evidence	
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Evidence	As-Is Manage Estate Recovery Evidence	
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	As-Is Manage Estate Recovery Evidence	
Performance Measure		99%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	State of Vermont staff would prefer a more automated, less duplicative process. Beneficiaries and their families are satisfied with	

FM03 -- Manage Estate Recovery	As-Is	To-Be
	the process. As-Is Manage Estate Recovery Evidence	
Performance Measure		90%

3.6.5.4 FM04 -- Manage Drug Rebate

Capability Metric Scorecard

FM04 -- Manage Drug Rebate	As-Is	To-Be
Business Capability Descriptions	2	4
Is the process primarily manual or automatic?	2	4
How integrated is the process?	2	4
Does the State Medicaid Agency use standards in the process?	2	4
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	4
Timeliness of Process	2	4
How timely is the end-to-end process?	2	4
Data Access and Accuracy	2	4
How accurate is the information in the process?	2	4
How accessible is the information in the process?	2	4
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.5.5 FM05 -- Manage Cost Settlement

Capability Metric Scorecard

FM05 -- Manage Cost Settlement	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated is the process?	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.6.5.6 FM06 -- Manage Accounts Receivable Information

Capability Metric Scorecard

FM06 -- Manage Accounts Receivable Information	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated is the process?	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of its results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.5.7 FM07 -- Manage Accounts Receivable Funds

Capability Metric Scorecard

FM07 -- Manage Accounts Receivable Funds	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of its results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.5.8 FM08 -- Prepare Member Premium Invoice

Capability Metric Scorecard

FM08 -- Prepare Member Premium Invoice	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is the end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.6.6 Accounts Payable Management

3.6.6.1 FM09 -- Manage Contractor Payment

Capability Metric Scorecard

FM09 -- Manage Contractor Payment	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of its results?	1	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.6.2 FM10 -- Manage Member Financial Participation

Capability Metric Scorecard

FM10 -- Manage Member Financial Participation	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Does the State Medicaid Agency use standards in the process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Timeliness of Process	2	3
How timely is the end-to-end process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Performance Measure	10 or fewer business days	24 hours or less
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3

FM10 -- Manage Member Financial Participation	As-Is	To-Be
Evidence	As-Is Manage Member Financial Participation Evidence	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Performance Measure		98%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	As-Is Manage Member Financial Participation Evidence	
Performance Measure		90%

3.6.6.3 FM11 -- Manage Capitation Payment

Capability Metric Scorecard

FM11 -- Manage Capitation Payment	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	4
What methodology does SMA use to prepare the Capitation Premium payments?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.6.4 FM12 -- Manage Incentive Payment

Capability Metric Scorecard

FM12 -- Manage Incentive Payment	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is the end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.6.6.5 FM13 -- Manage Accounts Payable Information

Capability Metric Scorecard

FM13 -- Manage Accounts Payable Information	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated is the process?	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
What is the source of the information?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	2	3
How timely is the end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.6.6.6 FM14 -- Manage Accounts Payable Disbursement

Capability Metric Scorecard

FM14 -- Manage Accounts Payable Disbursement	As-Is	To-Be
Business Capability Descriptions	2	3
What format does SMA use for payments?	2	3
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Timeliness of Process	3	3
How timely is the end-to-end process?	3	3
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of its results?	3	3
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3

3.6.6.7 FM15 -- Manage 1099

Capability Metric Scorecard

FM15 -- Manage 1099	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	2	3
How timely is the end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.6.7 Fiscal Management

3.6.7.1 FM16 -- Formulate Budget

Capability Metric Scorecard

FM16 -- Formulate Budget	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	4
How timely is the end-to-end process?	1	4
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.7.2 FM17 -- Manage Budget Information

Capability Metric Scorecard

FM17 -- Manage Budget Information	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of its results?	1	3
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.7.3 FM18 -- Manage Fund

Capability Metric Scorecard

FM18 -- Manage Fund	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	2
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3

3.6.7.4 FM19 -- Generate Financial Report

Capability Metric Scorecard

FM19 -- Generate Financial Report	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Evidence	Multiple 'FBR' reports exist with varying data elements (Fiscal Budget Report; Financial Balance Report). FBRs are manually produced from data extracted from the MMIS Enhanced Vermont Ad Hoc (EVAH) data repository. The Department of Vermont Health Access (DVHA) Finance produces regular and ad hoc reports for the State Legislature, the Governor's Office, and others. These reports are collated and analyzed using a variety of query tools, spreadsheets, and manual processes.	
Does the State Medicaid Agency use standards in the process?	2	3
Evidence	There are no integration or common formatting/ interface standards as this process is primarily manual. The State has Financial Reporting Bucket specifications, and these are amended and maintained regularly. Financial Reporting Bucket Specifications as of 20190328	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Evidence	This process is highly manual which limits the ability to standardize and exchange information. There are multiple AHS analytics tools and repositories for reports with the EVAH being one of the oldest of the systems or repositories. There is no integration of these tools and data repositories and there are no common standards for interfacing, data format, etc. An enhanced analytics toolset and more unified financial reporting capabilities would improve this.	
Timeliness of Process	1	3
How timely is the end-to-end process?	1	3
Evidence	There is an ongoing need for timely reporting of complex Medicaid	

FM19 -- Generate Financial Report	As-Is	To-Be
	data from multiple data sources and a manual process is time consuming. Responsiveness would improve through more automation.	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	FBRs are manually produced from data extracted from the MMIS Enhanced Vermont Ad Hoc (EVAH) data repository.	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	The process of producing the reports using extracted data is manually intensive (Excel, etc.), but it is not completed on paper, and the data used can be extracted. There are multiple analytics tools and licensing restrictions. Accessibility would improve with an enhanced analytics toolset, unified reporting capabilities and more integration.	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of its results?	2	3
Evidence	The process lacks efficiency due to manual work to produce Medicaid Financial Reports. The results of the process are still relatively accurate due to the diligence of DVHA staff.	
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Evidence	The process is complex, time consuming, and potentially vulnerable to error. There is little to no automation support for the actual performance of the process.	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	The State has Financial Reporting Bucket specifications and is able to extract from EVAH in obtaining the information used. Accuracy is not "low" due to staff diligence and seriousness involved with being even	

FM19 -- Generate Financial Report	As-Is	To-Be
	cents off on financial reporting. Federal Reporting Bucket Specifications as of 20190328	
Performance Measure		90%
Utility or Value to Stakeholders	1	3
Does the business process satisfy stakeholders?	1	3
Evidence	State staff involved in this process are generally not satisfied. They would like a reduction in the manual effort required to accurately produce financial reports.	
Performance Measure		90%

3.7 MM -- Member Management

3.7.1 Overview

Existing technology provides support that will be further enhanced by the procurement of VHC, IE, Care Management and MMIS solutions including enhanced member communication and grievance, appeals and fair hearings.

3.7.2 Process Area Findings

Business Area Strengths

- Member data is maintained digitally and largely accessible through reporting tools

Business Area Challenges

- Lack of an Agency communications plan has resulted in multiple and redundant notices to members, complex outreach actions, and decreases in member satisfaction
- Member communication is primarily limited to mail, phone and some email

3.7.3 Process Area Direction

Existing technology provides support that will be further enhanced by the procurement of VHC, IE, Care Management and MMIS solutions including enhanced member communication and grievance, appeals and fair hearings. In order to achieve this, AHS will follow directions to:

- Centralize and standardize grievance and appeals, providing case management support and tools
- Develop a Member Communications Plan, defining workflows and policies for all member notices and outreach

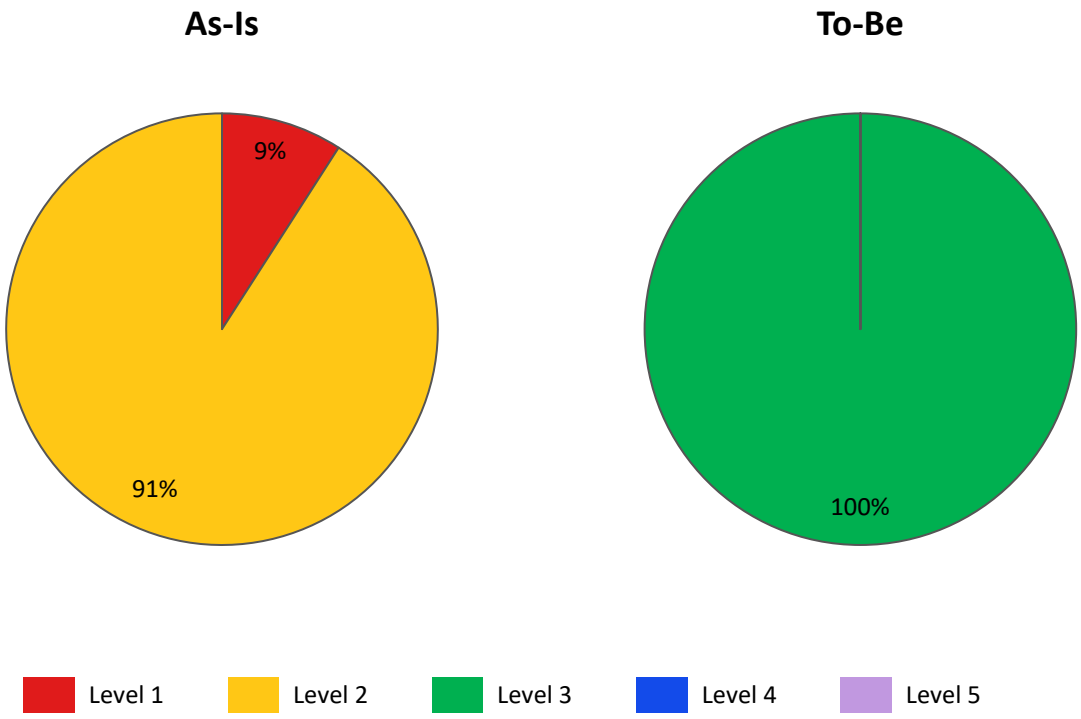
MM -- Member Management Maturity Profile

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
ME03	Perform Population & Member Outreach	As-Is		To-Be		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	1	9.1%	0	0.0%
Level 2	10	90.9%	0	0.0%
Level 3	0	0.0%	11	100.0%

Level 4	0	0.0%	0	0.0%
Level 5	0	0.0%	0	0.0%



3.7.4 Member Support

3.7.4.1 ME03 -- Perform Population & Member Outreach

Capability Metric Scorecard

ME03 -- Perform Population & Member Outreach	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated or central is the process?	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.8 OM -- Operations Management

3.8.1 Overview

The planned MMIS procurement will build on existing successes and provide enhancements to critical pieces of the Process Area

3.8.2 Process Area Findings

Business Area Strengths

- Most operational processes are supported by mature claims and payment processing technology
- The MMIS / Fiscal Agent provides all of the primary operational needs of the Agency
- Required system and process changes are able to be completed within the necessary timeframes

Business Area Challenges

- There are processes that are not automated in current the MMIS (e.g. attachments, adjustments, spend-down tracking) and are error prone and complex
- The legacy system is less flexible than contemporary systems, required additional time and investment to maintain and enhance the system for both system efficiencies and State and Federal mandates

3.8.3 Process Area Direction

The planned MMIS procurement will build on existing successes and provide enhancements to critical pieces of the Process Area. In order to achieve this, AHS will follow directions to:

- Expanded scope of MMIS procurement will provide enhanced automation and standardization to all operational processes, and further align with the Seven Standards and Conditions
- An integrated rules engine will support maintenance and modification operational processing rules and will support impact analysis and performance planning
- The MMIS procurement will reduce reliance of redundant functionality in disparate systems within the Agency

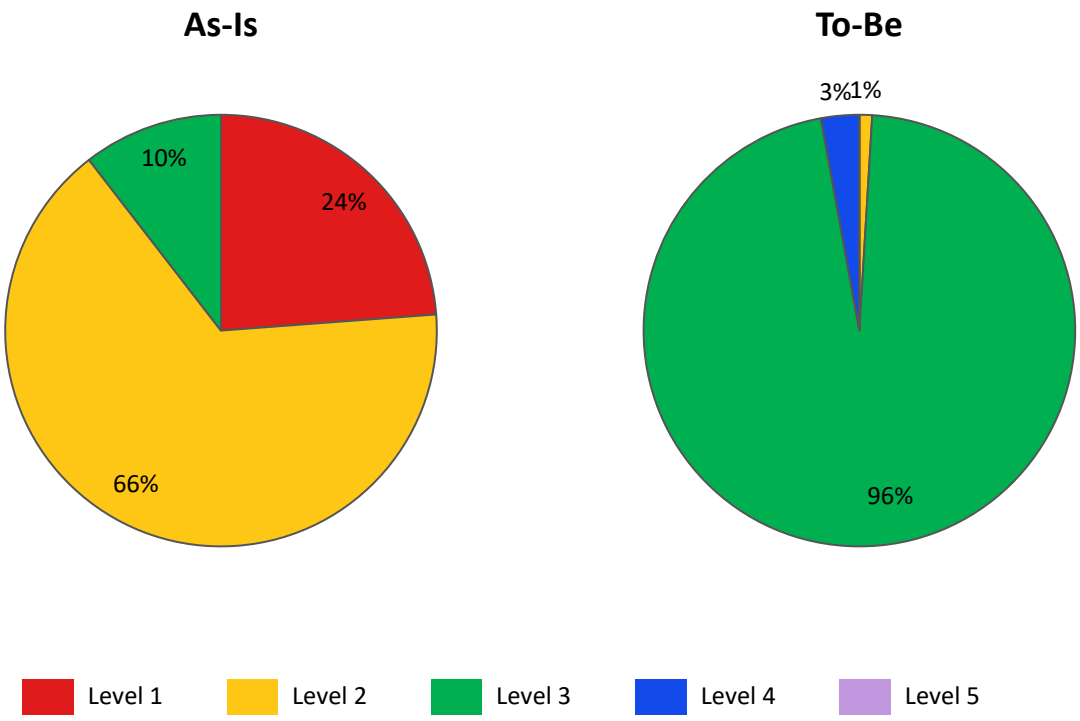
OM -- Operations Management Maturity Profile

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
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		

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
OM07	Process Claim	As-Is		To-Be		
OM29	Process Encounter		As-Is	To-Be		
OM20	Calculate Spend-Down Amount	As-Is	To-Be			
OM04	Submit Electronic Attachment	As-Is		To-Be		
OM05	Apply Mass Adjustment	As-Is		To-Be		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	25	23.8%	0	0.0%
Level 2	69	65.7%	1	1.0%
Level 3	11	10.5%	101	96.2%
Level 4	0	0.0%	3	2.9%
Level 5	0	0.0%	0	0.0%



3.8.4 Gap Analysis

Business Process	As-Is	To-Be	Gap Analysis
OM14 -- Generate Remittance Advice	2	3	
OM18 -- Inquire	2	3	

Business Process	As-Is	To-Be	Gap Analysis
Payment Status			
OM27 -- Prepare Provider Payment	2	3	
OM28 -- Manage Data	1	3	In the last five years, since a previous assessment in 2014, Vermont made progress around relying less on its Fiscal Agent and managing its own reporting. The following actions will help this business process mature further: • More automation and less manual work • A solution for improved Enterprise Data Storage and Analytics • A solution for a Claims Processing Module • Adoption of more industry standards, and other nationally recognized standards for intrastate exchange of information • Continue to make progress on managing our own data • Continue to improve the accuracy of report requirements mapping
OM07 -- Process Claim	1	3	
OM29 -- Process Encounter	2	3	
OM20 -- Calculate Spend-Down Amount	1	2	
OM04 -- Submit Electronic Attachment	1	3	
OM05 -- Apply Mass Adjustment	1	3	

3.8.5 Payment and Reporting

3.8.5.1 OM14 -- Generate Remittance Advice

Capability Metric Scorecard

OM14 -- Generate Remittance Advice	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3

3.8.5.2 OM18 -- Inquire Payment Status

Capability Metric Scorecard

OM18 -- Inquire Payment Status	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How integrated is the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3

3.8.5.3 OM27 -- Prepare Provider Payment

Capability Metric Scorecard

OM27 -- Prepare Provider Payment	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3

3.8.5.4 OM28 -- Manage Data

Capability Metric Scorecard

OM28 -- Manage Data	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Evidence	For an example around this, for some of the CMS, Children's Health Insurance Program (CHIP) and Early and Periodic Screening, Diagnostic and Treatment (ESPDT) reporting, there are Extract, Transform, Load (ETL) processes for DXC to load with the AIM (legacy claims) system, but in order to report, DVHA has to manually extract data from AIM, save the raw files, bring them in to Statistical Package for Social Sciences (SPSS) and transform the data into reporting. The same sort of process applies to Transformed Medicaid Statistical Information System (T-MSIS). DXC has some ETL processes to move from AIM to TMSIS database, and then there are other transformation processes to get data in the right format. There are continuous data quality issues that need to be addressed in manual research processes and then we need to make changes for the automated process. It is a continuous quality improvement process. Once a new module is procured, data reporting is more built in. A claim processing module would help automate this further.	
Does the State Medicaid Agency use standards in the process?	2	3
Evidence	DVHA uses Statistical Package for Social Sciences (SPSS). Additionally, DVHA relies on CMS' published reporting specifications and codes accordingly by mapping MMIS information that is available.	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Evidence	DVHA is working with the State's Agency of Digital Services (ADS) to warehouse data in a modern data management system, SQL Management Studio, and we are trying to bring in some State-Owned ETL processes to own and manage our data on State servers.	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3

OM28 -- Manage Data	As-Is	To-Be
Evidence	See “is the process primarily manual or automatic?” for evidence that also applies to timeliness scoring.	
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Evidence	DVHA relies on CMS' published reporting specifications and codes accordingly by mapping MMIS information that is available. Accuracy depends on report requirements and appropriate mapping/Business Analysis work, and this is a maturing work in progress.	
Performance Measure		99%
How accessible is the information in the process?	2	3
Evidence	There are internal processes to report the data. They are easily accessible and repeatable processes are established.	
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Evidence	There's some automation for this process, but it is not completely automated at this time. DVHA obtaining a true data warehouse-type solution would also improve this process. We are currently at the beginning stages of a data warehouse in that we have an established ETL process with the vendor to own data on State servers. No data cubes have been built yet for standard reporting.	
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Evidence	There is still a lot of manual labor to extract from Fiscal Agent's Business Intelligence (BI) tool and manipulate it and transform to meet informational reporting requirements. New modules are helping to make this process more efficient such as with the Care and Provider Management Modules.	
Performance Measure		95%
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Evidence	Working with TMSIS, the State has significantly increased the data	

OM28 -- Manage Data	As-Is	To-Be
	quality of this reporting process. Regarding other required CMS standard reporting, we continue to report data in an accurate manner that doesn't require resubmission.	
Performance Measure		90%
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3
Evidence	Stakeholders are confident with current data management as evident with recent CMS waiver procurements, such as the Medicaid Next Generation Accountable Care Organization (ACO) initiative as well as the CMS Substance Use Disorders (SUD) and Serious Mental Illness (SMI) waiver additions.	
Performance Measure		90%

3.8.6 Claims Adjudication

3.8.6.1 OM07 -- Process Claim

Capability Metric Scorecard

OM07 -- Process Claim	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	2	4
Does the State Medicaid Agency use standards in the process?	2	4
How integrated is the process?	1	3
How easy is it to change edit business rules and criteria?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	4
How accurate are the results of the process?	2	4
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.8.6.2 OM29 -- Process Encounter

Capability Metric Scorecard

OM29 -- Process Encounter	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How integrated is the process?	2	3
How easy is it to change edit business rules and criteria?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.8.6.3 OM20 -- Calculate Spend-Down Amount

Capability Metric Scorecard

OM20 -- Calculate Spend-Down Amount	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	3
What methodology is used for managing spend down calculations?	1	3
How does the member present proof that it has incurred and/or paid health care bills?	1	2
How does the State Medicaid Agency track payments for health care bills?	1	3
How does the agency determine that the member has met the spend-down target?	1	3
How does the State Medicaid Agency transmit that the member has met spend-down requirements to the claims payment processes and the provider community?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	1	3
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	1	3

OM20 -- Calculate Spend-Down Amount	As-Is	To-Be
Does the business process satisfy stakeholders?	1	3

3.8.6.4 OM04 -- Submit Electronic Attachment

Capability Metric Scorecard

OM04 -- Submit Electronic Attachment	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	2	3
How is clinical information requested and received when this information is required to process a transaction (claim, service authorization request, treatment plan) or for other processes?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
Does the clinical information accompany the transaction?	1	3
Are validation activities manual or automatic?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.8.6.5 OM05 -- Apply Mass Adjustment

Capability Metric Scorecard

OM05 -- Apply Mass Adjustment	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
How does the State Medicaid Agency identify claims affected by a mass adjustment?	2	3
How does the State Medicaid Agency apply adjustment to the claims?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.9 PE -- Performance Management

3.9.1 Overview

A PI solution within the Core MMIS procurement will provide needed technology support, processes and business outcomes and fully automate processes where possible. Information sharing with State partners will enhance the maturity of the capabilities. Mature and extensive analytics capabilities will enhance the ability to identify and operationalize performance and operational improvements.

3.9.2 Process Area Findings

Business Area Strengths

- There are documented workflow and organizational processes for identification and establishment of compliance incidents
- PI functional needs and requirements are clearly defined

Business Area Challenges

- There is no use of predictive analytics to identify anomalies – all analyses are retrospective
- The Program Integrity unit currently has no PI-specific technology support
- The PI unit provides services through a combination of workarounds and largely manual processes
- The lack of integrated case management and analytics tools results in increased errors, timeframes, and manual case tracking
- REOMBs do not generate a significant number of leads, likely due to non-user friendly content

3.9.3 Process Area Direction

A PI solution within the Core MMIS procurement will provide needed technology support, processes and business outcomes and fully automate processes where possible. Information sharing with State partners will enhance the maturity of the capabilities. Mature and extensive analytics capabilities will enhance the ability to identify and operationalize performance and operational improvements. In order to achieve this, AHS will follow directions to:

- Procurement of Agency Performance Management solution will provide a higher level of program integrity throughout the Medicaid Enterprise
- Establish a regional collaborative to share best practices, analytics and information with State partners (i.e. New Hampshire, New York, Massachusetts)

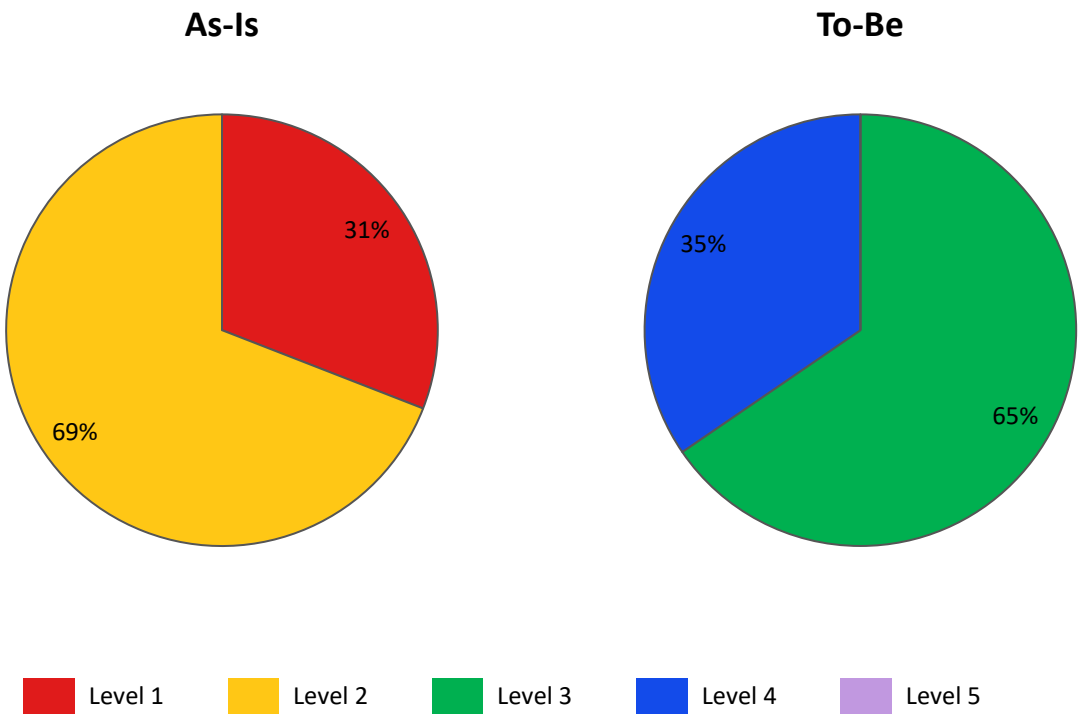
PE -- Performance Management Maturity Profile

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5

Reference	Business Process	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		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	17	30.9%	0	0.0%
Level 2	38	69.1%	0	0.0%
Level 3	0	0.0%	36	65.5%
Level 4	0	0.0%	19	34.5%
Level 5	0	0.0%	0	0.0%



3.9.4 Compliance Management

3.9.4.1 PE01 -- Identify Utilization Anomalies

Capability Metric Scorecard

PE01 -- Identify Utilization Anomalies	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated is the process?	1	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	4
How timely is this end-to-end process?	1	4
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	4
Cost-Effectiveness	2	4
What is the cost of the process compared to the benefits of the results?	2	4
Effort to Perform; Efficiency	2	4
How efficient is the process?	2	4
Accuracy of Process Results	2	4
How accurate are the results of the process?	2	4
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.9.4.2 PE02 -- Establish Compliance Incident

Capability Metric Scorecard

PE02 -- Establish Compliance Incident	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	4
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	2	4
How accurate is the information in the process?	2	4
How accessible is the information in the process?	2	4
Cost-Effectiveness	2	4
What is the cost of the process compared to the benefits of the results?	2	4
Effort to Perform; Efficiency	1	4
How efficient is the process?	1	4
Accuracy of Process Results	2	4
How accurate are the results of the process?	2	4
Utility or Value to Stakeholders	2	4
Does the business process satisfy stakeholders?	2	4

3.9.4.3 PE03 -- Manage Compliance Incident Information

Capability Metric Scorecard

PE03 -- Manage Compliance Incident Information	As-Is	To-Be
Business Capability Descriptions	2	3
How integrated or central is the process?	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	4
Cost-Effectiveness	2	4
What is the cost of the process compared to the benefits of the results?	2	4
Effort to Perform; Efficiency	2	4
How efficient is the process?	2	4
Accuracy of Process Results	2	4
How accurate are the results of the process?	2	4
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.9.4.4 PE04 -- Determine Adverse Action Incident

Capability Metric Scorecard

PE04 -- Determine Adverse Action Incident	As-Is	To-Be
Business Capability Descriptions	1	3
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	4
What is the cost of the process compared to the benefits of the results?	2	4
Effort to Perform; Efficiency	2	4
How efficient is the process?	2	4
Accuracy of Process Results	2	4
How accurate are the results of the process?	2	4
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.9.4.5 PE05 -- Prepare REOMB

Capability Metric Scorecard

PE05 -- Prepare REOMB	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
If sampling is used, what sampling algorithm is used?	1	3
Is communication linguistically, culturally, and competency appropriate?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	1	3
How timely is this end-to-end process?	1	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of its results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	1	3
How accurate are the results of the process?	1	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.10 PL -- Plan Management

3.10.1 Overview

Current standardization and consolidation efforts will enhance maturity scores, and prepare the State for technology support, which will further enhance the maturity levels.

3.10.2 Process Area Findings

Business Area Strengths

- The State utilizes Federal portals for reporting as much as possible
- There is a desire to reuse existing State automation and tools (e.g. VDH scorecard system, Oracle Policy Automation) to support a number of processes
- Internally developed processes and tools provide a base level of effectiveness within the Agency

Business Area Challenges

- Annual planning and updates are largely manual processes
- Communication to, within and from the policy units is not yet fully coordinated and can be standardized
- Policy artifacts (laws, rules, guidance, etc.) are not consolidated, harmonized or searchable leading to inefficiencies in the team
- Lack of data and reporting standardization across Departments has caused errors, long timeframes, and miscommunication

3.10.3 Process Area Direction

Current standardization and consolidation efforts will enhance maturity scores, and prepare the State for technology support, which will further enhance the maturity levels. In order to achieve this, AHS will follow directions to:

- Document, communicate, and monitor Agency performance metrics to provide inputs to the planning processes
- Provide content management and advanced policy searching and analysis tools
- Automation of aspects of Agency planning, including data collection, collaboration, and versioning will reduce errors and improve timeliness

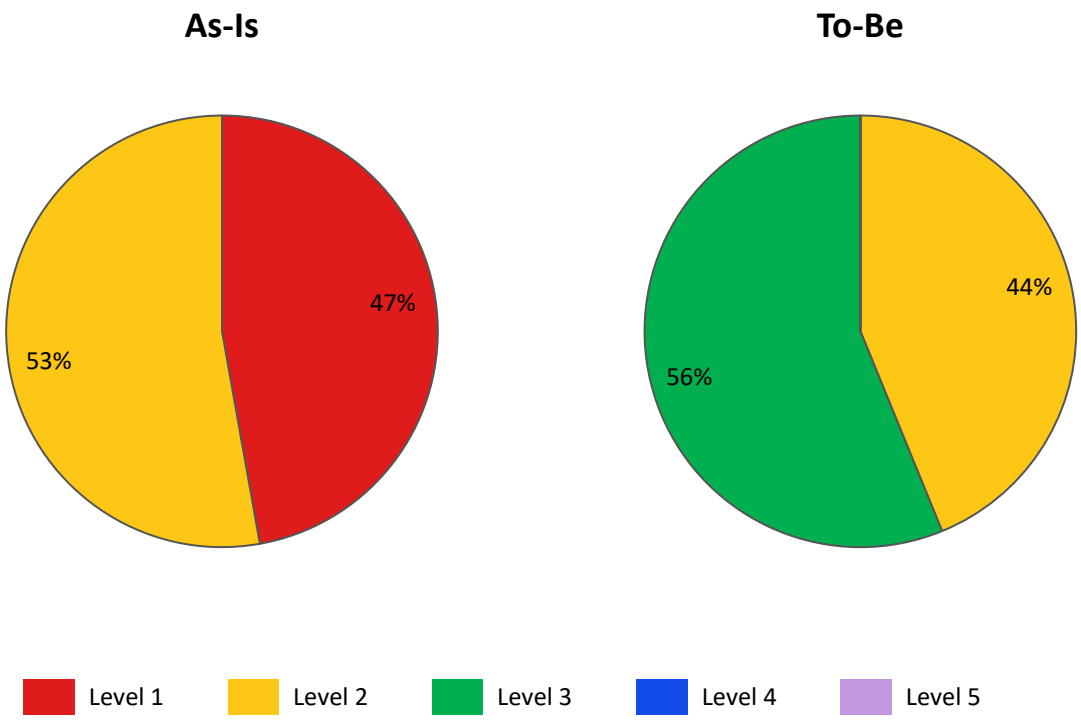
PL -- Plan Management Maturity Profile

Reference	Business Process	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			

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
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		

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	42	47.2%	0	0.0%
Level 2	47	52.8%	39	43.8%
Level 3	0	0.0%	50	56.2%
Level 4	0	0.0%	0	0.0%
Level 5	0	0.0%	0	0.0%



3.10.4 Plan Administration

3.10.4.1 PL01 -- Develop Agency Goals and Objectives

Capability Metric Scorecard

PL01 -- Develop Agency Goals and Objectives	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	2
How adaptable is the process to change?	1	2
Are goals and objectives traceable throughout the organization?	1	2
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Timeliness of Process	1	2
How timely is this end-to-end process?	1	2
Data Access and Accuracy	1	2
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Cost-Effectiveness	1	2
What is the cost of the process compared to the benefits of the results?	1	2
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	1	2
How accurate are the results of the process?	1	2
Utility or Value to Stakeholders	1	2
Does the business process satisfy stakeholders?	1	2

3.10.4.2 PL02 -- Maintain Program Policy

Capability Metric Scorecard

PL02 -- Maintain Program Policy	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	2
How adaptable is the process to change?	1	2
Are policies traceable throughout the organization?	1	2
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Timeliness of Process	1	2
How timely is this end-to-end process?	1	2
Data Access and Accuracy	1	2
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Cost-Effectiveness	1	2
What is the cost of the process compared to the benefits of the results?	1	2
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	1	2
How accurate are the results of the process?	1	2
Utility or Value to Stakeholders	1	2
Does the business process satisfy stakeholders?	1	2

3.10.4.3 PL03 -- Maintain State Plan

Capability Metric Scorecard

PL03 -- Maintain State Plan	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	2
How adaptable is the process to change?	1	2
Is Medicaid State Plan traceable throughout the organization?	1	2
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Timeliness of Process	1	2
How timely is this end-to-end process?	1	2
Data Access and Accuracy	1	2
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Cost-Effectiveness	1	2
What is the cost of the process compared to the benefits of the results?	1	2
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	1	2
How accurate are the results of the process?	1	2
Utility or Value to Stakeholders	1	2
Does the business process satisfy stakeholders?	1	2

3.10.5 Health Plan Administration

3.10.5.1 PL04 -- Manage Health Plan Information

Capability Metric Scorecard

PL04 -- Manage Health Plan Information	As-Is	To-Be
Business Capability Descriptions	1	3
Is the process primarily manual or automatic?	1	3
Does the State Medicaid Agency use standards in the process?	1	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.10.5.2 PL05 -- Manage Performance Measures

Capability Metric Scorecard

PL05 -- Manage Performance Measures	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	3
Does the State Medicaid Agency use Plan of Action with Milestones (POAM)?	2	3
How does the State Medicaid Agency publish performance measures?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	1	3
What is the cost of the process compared to the benefits of the results?	1	3
Effort to Perform; Efficiency	1	3
How efficient is the process?	1	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.10.6 Health Benefits Administration

3.10.6.1 PL06 -- Manage Health Benefit Information

Capability Metric Scorecard

PL06 -- Manage Health Benefit Information	As-Is	To-Be
Business Capability Descriptions	2	2
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	3
How flexible are the contents of the health benefit package?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.10.6.2 PL07 -- Manage Reference Information

Capability Metric Scorecard

PL07 -- Manage Reference Information	As-Is	To-Be
Business Capability Descriptions	2	2
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.10.6.3 PL08 -- Manage Rate Setting

Capability Metric Scorecard

PL08 -- Manage Rate Setting	As-Is	To-Be
Business Capability Descriptions	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Data Access and Accuracy	2	3
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Cost-Effectiveness	2	3
What is the cost of the process compared to the benefits of the results?	2	3
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3
Accuracy of Process Results	2	3
How accurate are the results of the process?	2	3
Utility or Value to Stakeholders	2	3
Does the business process satisfy stakeholders?	2	3

3.11 PM -- Provider Management

3.11.1 Overview

The Provider Management Module (PMM) went live on 5/1/2019 and advanced the automation and maturity level for the State in the provider management business area.

3.11.2 Process Area Findings

Business Area Strengths

- The Provider Management Module certification approval letter was received on 2/19/2020.
- Provider management is closely associated with provider Eligibility and Enrollment processes and supported by modern technology with the Provider Management Module.
- There are well documented workflows and policies for management of these capabilities.
- There is centralized control of policies and procedures for provider-related processes.
- The Provider Manual is digitally available and is frequently updated.
- PMM provides one place for providers to apply for enrollment, revalidate enrollment, and reenrollment as well as maintain their information via a web portal.

Business Area Challenges

- Current provider outreach and recruitment lacks data analytics to identify areas of need based on specialty or geography.

3.11.3 Process Area Direction

- Develop performance metrics and implement performance management plans.
- Continue to improve sharing of information with other states in region.

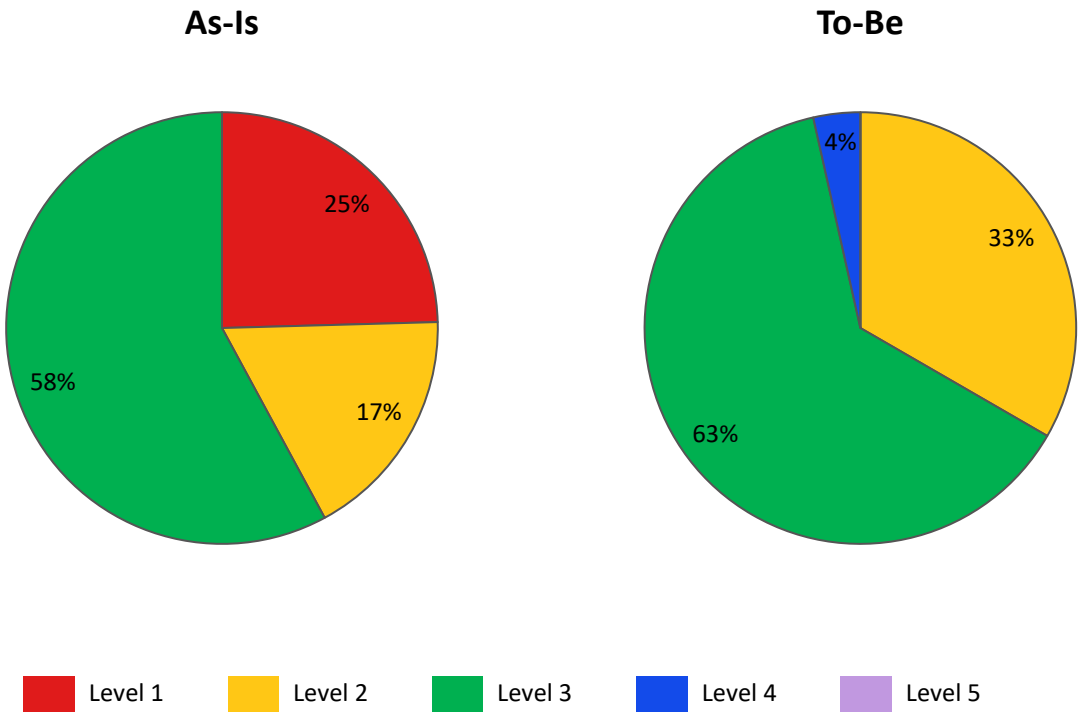
PM -- Provider Management Maturity Profile

Reference	Business Process	Level 1	Level 2		Level 3	Level 4	Level 5
PM01	Manage Provider Information		As-Is	To-Be			
PM08	Terminate Provider		As-Is	To-Be			
PM02	Manage Provider Communication		As-Is	To-Be			
PM07	Manage Provider Grievance and Appeal	As-Is	To-Be				

Reference	Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
PM03	Perform Provider Outreach	As-Is	To-Be			

Capability Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	14	24.6%	0	0.0%
Level 2	10	17.5%	19	33.3%
Level 3	33	57.9%	36	63.2%
Level 4	0	0.0%	2	3.5%
Level 5	0	0.0%	0	0.0%



3.11.4 Gap Analysis

Business Process	As-Is	To-Be	Gap Analysis
PM01 -- Manage Provider Information	2	2	To improve to a 3 for some business capabilities including timeliness and value to stakeholders: Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service

Business Process	As-Is	To-Be	Gap Analysis
			Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements.
PM08 -- Terminate Provider	2	2	To improve to a 3 for some business capabilities including efficiency and value to stakeholders: Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements.
PM02 -- Manage Provider Communication	2	2	To improve to a 3 for some capabilities including value to stakeholders: Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements. The results of the Stakeholder Satisfaction Survey will further advance maturity.
PM07 -- Manage Provider Grievance and Appeal	1	2	
PM03 -- Perform Provider Outreach	1	2	Access to data from more states will further enhance the Provider Management Module and advance maturity. This is planned in an upcoming release. Maturing of Service Level Agreements (SLAs) and the Performance Management processes may also contribute to process improvements. Additionally, more formalized processes or business rules for outreach would help improve this process.

3.11.5 Provider Information Management

3.11.5.1 PM01 -- Manage Provider Information

Capability Metric Scorecard

PM01 -- Manage Provider Information	As-Is	To-Be
Business Capability Descriptions	3	3
Is the process primarily manual or automatic?	3	3
Evidence	The process is now automated with the implementation of PMM and the provider network information is accessible. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=uJ4x1Y https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_provider_lookup_screenshot.docx?d=w6de6323691eb432bbea8e5267d688ed6&csf=1&e=dIlW4r https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=kNWXsP	
How does the State Medicaid Agency validate application information?	3	3
Evidence	The PMM module simplified data entry for providers from a paper-based process to a web-based portal and validation of information by State/Fiscal Agent is no longer manual. It is a self-attested application, and there is use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES), etc. DXC has a QA process that is built into the workflow. The Agency of Human Services requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Does the State Medicaid Agency	3	3

PM01 -- Manage Provider Information	As-Is	To-Be
use standards in the process?		
Evidence	Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. The DXC Enrollment Manual outlines the process of managing changes to a provider. A provider can update their SSN and NPI via the PMM; however, there is a screening process that reviews this. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=dEaBBp	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4
Evidence	PMM has screening interfaces with CMS PECOS data, DEX, etc. The Provider and Member Relations (PMR) Unit has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Vermont Tax Department collaboration is a manual process. SoV continues to work on getting license data from all states, which is planned in an upcoming release.	
Timeliness of Process	2	3
How timely is this end-to-end process?	2	3
Evidence	This process improved with increased automation as of May 1, 2019 with the implementation of PMM. Changes to enrollment happen typically in 24 hours. http://www.vtmedicaid.com/#/providerLookup Provider Instructions	
Data Access and Accuracy	2	2
How accurate is the information in the process?	3	3

PM01 -- Manage Provider Information	As-Is	To-Be
Evidence	PMM brought automation and increased the accuracy and timeliness of all associated processes. If providers are entering their own information, it should be accurate. There is a QA process in place to monitor this, and over the past three months (June-August 2019) we have met 99.9% accuracy. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Performance Measure	99%	99%
How accessible is the information in the process?	2	2
Evidence	The PMM has increased the accuracy and timeliness of all associated processes through automation. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. PMM has screening interfaces with CMS PECOS data, DEX, etc. The Provider and Member Relations (PMR) Unit has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Vermont Tax Department collaboration is a manual process. SoV continues to work on getting license data from all states, which is planned in an upcoming release. Provider Instructions(includes sections on updating and maintenance of information in the Portal)	
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of the results?	3	3
Evidence	This process is now automated with the implementation of PMM, increasing the accuracy and timeliness. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_201	

PM01 -- Manage Provider Information	As-Is	To-Be
	90416.pdf?csf=1&e=7Z64Jr	
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Evidence	This process is now automated with the implementation of PMM, increasing the accuracy and timeliness. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. Over the past three months (June-August 2019) we have met 99.9% accuracy and timeliness is within guidelines of 60 days and averaging 15-17 days. Combined measures would translate to at least 95% efficiency.	
Performance Measure	95%	95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	See Effort to Perform: Efficiency for information that also applies to accuracy.	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation has helped improve stakeholder satisfaction and provider and staff feedback on PMM has been positive. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx?	
Performance Measure	90%	90%

3.11.5.2 PM08 -- Terminate Provider

Capability Metric Scorecard

PM08 -- Terminate Provider	As-Is	To-Be
Business Capability Descriptions	3	3
Is the process primarily manual or automatic?	3	3
Evidence	PMM has brought automation to the process, which increases the accuracy and timeliness of all processes. Involuntary terminations come from within state, CMS or other state agencies. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES), etc. Monthly screening checks that include providers, owners and/or managing employees. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=LcnBH3	
Does the State Medicaid Agency use standards in the process?	3	4
Evidence	PMM has brought automation to the process, which increases the accuracy and timeliness of all processes. Involuntary terminations come from within state, CMS or other state agencies. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES), DEX, etc. Monthly screening checks that include providers, owners and/or managing employees. SoV continues to work on getting license data from all states, which is planned in an upcoming release. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=LcnBH3	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Evidence	The State relies on information from other states on terminated providers, as well as DEX, and relays this information as needed.	

PM08 -- Terminate Provider	As-Is	To-Be
	PMM has screening interfaces with CMS PECOS data, DEX, etc. Provider Member Relations Unit has also collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Collaboration with the Vermont Tax Department is a manual process. PMR also works with the Program Integrity Unit. SoV continues to work on getting license data from all states, which is planned in an upcoming release.	
Timeliness of Process	3	3
How timely is this end-to-end process?	3	3
Evidence	PMM has automated this process to the extent possible. See previous evidence description for state and federal collaboration information and interfaces.	
Data Access and Accuracy	2	2
How accurate is the information in the process?	2	2
Evidence	PMM has brought automation to improve accuracy of information used in process. Termination and disenrollment are done via PMM and has a QA process. Monthly excluded providers are done outside of PMM.	
How accessible is the information in the process?	2	2
Evidence	PMM module has improved automation and accessibility. Only providers excluded for cause are reported to CMS and available to DEX via the excluded provider list.	
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of the results?	3	3
Evidence	PMM has brought automation, which increases the accuracy and timeliness of all processes. The Agency of Human Services requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Effort to Perform; Efficiency	2	3
How efficient is the process?	2	3

PM08 -- Terminate Provider	As-Is	To-Be
Evidence	PMM has automated Provider Management processes and increased efficiency. Also see the evidence description for "how does the SMA collaborate..." for information that also applies here.	
Performance Measure		95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	PMM automation and interfaces has increased accuracy of information used in process and results. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. Although termination of providers is done via the PMM, auditing and tracking of this is done via a excel spreadsheet to monitor if a provider was terminated with the correct termination reason and dates. YTD, we have achieved a 100% accuracy rate. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=zGt0QA	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation of Provider Management processes and interfacing to the extent possible via PMM has increased stakeholder satisfaction. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx?	
Performance Measure	90%	90%

3.11.6 Provider Support

3.11.6.1 PM02 -- Manage Provider Communication

Capability Metric Scorecard

PM02 -- Manage Provider Communication	As-Is	To-Be
Business Capability Descriptions	2	2
Is the process primarily manual or automatic?	3	3
Evidence	PMM has brought automation, which increases the accuracy and timeliness of associated processes. Upon successful enrollment via the PMM, providers can register for the Provider Portal. Providers can also sign up for a subscription to receive communication advisories. The new PMM module was assessed during DDI for Section 508 Accessibility Compliance. Provider information is communicated online via website: vtmedicaid.com, and it includes current and historical banner and advisory information, provider manuals, provider resources, etc. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_VT_Medicaid_Website_Communication_Screenshot.pdf	
Is communication linguistically, culturally, and competency appropriate?	2	3
Evidence	New PMM module has choice of languages and was assessed during DDI for Section 508 Accessibility Compliance.	
Does the State Medicaid Agency use standards in the process?	2	2
Evidence	The State had communication strategies and implementation plans to help support providers through the PMM implementation. Additionally, there is a Vermont Standard and Style Guide and Vermont is in the process of implementing an Accessibility Policy. https://www.vermont.gov/policies/accessibility https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_VT_Standards_Guidelines.pdf?csf=1&e=ISktNL	

PM02 -- Manage Provider Communication	As-Is	To-Be
	https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=5GRRSL	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Evidence	PMM has screening interfaces with CMS PECOS data, DEX, etc. Provider Member Relations also has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. Vermont Tax Department collaboration is a manual process. SoV continues to work on getting license data from all states, which is coming in a planned release in the near future. Vermont aligns with 42 CFR 455 Subpart B & E and the MPEC as well as DXC Enrollment Manual and has adopted the MITA Framework. New PMM module has choice of languages and was assessed during DDI for Section 508 Accessibility Compliance.	
Timeliness of Process	2	2
How timely is this end-to-end process?	2	2
Evidence	PMM has brought automation, which increases the accuracy and timeliness of all associated processes. Providers have the ability to log into the portal. Access to a portal and the Provider website cuts down on questions that can't be answered via self-service. Per DXC Provider communication in any form is acknowledged in 24 hours most of the time, and this is monitored on a monthly basis with fiscal agent. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_Resolution_Timeliness_14_Day_Requirements.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_2_Day_Response_Time_Requirements.pdf	
Performance Measure	answers most requests in 24 hours or less	answers most requests in 24 hours or less

PM02 -- Manage Provider Communication	As-Is	To-Be
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	3
Evidence	PMM implementation has brought automation, which increases the accuracy and timeliness of all associated processes. The State can show 99% accuracy and some automatic decision making via the screening services. PMM can show 99% accuracy of provider information, which is used for communication, by running a report of applications that were entered incorrectly and need to be void and then reentered. DXC Voids the application for the provider if the provider recognized after entering and submitting the application that they did something wrong. It is a self-attested application.	
Performance Measure	99%	99%
How accessible is the information in the process?	3	3
Evidence	PMM has brought automation, which increases the accuracy and timeliness of all associated processes. Information is accessible to providers via web at vtmedicaid.com, as well as the DVHA website, and providers can log into the provider portal. It is accessible to State and DXC staff via the module and DXC Provider Manual. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_VT_Medicaid_Website_Communication_Screenshot.pdf	
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of the results?	3	3
Evidence	PMM implementation has brought automation, which increases the accuracy and timeliness of all processes. The Agency of Human Services requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Effort to Perform; Efficiency	3	3
How efficient is the process?	3	3
Evidence	See Cost-Effectiveness for information that also applies to efficiency. The State can show efficiency from timeliness of 120 days to	

PM02 -- Manage Provider Communication	As-Is	To-Be
	15 days and 9 DXC employees and 2 SOV Employees to 7 DXC Employees processing application. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. The accuracy of information used also correlates to the level of efficiency.	
Performance Measure	95%	95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	See Cost-Efficiency for information that also applies to accuracy. The process of communication with providers varies. Direct communication is noted in MMIS as well as PMM. QA and an SLA exist on timeliness. Communication also exists via banner and advisories, and that has a QA process as well. PMM can show 99% accuracy of provider information by running a report of applications that were entered incorrectly and need to be void and then reentered. Accuracy of information used also correlates to measuring the accuracy of the results of the communication process. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_Resolution_Timeliness_14_Day_Requirements.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_2_Day_Response_Time_Requirements.pdf	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
Does the business process satisfy stakeholders?	3	3
Evidence	Automation has helped improve stakeholder satisfaction and provider and staff feedback on PMM has been positive. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-	

PM02 -- Manage Provider Communication	As-Is	To-Be
	Is_Evidence/Provider_Survey_2019.pptx?	
Performance Measure	90%	90%

3.11.6.2 PM07 -- Manage Provider Grievance and Appeal

Capability Metric Scorecard

PM07 -- Manage Provider Grievance and Appeal	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	1	2
How central is the grievance and appeals process?	1	2
Do providers know how to access the grievance and appeals process?	1	2
How does the State Medicaid Agency manage the process?	1	2
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Timeliness of Process	1	2
How timely is this end-to-end process?	1	2
Data Access and Accuracy	1	2
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Cost-Effectiveness	1	2
What is the cost of the process compared to the benefits of the results?	1	2
Effort to Perform; Efficiency	1	2
How efficient is the process?	1	2
Accuracy of Process Results	1	2
How accurate are the results of the process?	1	2
Utility or Value to Stakeholders	1	2
Does the business process satisfy stakeholders?	1	2

3.11.6.3 PM03 -- Perform Provider Outreach

Capability Metric Scorecard

PM03 -- Perform Provider Outreach	As-Is	To-Be
Business Capability Descriptions	1	2
Is the process primarily manual or automatic?	2	3
Evidence	PMM has helped to automate some of the process, especially for existing providers versus prospective providers. Additionally, access to data on existing and applying providers is more accurate and readily accessible to the State since implementation of PMM, which helps with identifying gaps in the provider community. Outreach is done utilizing communication updates in the Medicaid Portal such as banners, webinars/training videos and advisories- advisories can be subscribed to. It is also done telephonically, via email or in person. The portal provides a "contact us" as well as instructions. http://www.vtmedicaid.com/assets/advisories/May2019Advisory.pdf https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_portal_banner.docx?d=we89c52f8a075429998fa2108a2b601a0&csf=1&e=cOVeZ3 https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=clw78a https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf?csf=1&e=cBb7ZN https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_login_screenshot.docx?d=w792cf2bed7cf438da65101ec3a21718c&csf=1&e=FsSJge	
Is communication linguistically, culturally, and competency appropriate?	2	3
Evidence	New PMM module has choice of languages and was assessed during DDI for Section 508 Accessibility Compliance. Electronic	

PM03 -- Perform Provider Outreach	As-Is	To-Be
	communications are greatly utilized.	
Does the State Medicaid Agency use standards in the process?	3	3
Evidence	Automation and reduction in manual process has improved efficiency, timeliness and amount of staff required. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. New PMM module was assessed during DDI for Section 508 Accessibility Compliance. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/DXC_VT_PMM_NewProviderEnrollmentManual_v1.0_20190416.pdf?csf=1&e=clw78a https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/PMM_VT_Standards_Guidelines.pdf?csf=1&e=ISktNL	
How formalized is the process?	1	2
Evidence	There are SLRs for 2 and 14-day response times for provider outreach, but there are no formal processes. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_2_Day_Response_Time_Requirements.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_Resolution_Timeliness_14_Day_Requirements.pdf	
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Evidence	The State may at times work with other states to collaborate on provider communication on cross reaching areas. PMM also has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some	

PM03 -- Perform Provider Outreach	As-Is	To-Be
	border states. Collaboration with Vermont Department of Tax is a manual process. SoV continues to work on getting license data from all states, which is planned in an upcoming release. Provider Member Relations also works with other units in DVHA on this process including but not limited to Clinical Operations, Program Integrity and Reimbursement. Vermont aligns with 42 CFR 455 Subpart B & E and the MPEC as well as DXC Enrollment Manual.	
Timeliness of Process	3	3
How timely is this end-to-end process?	3	3
Evidence	PMM has helped to further automate this process. Provider are outreached to via email or selected forms of communication regarding the status of their enrollment and advised if any additional requirements are needed. Provider Member Relations (PMR) also has collaborated to achieve screening interfaces with Vermont Secretary of State Licensing Board, Vermont Department of Health Licensing Board along with some other states including some border states. PMR collaboration with Vermont Department of Tax is a manual process. SoV continues to work on getting license data from all states, which is planned in an upcoming release. Vermont utilizes electronic communications such as banners that result in immediate communication outreach. There are SLRs for 2 and 14-day response times for provider outreach which are monitored and go through a QA process. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_Resolution_Timeliness_14_Day_Requirements.pdf https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_SLR_Provider_Inquiry_2_Day_Response_Time_Requirements.pdf	
Data Access and Accuracy	3	3
How accurate is the information in the process?	3	3
Evidence	DXC has a QA process to monitor information input in PMM in regard	

PM03 -- Perform Provider Outreach	As-Is	To-Be
	to managing provider information changes. The State does a monthly random audit of changes based on month to ensure changes were done correctly. Information is available on the VT Medical Portal for outreach on how to enroll with Vermont Medicaid and is available 24/7. Information also follows a strict QA process to ensure it is accurate. PMM has helped to automate the Provider Eligibility and Enrollment and Manage Provider Information processes which has increased reliability of information the State uses in this process. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules.	
Performance Measure	95%	95%
How accessible is the information in the process?	3	3
Evidence	Notifications, advisories, etc. posted at VTMedicaid.com. PMM implementation has helped to make information in this process more immediately accessible to staff. If a provider is registered, then they receive email alerts. Provider outreach is noted in PMM and MMIS and notifications are posted at VTMedicaid.com. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_VT_Medicaid_Website_Communication_Screenshot.pdf	
Cost-Effectiveness	3	3
What is the cost of the process compared to the benefits of the results?	3	3
Evidence	Provider outreach is noted in PMM and MMIS and notifications are posted at VTMedicaid.com. Through automation, the State has improved accuracy of information in process, efficiency and process results further improving cost effectiveness. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_As_Is_Evidence/PMM_VT_Medicaid_Website_Communication_Screenshot.pdf	
Effort to Perform; Efficiency	3	3

PM03 -- Perform Provider Outreach	As-Is	To-Be
How efficient is the process?	3	3
Evidence	Implementation of PMM has helped make this process more efficient. Information used in the process is more reliable and accessible. Vermont utilizes electronic communications via banners/notifications regularly. Outreach via email, in person or via telephone does still need to occur at times in outreach but not due to process limitations or inefficiency. See "accuracy of information in process" for information that also applies here.	
Performance Measure	95%	95%
Accuracy of Process Results	3	3
How accurate are the results of the process?	3	3
Evidence	Automation has helped increase accuracy of results in this process. Communication is noted in PMM and MMIS and an SLA exists on timeliness. Communications exist via banner and advisory and this has QA process as well. AHS requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. See "how does the SMA collaborate," and "accuracy of information in process" for evidence information that also applies here.	
Performance Measure	90%	90%
Utility or Value to Stakeholders	3	3
How satisfied are the stakeholders?	3	3
Evidence	Automation has helped improve stakeholder satisfaction and provider and staff feedback on PMM has been positive. Implementation of PMM has also automated provider eligibility and enrollment process and enrollment instructions, training videos etc. are available- increasing likelihood prospective providers will be satisfied and more likely to join Vermont Medicaid network. Latest provider survey results show an overall satisfaction rate of 93%. https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/PMM_BA_New_As-Is_Evidence/Provider_Survey_2019.pptx?d=w7fc20686d2d643d0b801cbd23c26d106&csf=1&web=1&e=5ofzqe	
Performance Measure	90%	90%

3.12 Rx -- Pharmacy

3.12.1 Overview

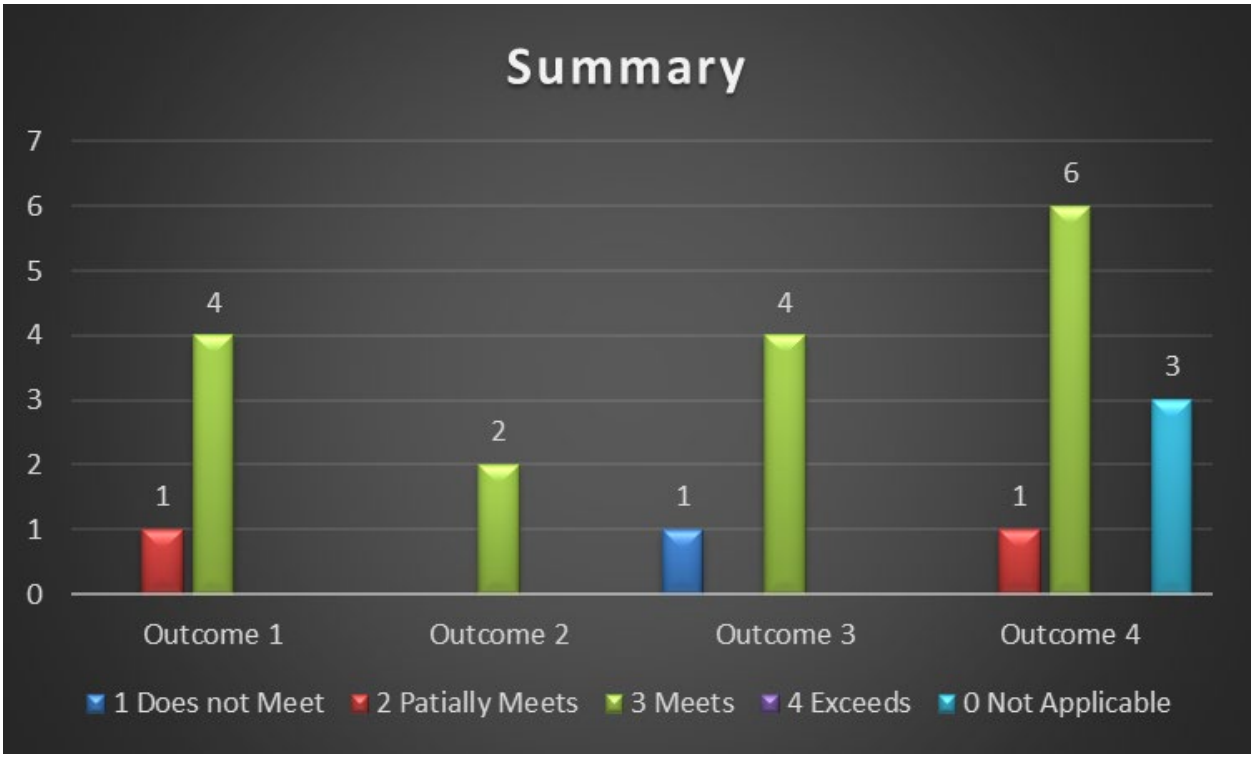
CMS is looking at moving towards more of an outcomes-based focus including for Certification and MITA. There have been various pilots and experiments to explore how best to do this, and it has been referred to as the "Era of Experimentation." Note, states should continue to follow the MECT, MEET, and MITA 3.0 unless given other guidance from CMS.

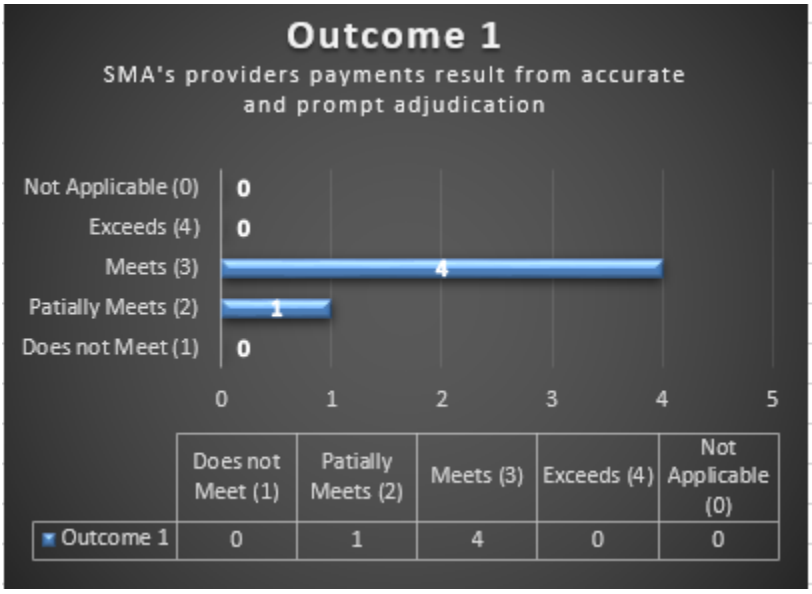
Vermont accepted an opportunity to conduct an As-Is Outcomes-Based Assessment experiment with CMS and MITRE for Pharmacy. This experiment explored whether an outcomes-based assessment would be less burdensome and more useful than a traditional SS-A. The hypothesis was that If outcome-based questions can be used to self-assess current SMA business processes and support deriving a "to be" technology vision for the business process , then SMAs will have a more efficient and effective means of evaluating their current state and planning their technology-enabled business improvements and roadmap using outcomes.

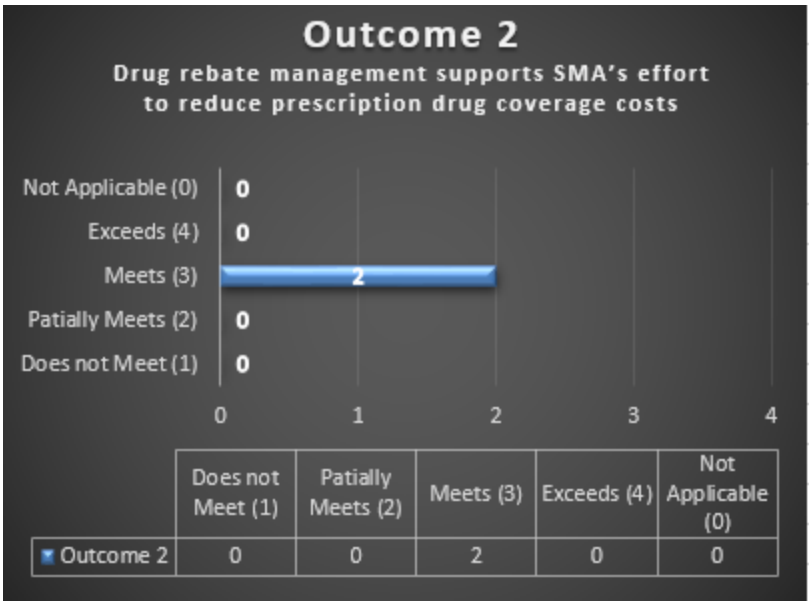
Vermont received approval from the Data Systems Group (CMS) to pilot this experiment and include the results in our SS-A instead of the traditional questions for Pharmacy only. Vermont submitted its results and overall feedback to CMS and MITRE in May of 2019. Note, Pharmacy is not its own business area in MITA. We have added it here in order to include the described as-is assessment in the overall scope and story of our SS-A. This section takes the place of the Manage Drug Rebate business process and that process has been removed.

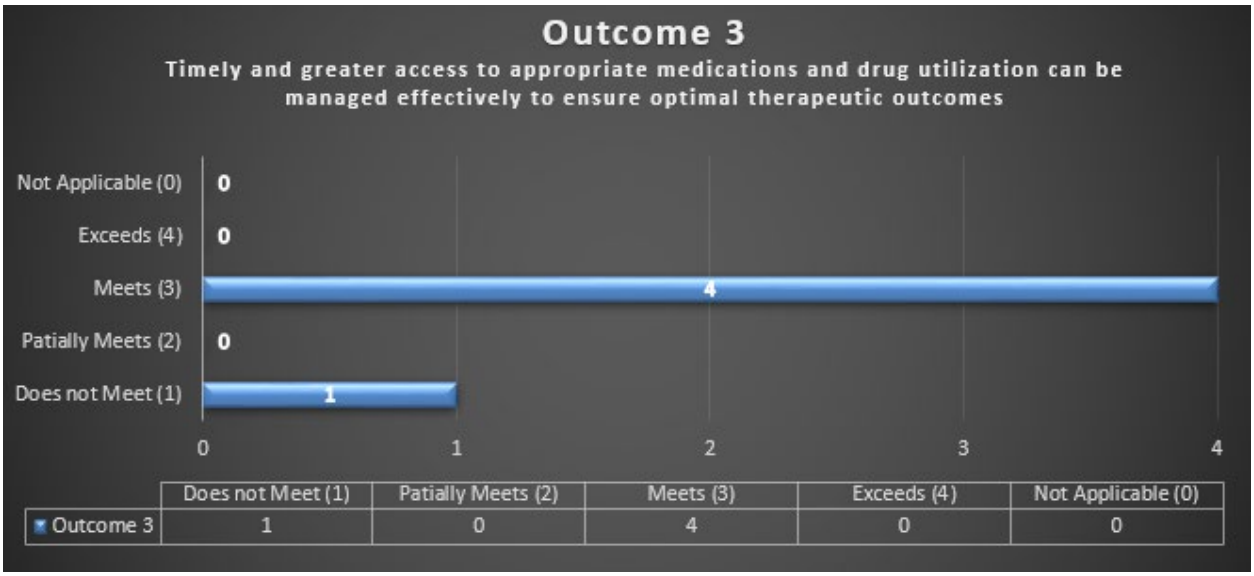
3.12.2 Process Area Findings

The Vermont Pharmacy business area's current business capabilities meet the majority of the outcomes and associated as-is questions in the experimental pilot. A small percentage of questions were rated as not applicable and partially meets. Only one question was rated with does not meet. The original spreadsheet completed for the pilot can be viewed here: Pharmacy OB and As Is Final.


Summary
7
6
5
4
3
2
1
0
1
4
2
1
4
1
6
3
Outcome 1
Outcome 2
Outcome 3
Outcome 4
1 Does not Meet
2 Patially Meets
3 Meets
4 Exceeds
0 Not Applicable


Outcome 1
SMA's providers payments result from accurate and prompt adjudication
Not Applicable (0)
Exceeds (4)
Meets (3)
Patially Meets (2)
Does not Meet (1)
0
0
4
1
0
0
1
2
3
4
5
Does not Meet (1)
Patially Meets (2)
Meets (3)
Exceeds (4)
Not Applicable (0)
Outcome 1
0
1
4
0
0


Outcome 2
Drug rebate management supports SMA's effort to reduce prescription drug coverage costs
Not Applicable (0)
Exceeds (4)
Meets (3)
Patially Meets (2)
Does not Meet (1)
0
0
2
0
0
0
1
2
3
4
Does not Meet (1)
Patially Meets (2)
Meets (3)
Exceeds (4)
Not Applicable (0)
Outcome 2
0
0
2
0
0


Outcome 3
Timely and greater access to appropriate medications and drug utilization can be managed effectively to ensure optimal therapeutic outcomes
Not Applicable (0)
Exceeds (4)
Meets (3)
Patially Meets (2)
Does not Meet (1)
0
0
4
0
1
0
1
2
3
4
Does not Meet (1)
Patially Meets (2)
Meets (3)
Exceeds (4)
Not Applicable (0)
Outcome 3
1
0
4
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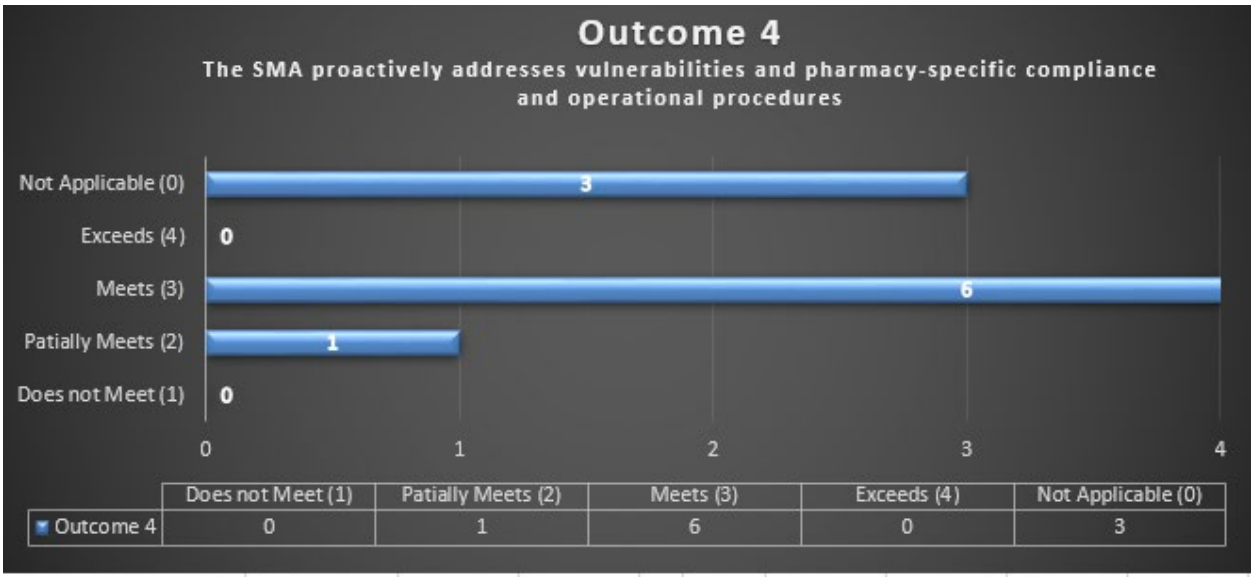
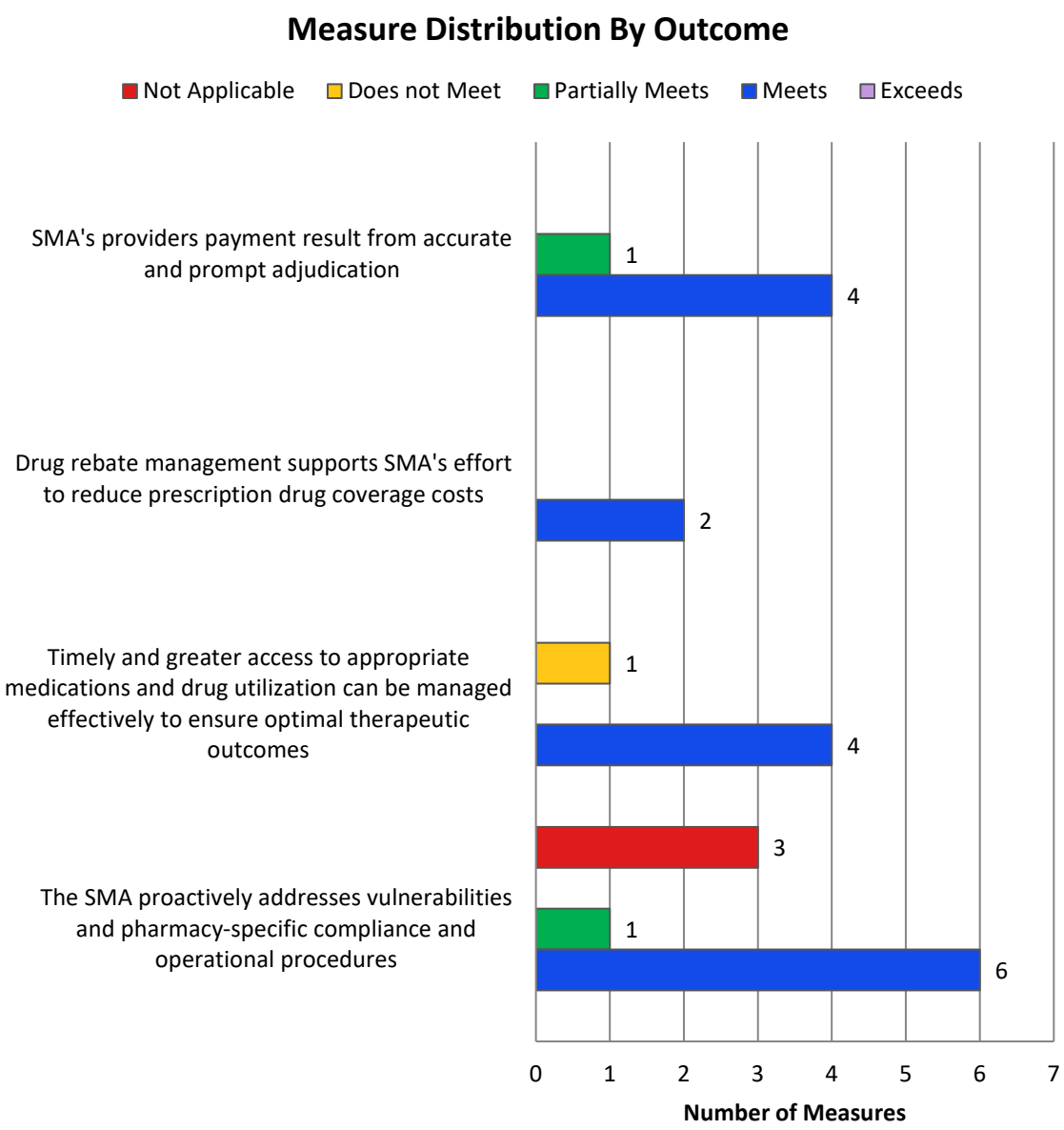


3.12.3 Process Area Direction

Vermont's general status is good overall for the Pharmacy business area based on the as-is questions. DVHA recognizes additional needs for improvement in monitoring utilization of opioids, particularly in provider and patient level retrospective monitoring and reporting.

Rx -- Pharmacy Maturity Profile

Reference	Outcome	Does Not Meet	Partially Meets	Meets	Exceeds
OC-1	SMA's providers payment result from accurate and prompt adjudication				
OC-2	Drug rebate management supports SMA's effort to reduce prescription drug coverage costs				
OC-3	Timely and greater access to appropriate medications and drug utilization can be managed effectively to ensure optimal therapeutic outcomes				
OC-4	The SMA proactively addresses vulnerabilities and pharmacy-specific compliance and operational procedures				


Measure Distribution By Outcome
Not Applicable
Does not Meet
Partially Meets
Meets
Exceeds
SMA's providers payment result from accurate and prompt adjudication
1
4
Drug rebate management supports SMA's effort to reduce prescription drug coverage costs
2
Timely and greater access to appropriate medications and drug utilization can be managed effectively to ensure optimal therapeutic outcomes
1
4
3
The SMA proactively addresses vulnerabilities and pharmacy-specific compliance and operational procedures
1
6
0
1
2
3
4
5
6
7
Number of Measures

3.12.4 SMA's providers payment result from accurate and prompt adjudication

Measure Scorecard

Measure	As-Is
Are you calculating the accuracy of pharmacy claim adjudications?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Monthly Claims Audit -- Non-automated report provided by vendor: This SLA requires that the vendor provide an audit of 50 randomly selected claims to ensure that the claims processed in accordance with State rules. State will review a sample of the claims on the vendor's report to verify audit. >99.9% of claims (Zero CHC caused errors) Sample size of 50 claims per month. Contractor shall process claims according to DVHA's business rules Change Requests, test environment validation, post-production review: As part of DDI, we implemented and tested the pricing and payment logic of pharmacy claims. Any time there is a change in the reimbursement methodology, DVHA submits a change request to CHC. After coding/configuration by CHC dev team, the pharmacy unit then participates in reviewing the code changes in CHC's test environment. After the system was moved from DDI into production the State began reviewing all proposed changes. **Comments from evaluator:** The outcome of the vendor's audit is a report with 50 claims and the yes/no result of whether the claims paid correctly. The claims are chosen randomly and represent claims under various DVHA Plan designs. This exercise has highlighted that the pharmacy unit should separately check some of the claims listed on the report in the POS system. Another way we validate claims processing: DVHA approves changes to claims processing (CRs, test plans and post-production review). This process is explained as follows: DVHA submits a

Measure	As-Is
	change request or specification order to CHC. After coding/configuration by CHC development team, the pharmacy unit then participates in reviewing the code changes in CHC's test environment. After the State approves the change in the test environment, it is moved into production and a post-production review occurs, which means claims are reviewed in production environment. If claims are processing correctly, the ticket for the change is closed. Pharmacy can provide the Change Management Plan.
Is the accuracy calculation an automated process?	Partially Meets - 26-80% of target measure
Evidence	**Evidence Utilized:** DVHA'S PBM Agreement w/vendor The accuracy calculation is a manual calculation based on the review of the 50 randomly selected claims. **Comments from evaluator:** Some accuracy measures are automated and some not. Operational reports, the random selection of claims, and SLA's are automated, but all of this really needs to be reviewed manually by a SME in order to accurately assess whether the claims paid accurately. This is due to the multiple and complex payment rules within Medicaid. I do not believe this could be fully automated.
Do you have remediation processes in place to address identified errors and reduce the error rate?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** A monthly SLA report is provided by vendor. The report described above will be used to support potential fees (credits on the vendor invoice) in the event it is found that the vendor paid claims incorrectly. If the vendor paid incorrectly, the vendor will also provide an analysis of claims that were paid incorrectly due to that claims processing error. When we do identify an error, we look at all like claims and find out how many claims are effected by that same error. Once we find subset of claims that are effected, do a specification order to correct the issue and typically we would reprocess all those

Measure	As-Is
	claims to correct the error. Providers would be notified. **Comments from evaluator:** As this is an SLA (paying claims correctly), there are charges for processing claims incorrectly. The "business outcome' is to ensure claims get paid correctly.
What is your average error rate on an annual basis as a percentage of your accuracy SLA ?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Monthly SLA report provided by vendor. **Comments from evaluator:** This is being measured through the monthly claims analysis discussed above. 0% error rate; however, we just began collecting this information for our SLA. Until we have more data over a longer time period, we are more comfortable with meets than exceeds.
Is your adjudication and data transfer occurring in a timely manner such that claims system is sending 95% of adjudicated (payable) claims for payment within 30 days of receipt?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Adjudication: SLA for claims processing: 3 seconds response >95% of transactions. The system shall respond to all POS Claims Processing Platform interactive system transactions within 3 seconds, measured at the Contractor's Data Center. A monthly report is provided. Data transfer of claim file to DXC occurs on each Friday. There is an SLR between DVHA and DXC for processing of the pharmacy claims- process drug transactions within 48 hours of receipt. The file is loaded in the MMIS and processed in the weekly financial cycle that evening. A claim appears on the remittance advice the provider receives the following week. **Comments from evaluator:**

Measure	As-Is
	Adjudication times: DVHA reviews the report provided by CHC that shows the average processing times for DVHA pharmacy claims. SLR with DXC (DXC SLR 2019 Dashboard) and confirmation with DXC on process. To explain how we ensure accuracy in our claims data transfer: During DDI, data integration between the vendor and DVHA was carefully engineered and the file transfer tested. It is documented in the vendor's data integration "deliverables" required under the contract with DVHA and approved by CMS during its certification of DVHA's PBMS. There is no SLA for delivering the claim file on time.

3.12.4.1 Drug rebate management supports SMA's effort to reduce prescription drug coverage costs

Measure Scorecard

Measure	As-Is
Is SMA calculating the rebate % of all claims? Is it consistent from quarter to quarter? Is it consistent by rebate type?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Rebate management program reports; pharmacy claims. Rebate reports and invoices are reviewed by the Pharmacy Director. Percent of collected rebates is provided on a summary report. **Comments from evaluator:** It is consistent from quarter to quarter and rebate type to rebate type, and if it's not, that would be a reason to evaluate further. We look at ratio from quarter to quarter as part of QA review of rebate invoices.
What is the SMA's average rebate collection rate measured nine months after invoicing?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Rebate management program reports; pharmacy claims **Comments from evaluator:** Rebate reports explaining average collection rate- we get quarterly reports on collections.

3.12.4.2 Timely and greater access to appropriate medications and drug utilization can be managed effectively to ensure optimal therapeutic outcomes

Measure Scorecard

Measure	As-Is
Do you capture and monitor/report the average length of time for a PA approval?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** PA Statistics Report By PDL Category with SFYTD Totals: This is a monthly operational report. All complete PAs are required to be processed within 24 hours. **Comments from evaluator:** This report, by drug class, shows how long prior authorizations took to process. Vendor procedures for the State account require that PAs be processed within 24 hours. Typical processing times are under eight hours.
Are you calculating the average DUR cost savings per member per year ?	Yes/ Meets 81-95% of target measure
Evidence	CMS Annual DUR Report A requirement of the CMS Annual DUR Report is to capture DUR savings. This is done through a prospective DUR savings report as well as an evaluation of our retrospective drug utilization reviews for attributable savings.
Do you capture the total number of beneficiaries with a State pharmacy benefit that receive at least one prescription per year?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** DVHA Utilization reporting lists total utilizing members. A utilizing member is a member with at least one prescription claim during the time period requested. Example, Series Summary report. **Comments from evaluator:** The total number of beneficiaries getting a prescription (captured by timeframe) is generally represented as "claims per utilizing

Measure	As-Is
	member." It's on often-cited statistic and we monitor it for fluctuation.
Are you calculating % total number of members and chronic diseases for which MTM is being provided?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Quarterly MTM Report **Comments from evaluator:** The State's current MTM program provides a quarterly savings report that identifies the number of members and their diagnoses for which MTM is being provided. MTM is currently limited to patients who incur high-cost claims activity.
Are you calculating number and % of enrollees meeting specified targeted CMS MTM criteria?	No/ Meets 0-25% of target measure
Evidence	**Evidence Utilized:** Quarterly MTM Report **Comments from evaluator:** Vermont's program is not based on the CMS model.

3.12.4.3 The SMA proactively addresses vulnerabilities and pharmacy-specific compliance and operational procedures

Measure Scorecard

Measure	As-Is
Are you collecting data on duplicative or fraudulent claims?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Change Healthcare provides a report showing the number of claims that were denied as duplicates. In addition, the POS system has many edits built into claims processing that prevent many types of fraudulent claim submissions. In addition to this, the pharmacy staff routinely review monthly operational reports for any aberrant activity. Lastly, the Program Integrity Unit also has a role in preventing Program Fraud and Abuse. **Comments from evaluator:** Duplicate claims are denied in the POS. Any suspected fraudulent claims are reported to Program Integrity.
Does the SMA apply restrictions on the dispensing of antipsychotics for children?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** DVHA performs detailed reporting on the use of antipsychotics in children. Through the activities of the multi-departmental committee Psychotherapeutic Monitoring Workgroup, composed of psychiatrists and other medical and pharmacy providers, all data on the use of antipsychotics in children and also children in foster care are thoroughly reviewed. Any identified issues and trends are addressed as part of the committee's action items. **Comments from evaluator:** Data is collected, reported on, evaluated, on a quarterly basis.
Does the SMA monitor prescriber and patient utilization of opioids?	Partially Meets - 26-80% of target measure
Evidence	**Evidence Utilized:** Many opioids are subject to restriction in days supply and dosage. Vermont passed an opioid law that restricts the initial fill

Measure	As-Is
	for all short-acting opiates, which are limited to 50 Morphine Milligram Equivalents (MME) and 7-day supply for patients ≥ 18 years of age OR 24 MME and 3-day supply for patients ≤ 17 years of age. This system edit ensures that the State is limiting approval of short-acting opioids, as per Vermont state law. In addition, there are many system edits that limit quantity and require PA for long-acting opioids. State claims data can be run from the Change Healthcare reporting module. Reports can be run by month, quarter, year and by a variety of drug and field categories. Prescriber level reporting is performed for medication assisted treatment drugs and the State is in the process of developing additional prescriber and patient level opioid reporting. **Comments from evaluator:** DVHA recognizes this as an area needing additional improvements, particularly in provider and patient level retrospective monitoring and reporting.
Does the SMA monitor how often emergency fills are used by pharmacies?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Operational reporting on emergency fills allows the State to evaluate that restrictions are in place to limit the 72-hour emergency fills. This report is run on a monthly basis and reviewed by the clinical pharmacist. Emergency fills are subject to one 72-hour supply per member, per drug for each calendar month. **Comments from evaluator:** This is a report that is pulled monthly.
Does the SMA monitor how compliant pharmacies are filling maintenance medications?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** We have system edits in place that prohibit a pharmacy from dispensing a maintenance med. for less than 30 days without a prior auth. In addition, Vermont has a specific mandatory 90-day

Measure	As-Is
	program for certain maintenance medications. Operational reports are periodically reviewed for short day supply to assure that maintenance medications are dispensed properly. **Comments from evaluator:** The mandatory 90-day is specific to Vermont and other states may not have this.
Are State pharmacies undergoing federal agency audit?	Not Applicable
Evidence	**Evidence Utilized:** This is currently outside of the Pharmacy Module/Business area for Vermont. Info gathered from Provider Member Relations/Provider Management Module or Business Area: In compliance with 42 CFR §455.414, all providers are required to enroll with Vermont Medicaid and revalidate their enrollment at least every five years depending on provider type and assigned risk level. Vermont's Provider Enrollment business area screens to verify new and revalidating providers meet State and CMS criteria- such as conducting license verification and checking for exclusions or sanctions in a federal or state program. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES) etc. Providers are categorized by screening levels established by CMS utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. Providers and suppliers may have their risk level reassessed for reasons such as exclusion by the OIG, and moderate or high-level risk providers are subject to site visits. There is also a Vermont Medicaid Disclosure form where enrolling/revalidating providers are required to disclose information such as Conviction/Sanction/Disclosure and Suspension/Debarment Information of the Provider. Info gathered from Compliance and Oversight: The pharmacy unit drug rebate function is audited as part of the annual Single audit conducted by CLA. For 2018, CLA relied on the SOC report. There were no findings. Pharmacy claims are also reviewed during the PERM audit that happens every three years. The 2020 cycle has

Measure	As-Is
	just begun.
Are State pharmacies undergoing State agency audit?	Not Applicable
Evidence	**Evidence Utilized:** This is currently outside of the Pharmacy Module/Business area for Vermont. Provider Member Relations/Provider Management Module or Business Area: In compliance with 42 CFR §455.414, all providers are required to enroll with Vermont Medicaid and revalidate their enrollment at least every five years depending on provider type and assigned risk level. Vermont's Provider Enrollment business area screens to verify new and revalidating providers meet State and CMS criteria- such as conducting license verification and checking for exclusions or sanctions in a federal or state program. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES) etc. Providers are categorized by screening levels established by CMS utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. Providers and suppliers may have their risk level reassessed for reasons such as exclusion by the OIG, and moderate or high-level risk providers are subject to site visits. There is also a Vermont Medicaid Disclosure form where enrolling/revalidating providers are required to disclose information such as Conviction/Sanction/Disclosure and Suspension/Debarment Information of the Provider. Info gathered from Compliance and Oversight: The pharmacy unit drug rebate function is audited as part of the annual Single audit conducted by CLA. For 2018, CLA relied on the SOC report. There were no findings. Pharmacy claims are also reviewed during the PERM audit that happens every three years. The 2020 cycle has just begun.
Are State pharmacies have implemented their corrective action plan?	Not Applicable
Evidence	**Evidence Utilized:**

Measure	As-Is
	This is currently outside of the Pharmacy Module/Business area for Vermont. Provider Member Relations/Provider Management Module or Business Area: In compliance with 42 CFR §455.414, all providers are required to enroll with Vermont Medicaid and revalidate their enrollment at least every five years depending on provider type and assigned risk level. Vermont's Provider Enrollment business area screens to verify new and revalidating providers meet State and CMS criteria- such as conducting license verification and checking for exclusions or sanctions in a federal or state program. Use of screening services including PECOS, Excluded Parties List System (EPLS), OIG Exclusion List, System for Award Management, Social Security Death Master, license validation, National Provider Enumerator (NPPES) etc. Providers are categorized by screening levels established by CMS utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. Providers and suppliers may have their risk level reassessed for reasons such as exclusion by the OIG, and moderate or high-level risk providers are subject to site visits. There is also a Vermont Medicaid Disclosure form where enrolling/revalidating providers are required to disclose information such as Conviction/Sanction/Disclosure and Suspension/Debarment Information of the Provider. Info gathered from Compliance and Oversight: The pharmacy unit drug rebate function is audited as part of the annual Single audit conducted by CLA. For 2018, CLA relied on the SOC report. There were no findings. Pharmacy claims are also reviewed during the PERM audit that happens every three years. The 2020 cycle has just begun.
Are you capturing from your PBX solution, data on the volume of prescriptions by categories or groupings such as (medical condition example ADAD drugs; Opioids; blood pressure)?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Drug data is kept in a relational database universe. Data can be run at the drug detail level, or at the therapeutic classification level which is generally indicative of the medical condition.

Measure	As-Is
	Comments from evaluator: This is required of all pharmacy benefit management systems which operate off one of the three drug databases available nationally (ex. Medispan, First Databank). Because of that, I don't think this is a valid "as-is" for the pharmacy unit.
Is the data usable (or potentially usable) to support potential fraud, waste, and abuse?	Yes/ Meets 81-95% of target measure
Evidence	**Evidence Utilized:** Yes, drug claims contain numerous required fields, which can assist DVHA in identifying fraud and abuse. **Comments from evaluator:** This is required of all pharmacy benefit management systems which operate off one of the three drug databases available nationally (ex. Medispan, First Databank). Because of that, I don't think this is a valid "as-is" for the pharmacy unit.

4 Information Architecture

4.1 Information Architecture Overview

The Information Architecture section of the SS-A is intended to document the maturity level of the State's Medicaid Data Models, and the Standards used regarding data. The scoring for each of the ten business areas is broken up into four sections, Data Management Strategy (DMS), Conceptual Data Model (CDM), Logical Data Model (LDM), and Data Standards.

The DMS section poses questions that relate to data governance, architectures, and enterprise modeling. The CDM section discusses what CDMs exist for the business area and what level of data exchange (intrastate, regional, or national) the models depict. The LDM section is the same as the CDM, just for the logical and not the conceptual model. Lastly, the Data Standards section addresses what standards are used for the data, and if they are created by the State or if they are more open standards created at a national level.

Given that the goal is for all of the State's modules to conform to the same data models and standards, Vermont has addressed the questions in this section with an enterprise view in mind. When soliciting for answers we asked the subject matter experts to consider the entire Medicaid Agency as the scope.

4.2 Evidence for Enterprise Scoring

The evidence below is for all business areas, as this section was scored on an enterprise level.

For your convenience, we are providing a link to the Information Architecture evidence.

Data Management Strategy (DMS)

Component Question	**As-Is**	**To-Be**
Does business area have governance of data management?	2	3
Evidence	With the creation of the Agency of Human Services (AHS) Data Governance Council in 2018, the State Medicaid Agency (SMA)	

Component Question	As-Is	To-Be
	intends to ensure that data governance will align with industry best practices. The principles defined in the Data Governance Council Charter and the information provided in the MITA Data Management Strategy (DMS), also known as the AHS Data Governance Manual, will fuel the creation of policies and controls within the SMA. All of the SMA will be subject to the Data Governance Council creating the structure required for the governance process. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_IA_As_Is/AHS_DGC_Charter.pdf%20 https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Final/Vermont_MITA_Data_Management_Strategy.pdf?csf=1&e=PkiXmP	
Does business area have common data architecture?	1	3
Evidence	The SMA works towards adhering to internally created standards. The AHS SQL Environment Standards covers general naming for the server, database, and columns, as well as the use of Foreign Keys and other development standards. The standards contained in the SQL Environment Standards were created with enterprise-scale industry best practices in mind. Combined with the legacy MMIS Data Dictionary, and project specific Data Dictionaries they describe development, as well as attributes of the data used by the SMA. The SMA has not yet fully adopted these standards, and they do not meet all CMS requirements outlined for a higher score, but the goal is to use these documents and others to move towards full adoption of the MITA Framework. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_IA_As_Is/AHS_SQL_EnvironmentStandards.pdf https://vermontgov.sharepoint.com/:x:/r/sites/AHS/AHSIT/PMO/HSE	

Component Question	As-Is	To-Be
	Portfolio/MITA/Supporting/IA_As_Is/MMIS_DataDictionary.xlsx?d=wdf0250182ff64a269f5f68cbf8fc357f&csf=1	
Does each business area use Enterprise Modeling?	2	2
Evidence	While Enterprise Modeling does currently exist for all business areas, it is not standardized or taken advantage of enough. The AHS Data Governance Council is considering creating multiple standards based on promoting and using enterprise modeling as described in the MITA DMS, also known as the AHS Data Governance Manual. https://vermontgov.sharepoint.com/:b:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Final/Vermont_MITA_Data_Management_Strategy.pdf?csf=1&e=PkiXmP	
Does business area utilize data sharing architectures?	2	3
Evidence	Vermont is working towards moving new systems to a better data sharing architecture. The Clinical Registry, Vermont Health Information Exchange (VHIE), and Claims Database are some examples of aggregating Medicaid data centrally and following the same format. Vermont Health Connect (VHC), Vermont's health insurance marketplace, is using federal data hubs in data exchange. Future systems will be developed with higher maturity principles increasing the data sharing capabilities across the State. There has also been attempts to contact neighboring states to discuss a regional data exchange for a few specific modules, which have been meet with varying levels of success.	

Conceptual Data Model (CDM)

Component Question	As-Is	To-Be
Does business area have CDMs?	2	3
Evidence	The State has been endeavoring to create more conceptual data models; however, their use has been limited and few people have access to the models. The models are expected to be included as deliverables for projects, and in the future their use will be more widespread. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_IA_As_Is/AHS_conceptualdatamodel.pdf	

Logical Data Model (LDM)

Component Question	As-Is	To-Be
Does business area have LDMs?	1	3
Evidence	Historically, the State has not taken advantage of using logical data models. As such, they do not currently exist for many of the active systems. However, as new systems are brought online, they will meet CMS guidelines. One way that this is accomplished is by using the MECT guidance to ensure we have the evidence and artifacts ready for each review such as the Database Design requirement. In five years, we will also be further along with Data governance, which will help improve the maturity level.	

Component Question	As-Is	To-Be
	New systems such as Care Management and PBM have logical data models. https://vermontgov.sharepoint.com/:u:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/IA_As_Is/Rebate%20Services%20Portal%20Logical%20Data%20Model.vsd?d=wa19184ca94274ea1aa23478d2bda890d&csf=1 https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_IA_As_Is/VT_Case_Management_Logical_Database_Model.pdf	

Data Standards

Component Question	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3
Evidence	The use of data dictionaries throughout the State is a common practice. The data dictionaries are often created on a per system basis and only conform to internally created standards. The MMIS program has created a data dictionary to cover all databases under the MMIS umbrella. When combined with the AHS SQL Environment Standards, the State's future efforts will more closely align with the MITA Framework. The usage of the MECT will also play a role in ensuring that the structure and vocabulary	

Component Question	As-Is	To-Be
	are created. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_IA_As_Is/AHS_SQL_EnvironmentStandards.pdf https://vermontgov.sharepoint.com/:x:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/IA_As_Is/MMIS_DataDictionary.xlsx?d=wdf0250182ff64a269f5f68cbf8fc357f&csf=1	

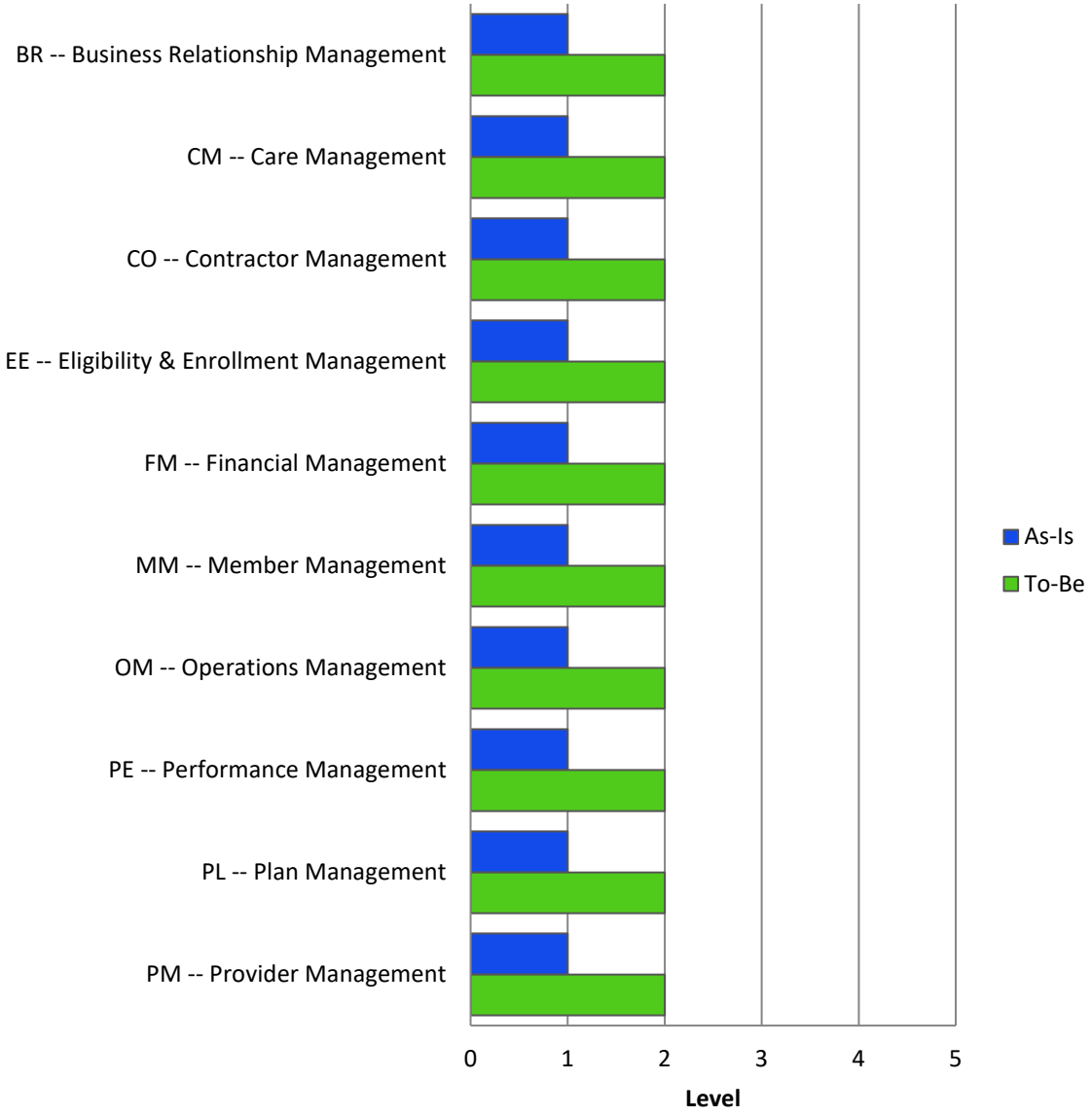
4.3 Gap Analysis

Component Metric	As-Is	To-Be	Gap Analysis
Data Management Strategy (DMS)	1	2	For the State to reach the To-Be maturity levels outlined in the sections below much of the work will need to be done by the AHS Data Governance Council. The policies need to be established, and then followed by all project teams as they move toward updating the various modules for the Medicaid Agency. Things like data models and dictionaries will need to be used and kept up to date on a more regular basis, and data standards will need to be more official. Currently, many of the parts for a more mature Information Architecture are created but are not used to their full potential. Each module is created to conform to federal laws and regulations, but there is no policy in place that says all modules must conform to a specific set of open standards. The Enterprise Architecture team is also currently working on assessing a web service integration

Component Metric	As-Is	To-Be	Gap Analysis
			platform. The implementation from MuleSoft is expected to have a trial system in 2019. This will serve as an Enterprise Service Bus.
Conceptual Data Model (CDM)	2	3	For the State to reach the To-Be maturity levels outlined in the sections below much of the work will need to be done by the AHS Data Governance Council. The policies need to be established, and then followed by all project teams as they move toward updating the various modules for the Medicaid Agency. Things like data models and dictionaries will need to be used and kept up to date on a more regular basis, and data standards will need to be more official. Currently, many of the parts for a more mature Information Architecture are created but are not used to their full potential. Each module is created to conform to federal laws and regulations, but there is no policy in place that says all modules must conform to a specific set of open standards. The Enterprise Architecture team is also currently working on assessing a web service integration platform. The implementation from MuleSoft is expected to have a trial system in 2019. This will serve as an Enterprise Service Bus.
Logical Data Model (LDM)	1	3	For the State to reach the To-Be maturity levels outlined in the sections below much of the work will need to be done by the AHS Data Governance Council. The policies need to be established, and then followed by all project teams as they move toward updating the various modules for the Medicaid Agency. Things like data models and dictionaries will need to be used and kept up to date on a more regular basis, and data standards will need to be more official. Currently, many of the parts for a more mature Information Architecture are created but are not used to their full potential. Each module is created to conform to federal laws and regulations, but there is no policy in place that

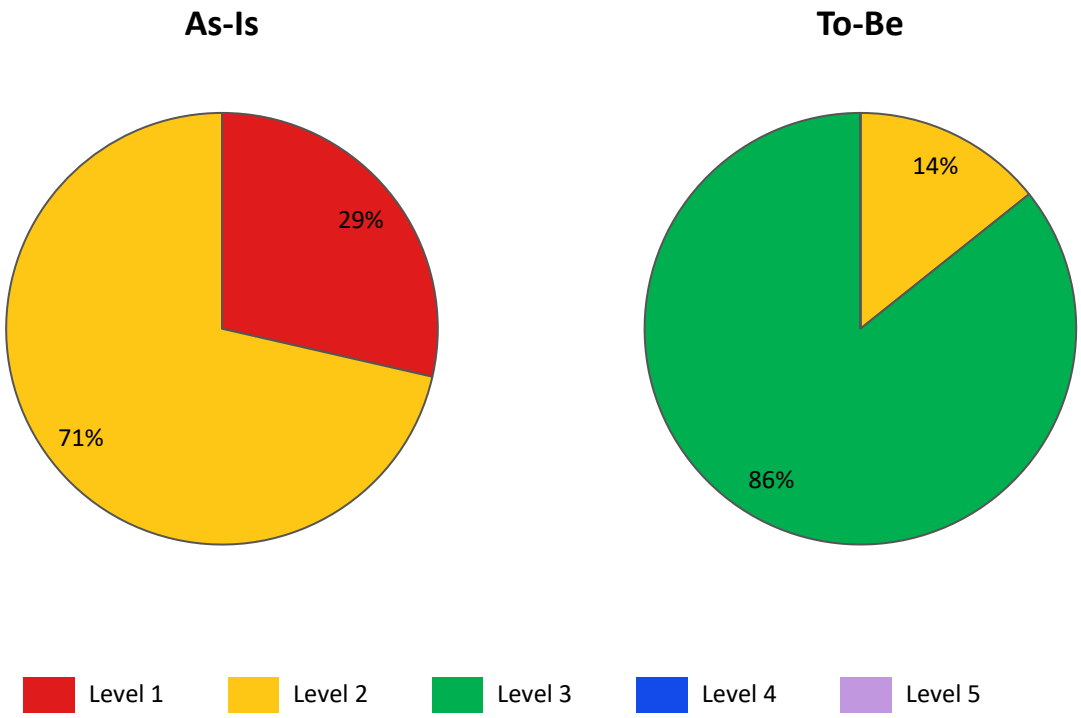
Component Metric	As-Is	To-Be	Gap Analysis
			says all modules must conform to a specific set of open standards. The Enterprise Architecture team is also currently working on assessing a web service integration platform. The implementation from MuleSoft is expected to have a trial system in 2019. This will serve as an Enterprise Service Bus.
Data Standards	2	3	For the State to reach the To-Be maturity levels outlined in the sections below much of the work will need to be done by the AHS Data Governance Council. The policies need to be established, and then followed by all project teams as they move toward updating the various modules for the Medicaid Agency. Things like data models and dictionaries will need to be used and kept up to date on a more regular basis, and data standards will need to be more official. Currently, many of the parts for a more mature Information Architecture are created but are not used to their full potential. Each module is created to conform to federal laws and regulations, but there is no policy in place that says all modules must conform to a specific set of open standards. The Enterprise Architecture team is also currently working on assessing a web service integration platform. The implementation from MuleSoft is expected to have a trial system in 2019. This will serve as an Enterprise Service Bus.

Information Architecture SS-A Profile



Component Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	20	28.6%	0	0.0%
Level 2	50	71.4%	10	14.3%
Level 3	0	0.0%	60	85.7%
Level 4	0	0.0%	0	0.0%
Level 5	0	0.0%	0	0.0%


As-Is
29%
71%
To-Be
14%
86%
Level 1
Level 2
Level 3
Level 4
Level 5

4.4 BR -- Business Relationship Management

BR -- Business Relationship Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.4.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.4.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.4.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.4.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.5 CM -- Care Management

CM -- Care Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.5.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.5.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.5.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.5.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.6 CO -- Contractor Management

CO -- Contractor Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.6.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.6.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.6.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.6.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.7 EE -- Eligibility & Enrollment Management

EE -- Eligibility & Enrollment Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.7.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.7.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.7.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.7.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.8 FM -- Financial Management

FM -- Financial Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.8.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.8.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.8.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.8.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.9 MM -- Member Management

MM -- Member Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.9.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.9.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.9.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.9.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.10 OM -- Operations Management

OM -- Operations Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.10.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.10.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.10.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.10.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.11 PE -- Performance Management

PE -- Performance Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.11.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.11.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.11.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.11.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.12 PL -- Plan Management

PL -- Plan Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.12.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.12.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.12.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.12.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

4.13 PM -- Provider Management

PM -- Provider Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Data Management Strategy (DMS)	As-Is	To-Be			
	Conceptual Data Model (CDM)		As-Is	To-Be		
	Logical Data Model (LDM)	As-Is		To-Be		
	Data Standards		As-Is	To-Be		

4.13.1 Data Management Strategy (DMS)

Component Metric Scorecard

Data Management Strategy (DMS)	As-Is	To-Be
Does business area have governance of data management?	2	3
Does business area have common data architecture?	1	3
Does each business area use Enterprise Modeling?	2	2
Does business area utilize data sharing architectures?	2	3

4.13.2 Conceptual Data Model (CDM)

Component Metric Scorecard

Conceptual Data Model (CDM)	As-Is	To-Be
Does business area have CDMs?	2	3

4.13.3 Logical Data Model (LDM)

Component Metric Scorecard

Logical Data Model (LDM)	As-Is	To-Be
Does business area have LDMs?	1	3

4.13.4 Data Standards

Component Metric Scorecard

Data Standards	As-Is	To-Be
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	2	3

5 Technical Architecture

5.1 Technical Architecture Overview

The MITA Framework provides mid- to high-level guidance for the technological aspects of a Medicaid enterprise. It does not suggest a specific programming language, like Java or C++, but it covers concepts like cloud computing, security, and interfaces. The point is not to narrow the focus down to a specific application or structure but to ensure that the technical architecture is created with best practices and standards in mind.

Developing systems using a standards-based IT infrastructure helps achieve several important MITA goals. By using Commercial off-the-shelf products, it allows for reuse of the solutions, which reduces the development and support costs for a system. A SOA allows the State to stay current with emerging technologies, because the services are more adaptable and extensible than other architectures.

The sections below score the State on strictly technical aspects of its Medicaid systems. When discussing the performance of the systems it refers to parameters like how long it takes for a search to return, or the up time for the system. It is important to keep this in mind while reading the sections below. Performance measures like overall business process timeliness and stakeholder satisfaction are covered in the Business Architecture.

The Technical Capability Matrix (TCM) defines a set of high-level technical functions to enable the MITA business capabilities and support the success of the Medicaid mission and goals, while meeting the MITA goals and objectives. The TCM supplements the Business Capability Matrix (BCM), and the Information Capability Matrix (ICM) in defining a benchmark for States to transform themselves in accordance with MITA principles. Each technical capability consists of one or more technical services.

Given that the goal is for all of the State's modules to align with technical standards, Vermont has addressed the questions in this section with an enterprise view in mind. When soliciting for answers the subject matter experts were asked to consider the entire Medicaid Agency as the scope.

The scoring for the technical architecture is organized into three technical service areas.

1. Access and Delivery- Encompasses design drivers and enablers such as web browser connectivity, language support, Customer Relationship Management (CRM), and forms and reports services. The access and delivery functions have a direct impact on the state staff, the public, providers, and all other stakeholders. The span of coverage of the services offered will tend to change over time as the demands and technology needs of the end-user evolve.

2. Intermediary and Interface- Contains drivers and enablers, such as process orchestration, workflow and relationship management functionality. The Enterprise Service Bus (ESB) offerings handle the intermediary services (sometimes referred to as middleware). The interface services tie to connectivity

offerings of the nearby Medicaid Enterprise entities and other external organizations that require a connection.

3. Integration and Utility- Includes design drivers and enablers such as solution stacks, database access layer services, scalability, application versioning, and verification-type utility services. These core service components will likely be a combination of the unique services and a set of reusable services across the Medicaid Enterprise.

5.2 Enterprise Scoring and Evidence

The section below has been scored on an Enterprise level for all Business Areas.

Access and Delivery

For your convenience, we are providing a link to the Access and Delivery evidence.

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Evidence	For the As-Is state there are still systems that are completely manual. However, many parts are in place to reach the To-Be level. The VITL system acts as the health information exchange. Systems exist like VHC which gives members a sign-in point, as well as the intended provider management system which will give providers a sign in point as well. Sites that are active, like VHC, already support multiple platforms. The State is also in the planning phases of Identity and Access Management (IAM) and IE&E is expected to be the first user. The goal is to enable the right individuals to access the right resources, at the right times, and for the right reasons. IE&E has plans to implement a Single online portal allowing Vermonters to apply for and maintain benefits. This includes the ability to submit verification documents, to apply for coverage, and to report changes (Customer User Portal). Provider enrollment submission is currently a manual process. Providers	

Access and Delivery	As-Is	To-Be
	will be able to enroll, revalidate and make changes to existing provider data when the Provider Management Module is implemented. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSE Portfolio/MITA/Supporting/Enterprise_TA_As-Is/TA_Client_Support_VHC_About.png https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSE Portfolio/MITA/Supporting/Enterprise_TA_As-Is/TA_Client_Support_VHC_Sign_in.png https://www.greenmountaincare.org/ (Medicaid member website) http://www.vtmedicaid.com/#/home (Medicaid Portal: contains info and forms for providers)	
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Evidence	The State has business intelligence tools that are used on a regular basis. SQL Server Reporting Services is employed by the State to provide static and parameterized tabular reporting. Power BI is used for high-end visualization and geo-mapping reporting. SQL Server Analysis Services and Excel with Power Query are both used for ad-hoc reporting. While the software is used, at this time it is not used for all services. As new processes are updated and automated, they will have business intelligence tools added where appropriate.	
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3

Access and Delivery	As-Is	To-Be
Evidence	Presently, most of the forms and reporting are done manually. Many of the current systems are mostly offline or require paper forms. When forms are online, they are typically done via attachments that are then processed in a manual manner. The Provider Management Module is expected to allow healthcare providers to submit forms online. Along with the form submission, reporting features would be added to the system. IE&E has plans to create a single online portal allowing Vermonters to apply for and maintain benefits. This includes the ability to submit verification documents, to apply for coverage, and to report changes (Customer User Portal). Generally, as systems are replaced modularly reporting and forms will become more automated.	
Performance Measurement (Reporting Condition)	1	3
Evidence	Since many systems are still manual, or have manual parts, the performance measures and metrics are still done via spreadsheet. The State does have a list of non-functional requirements that are used in the early stages of projects. This list is a living list that changes as changes to technology happen. Some of the requirements include features to properly monitor the system health. On top of the non-functional requirements the State will often include in the service level agreements items that relate to the system health. An example of one is that in the event of a critical failure the system must be back in service within one day of the failure. Business intelligence features are also being implemented in many newer projects to ensure that the system functions properly at a high percentage of the time.	
Security and Privacy (Industry	2	3

Access and Delivery	As-Is	To-Be
Standards Condition)		
Evidence	As the improvements to the SMA are implemented security is a primary concern. The State has created the Information Security Policies which defines the security features that are to be implemented with any technical solution. The policies were developed using International Organization for Standardization (ISO) 27001 & 27002, National Institute of Policy and Technology (NIST), and the SANS Institute recommended policy and best practices. There are plans to develop an AHS System Security Plan (SSP) template to be used by contractors. https://dii.vermont.gov/sites/dii/files/PDF/Policies_Reports/InformationSecurityPolicies_FINAL.pdf	

Intermediary and Interface

For your convenience, we are providing a link to the Intermediary and Interface evidence.

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Evidence	**As-Is:** The State continues to perform a mix of manual and automated processes. For Integrated Eligibility and Enrollment (IE&E), the IAPD and Charter Roadmap documents point to modules and their corresponding business processes.	

Intermediary and Interface	As-Is	To-Be
	As far as MITA usage is concerned, Vermont has established a MITA Team to prioritize MITA requirements. The State is making regular updates to its SS-A. Vermont developed its other MITA documents such as the MITA Concept of Operations, MITA Technical Management Strategy and MITA Data Management Strategy and is committed to keeping those up to date. Additionally, the Agency of Human Services requires vendors to commit to alignment with MITA goals when establishing agreements, so the MITA Framework has been adopted in all new modules. As stated in the Vermont MITA Concept of Operations, "according to the MITA Framework, operational scenarios show the dynamics of the business operations from the stakeholders' point of view. The scenarios describe the what, where, when, why, and how of future SMA operations. At a high level, the Vermont Medicaid Enterprise would like to adhere as much to the MITA framework as possible. For more information, please cross reference the business processes outlined in Part I Appendix C Business Process Model Details 3.0 Update found here, https://www.medicaid.gov/medicaid/data-and-systems/mita/mita-30/index.html. The Business Process Model Details provides step-by step descriptions of how the SMA should operate." **To-Be:** The State's assessment is that full integration of the MITA Initiative and BPM standards is still to be achieved and not in the current state. As new modules are developed, they are closer to achieving a level three even if not fully meeting. It may take longer than five years to get to a three because of legacy systems and the incremental approach to modular replacements. An Integration Platform could help to improve the maturity.	
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Evidence	**As-Is:** The State does not currently execute Business Relationship Management (BRM) or comply with MITA Framework in all areas.	

Intermediary and Interface	As-Is	To-Be
	It will take longer than five years for legacy systems to be replaced, and this is keeping the State from realistically achieving a three in that time frame. Positive highlights include the creation of IT policies to back up State standards, but the process continues to evolve. Newer modules are following more standards and mature infrastructure. The new Care Management Module is a step in the direction of achieving a level three. Care Management has successfully demonstrated HL7-compliant messaging and data exchanges between the Vermont Health Information Exchange (VHIE) and a cloud solution where the respective systems have their own service bus platforms. Some parts of this solution can provide a useful model for subsequent systems that need to draw data from external/foreign data sources. Enabled by the Modularity Standard, reuse is accepted as a core capability of the Vermont architecture whereby the same processes and technologies can be leveraged across health and human services domains. However, it is emerging slowly through new applications such as Provider and Care Management solutions. By maintaining a broad design perspective, each implementation is conceived to be extensible and scalable, to bring on additional service programs as funding and development opportunities become available. Where possible the modules that are being developed for the project will leverage existing State and Agency infrastructure and systems. For instance, the Business Rules Management project begins with health-care focused programs, but the design and implementation of the rules modeling and automation tools are being made in context of the complete catalog of agency policy and programs. This effort will utilize and extend technologies that were deployed through the build-out of Vermont's healthcare exchange such as the Oracle Policy Automation (OPA) and Identity and Access Management systems. An Enterprise Master Client Index is being developed to ensure that client management services are deployed throughout the Medicaid and human services enterprise. Every attempt will be made to adhere to using already existing systems with each new module developed. Where practical, it is intended that all new	

Intermediary and Interface	As-Is	To-Be
	modules will be developed in a way that their software will be released under an open source license and could be reused by any other state or human services organization. For more on Vermont's approach to the Modularity Standard, please see section 1.7 Success Factors. **To-Be:** The State is looking at integration solutions and platforms that will help us meet industry standards, but this will take significant time. IE&E's potential improvements for to-be include Hybrid Integration Platform (HIP), a message broker and Identity and Access Management (IAM). Persistent themes in the MITA guidance are the elements of Modularity and Integration/Interoperability. Given the programs identified in several of the State's planning documents, there are two aspects to this collective challenge. Challenge One is the migration from a single, monolithic body of code, business logic and data sets to a discrete set of capabilities each focused on a subset of the overall business functions and objectives. These capabilities are taking the form of separate solutions from different vendors. Each of these solutions operates on different technical platforms, schemata and architectures. Challenge Two identifies the need to share data and semantics across these separate domains. This is not a trivial quest. Thus, the State is embarking on the identification and acquisition of an environment designed to accommodate disparities through an integration platform that will facilitate the development and implementation of a variety of application program interfaces (APIs) that can connect some number of these solutions in order to move the data of interest to appropriate users and applications. An essential ingredient of this environment is an enterprise service bus hosting at least a minimal set of specialized applications that perform specific functions or services. Together, these represent a services-oriented architecture (SOA), also an expectation of the MITA framework. Enablers moving this vision forward with industry standards using emerging technologies include: •Cloud Services, Service-Oriented Architecture, State	

Intermediary and Interface	As-Is	To-Be
	Implemented ESB Service and Modular Technology Implementations will all enable the SoV, its users and citizens to transform from legacy applications and architecture to modern, state-of -the-art seamless solutions. •Systems Integrator, Customer Relationship Management (CRM) for our case management capabilities, Medicaid Data Warehouse, Master Data Management, and Master Person Index will resolve data quality concerns while ensuring more accurate data, analytics and reporting.	
Data Connectivity (Leverage Condition)	1	2
Evidence	**As-Is:** The MMIS legacy system is still accepting paper claims, but the majority of claims are sent electronically. For example, the system will not facilitate or accept attachments electronically. The only way to send anything other than claim details is to send the claim and attachments on paper. Attachments could be clinical documentation, other insurance EOBs, etc. For Eligibility and Enrollment, Medicaid recipients can apply via phone, paper, in person or online, but until the Uploader is fully implemented, verifying documentation is required either via mail or in person. Legacy systems currently in use by the State are lacking in the ability to meet the Standards and Conditions set forth by CMS. These legacy systems do not readily allow for modularity, MITA, current industry standards or reuse. These legacy systems have some capabilities for reporting, interoperability and business results, but lack many of the modern, industry standard tools. The aged infrastructure has limitations on the ability to electronically interface and interoperate with the applications running in these environments as well as limiting the options for which data centers these mainframe legacy systems can run in. However, considerable progress has been made in acquisition of MITA-compliant systems. AHS has implemented stringent	

Intermediary and Interface	As-Is	To-Be
	procurement and contracting policies to ensure that vendors deploy systems with modern architectures, comply with standards, and have higher MITA maturity levels than the legacy systems. The Agency requires all new vendors to commit to alignment with MITA goals when establishing agreements. Vermont is committed to meeting the Standards and Conditions for new modules. The State is consolidating to more use of Globalscape and sends most or all transfers over secure FTP. Globalscape's use in the State has become pervasive, and it is now used by a number of agencies/departments/divisions for mass data transfers/transmission. •See system extensibility for further information on Globalscape. •For information on how Vermont is approaching the industry standards condition, please see section 1.7 Success Factors. **To-Be:** The goal of the Integrated Eligibility and Enrollment (IE&E) Program is to allow eligible Vermonters to apply for and receive health coverage and financial assistance benefits through a single point of access. The envisioned IE&E system will encompass eligibility and enrollment functionality for all in-scope programs. This effort will migrate and optimize eligibility and enrollment functionality for all in-scope programs from current eligibility and enrollment systems, including the State's Legacy ACCESS system and its Health Insurance Exchange, VHC. The use of an Uploader (Customer Portal: Authentication) will help the maturity level increase. For MMIS, maturity will improve as new modules are implemented. For example, the new Provider Management Module (PMM) is live but only a few months old and still to be certified. The PMM upgraded provider enrollment and eligibility from a manual to an automated process. PMM represents a more modern technical model via a cloud implementation. There are future planned enhancements related to more interfacing associated with PMM-related data. Sourcing and interfacing of this data could be with internal State partners, other States' agencies, Federal partners, and/or medical/other providers and includes activities related to procurement/licensing of related	

Intermediary and Interface	As-Is	To-Be
	source data such as CAQH, for example.	
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
Evidence	**As-Is:** SoV still has processes that rely on spreadsheets and manual entry. For example, in the AIM (MMIS Legacy) system, for the Payer Initiated Eligibility (PIE) process the file is manually scrubbed and passed back out from Coordination of Benefits (COB) to a working Excel file. As a result, there is a lack of modularity and interoperability processes with strong messaging, but the data is encrypted and secure. It is useful to note some positive highlights in the State's current situation, because there are some processes that meet a Maturity Level of 2. For example, the ACCESS system (Eligibility and Enrollment legacy application) has reliable messaging and support for non-delivery and processes in place to help eliminate duplication with ACCESS and Vermont Health Connect (VHC). Additionally, sending of "Gooses" (urgent/real-time member eligibility data) for the Pharmacy Benefit Management system is also reliable. The culmination of all the design standards and principles that drive the State's architecture is towards a capability of interoperability. Business and technical systems must operate seamlessly together, with high efficiency and accuracy, to enable a client-centric approach that yields a good understanding of client need and circumstances and high-capability to understand how to best meet that need. Given the mixed array of legacy and modern systems across public and private domains, it is challenging to link and exchange information. This dynamic has led to prioritization of master-data tools and indexes, identity and access, and consent management. An exciting example of deploying the technical components necessary to affect interoperability is Care Management. While the basic solution receives data via Secure FTP from the MMIS, the	

Intermediary and Interface	As-Is	To-Be
	need to enhance the information presented to the Care Managers resulted in a connection to the Vermont Health Information Exchange (VHIE) to capture ADT messages, Lab orders and results as well as vaccinations using HL7 messaging standards and LOINC laboratory values to ensure semantic alignment. This solution also demonstrates the feasibility of connecting two enterprise service buses (the Contractor's and the VHIE's) over a VPN, consent-validated Medicaid patients' medical records, and real time admit, discharge and transfer data. Furthermore, Care Management has implemented a single sign-on capability to present Continuity of Care Documents (CCDs) conforming to the Consolidated Clinical Document Architecture (CCDA) framework. The net result of this integration of data from multiple sources is an enhanced picture of the Medicaid recipients' medical and health profile making care interventions from the Vermont Chronic Care Initiative (VCCI) much more effective. **To-Be:** Initiatives that could help improve maturity include an integration platform, reference of m2m two-way communication in messaging, and moving over to Globalscape. Intersystem messaging is central to moving data among the various business functions within the MMIS domain and beyond (e.g. eligibility). Among the mechanisms currently in place in the intersystem landscape is Globalscape. Globalscape has been used by the SoV for about 6+ or so years. It was first introduced in AHS primarily as a file transfer/transport mechanism. ACCESS (enterprise legacy application) didn't adopt its use as a file transmission facility until a few years later (about four years ago). Three years ago, DII (now ADS) decided to name Globalscape as the desired file transfer facility/mechanism between internal and external (vendor) applications/systems. While Globalscape does not complete an integration platform, it does represent a way forward to support applications requiring a consistent method of file exchange. That is, data is moved at the file level and not a more granular level of the data element. This will be the work of Application Program Interfaces (APIs) and will be a central component of the aforementioned integration platform.	

Intermediary and Interface	As-Is	To-Be
System Extensibility (Business Results Condition and Interoperability Condition)	2	2
Evidence	**As-Is:** Intersystem messaging is central to moving data among the various business functions within the MMIS domain and beyond (e.g. eligibility). Among the mechanisms currently in place in the intersystem landscape is Globalscape. Globalscape has been used by the SoV for about 6+ or so years. It was first introduced in AHS primarily as a file transfer/transport mechanism. ACCESS (enterprise legacy application) didn't adopt its use as a file transmission facility until a few years later (about four years ago). Three years ago, DII (now ADS) decided to name Globalscape as the desired file transfer facility/mechanism between internal and external (vendor) applications/systems. The ACCESS Team has been in the process of sunsetting the use of Automate (another file transfer mechanism) and replacing it with Globalscape employing its automation to send files to single or multiple destinations. Globalscape is also used as an on demand/manual file transfer/transmission agent. As the organization chart illustrates, a material component of staffing resources is allocated to contractors who provide a large element of technical support and analysis. These resources, of course, augment in-house resources who provide an essential dimension of continuity and institutional memory. In many cases, a valuable element of knowledge transfer occurs throughout a project/program where in-house staff gain increasing levels of insight that are leveraged in succeeding initiatives. Overall, the cumulative effect of this knowledge gain serves to build a path to greater technical maturity. The State will likely have some interfaces still at a level two within the next five years although a lot of progress should be made in some areas. There are a variety of batch interfaces on Main Frame of E&E Legacy. The State is still trying to plan its architectural roadmap and turn batch into independent services.	

Intermediary and Interface	As-Is	To-Be
	For more background on Globalscape: • https://vermontgov.sharepoint.com/:w:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_TA_As-Is/Globalscape%20Background%20Information%20for%20the%20SSA.docx?d=wfcfc12378aeb44bc9bdfbe781cddf111&csf=1&e=bfWtYo **To-Be:** Even though the overall enterprise isn't expected to mature in this area beyond a two in the next five years, the planned initiatives in the current roadmap, a service-bus like solution and further migration to RESTful or SOAP based web services will help contribute to improvements.. In the future, modular, SOA Vermont Medicaid Management Information System (MMIS) implementations and integration will enable Vermont Medicaid to secure services that can interoperate and communicate without SoV infrastructure dependencies. The next steps for advancing the MMIS level of MITA maturity is to enable Agency-wide integration, interoperability and standards for new modules, legacy applications and infrastructure to interface with one another and enable streamlined sharing of standardized data. When these activities are completed, the Agency will be prepared to introduce new modules into the MMIS and automate manual processes. The goal of the Integrated Eligibility and Enrollment (IE&E) Program is to allow eligible Vermonters to apply for and receive health coverage and financial assistance benefits through a single point of access. The envisioned IE&E system will encompass eligibility and enrollment functionality for all in-scope programs. This effort will migrate and optimize eligibility and enrollment functionality for all in-scope programs from current eligibility and enrollment systems, including the State's Legacy ACCESS system and its Health Insurance Exchange (VHC). The culmination of all the design standards and principles that drive the State's architecture is towards a capability of interoperability. Business and technical systems must operate seamlessly together, with high efficiency and accuracy, to enable a client-centric approach that yields a good understanding of client need and circumstances and high-capability to understand how to	

Intermediary and Interface	As-Is	To-Be
	best meet that need. Given the mixed array of legacy and modern systems across public and private domains, it is challenging to link and exchange information. This dynamic has led to prioritization of master-data tools and indexes, identity and access, and consent management.	

Integration and Utility

For your convenience, we are proving a link to the Integration and Utility evidence.

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Evidence	**As-Is:** There is use of technology-neutral interfaces and a mix of manual and automated configuration management in the Medicaid Enterprise. Legacy systems are more fixed fields, but they can read database configurations and make information available in other data stores. **To-Be:** Even though it is not expected that the Enterprise will achieve a greater maturity level within five years, the Customer Portal, movement of Oracle Business Intelligence Enterprise Edition (OBIEE) to Power BI, integration of WHACCESS (warehouse ACCESS) data with VHC, and the implementation of new modules and software applications will help the SMA continue to improve.	

Integration and Utility	As-Is	To-Be
Data Access and Management (Interoperability Condition)	2	2
Evidence	**As-Is:** The State does use traditional relational databases with a single schema, tight coupling and single source methodology. Use of these databases provides access via interfaces to facilitate generation of reports to make information accessible, but this capability does not extend to a broader availability and access by systems beyond the immediacy of a single application. While there is some effort to extend access to other, qualified applications as they are identified, such policy and methods are not in place to implement these solution components. Until distributed access to these databases is implemented, a proliferation of current database models is inevitable and presents a challenge to ensure their contents are effectively leveraged across the Medicaid business services spectrum. The Care Management solution identified sources of information/data beyond the current MMIS system and reached out to the Vermont Health Information Exchange (VHIE). The VHIE contains data directly from providers across the State including information on vaccinations, lab orders and results as well as Continuity of Care Documents that contain even more information across a timeline. To acquire this data requires cooperation and sharing of technical infrastructure and metadata that enable data to move quickly (in the case of Care Management, real time), securely and confidentially. Given the differences in technical environments between the Care Management solution and the VHIE and its technology partners, bridging the gaps is not a trivial exercise, particularly when each of those systems was not developed with the other in mind. Such technical and procedural disparities are very typical of systems that are perceived originally as 'siloed' and now must cooperate and exchange data (often bidirectionally). The MITA	

Integration and Utility	As-Is	To-Be
	framework considers these disparities by expecting business functions, information and technology domains to intersect. Care Management has demonstrated this intersection to deliver meaningful results to Care Managers in pursuit of interventions resulting in more effective care for targeted Medicaid recipients. Since standards are central to information exchange, Care Management has focused on vocabulary standards such as LOINC codes and the Clinical Document Architecture (CDA) framework to implement interoperability. **To-Be:** One of the driving factors in the general framework of Care Management was to develop a replicable model that other business systems could emulate. That is, using proven, reliable exchange mechanisms, systems with similar requirements could develop interfaces, semantic alignment via standard vocabularies and technology architecture components like enterprise service buses to establish interoperability. As the State continues to move forward addressing the constraints of legacy applications and systems, a set of Principles is available to guide modifications and acquisitions of technology within the Medicaid Enterprise. These principles and the Roadmap define a vision of future components that are more standards-compliant, more interoperable and more capable of performing critical business functions reflect an awareness of current shortcomings and limitations of older technical components. Please see the Introduction Section 1.3 of this SS-A for more information on the Enterprise Technology Architecture principles that support the Medicaid Enterprise. Implementing an alternate architecture for monolithic legacy systems to support a more modular approach and to align with a loose coupling methodology is expected to take more than five years. Despite challenges, the State does embrace several initiatives in its planning process that will improve maturity levels in the technical architecture domain. Among these are: Master Person	

Integration and Utility	As-Is	To-Be
	Index (MPI), Master Data Management (MDM), and an Integration Platform. A Master Person Index (MPI) will provide an essential single point of reference that includes information about the patient, clinician, payer, and other healthcare entities throughout the Medicaid enterprise and beyond to maintain accurate medical data across SoV's various departments and business functions so that patients are represented only once. The MPI needs to ensure data is correct and consistent throughout the enterprise regardless of which system is being updated to create a master index that may be used to obtain a complete and single view of a patient. A central component of the MPI is the match engine, the method by which different records can be identified as being for the same patient. The match engine must be configured and tuned for each implementation to minimize false matches and unmatches and apply deduplication techniques. Correctly matching patient records from disparate systems and different organizations provides a more complete view of a patient as well as better patient care, improved customer service and greater confidence in knowing the critical medical conditions in delivering proper care in urgent situations. Additionally, the State is addressing and maturing data governance standards in recognizing data as an enterprise asset by formalizing processes, roles, standards and metrics to maximize the value of data within the Medicaid domain and beyond. In particular, policies addressing security, quality and use of data throughout its lifecycle are central to an effective data governance program; policies and models control the procedures of addressing data-related issues including data quality, data naming and business rules conflicts. For more on data governance please see the AHS Data Governance Manual, and specifically the State's Vision Section 3. The State recognizes the plethora of (IT and healthcare) standards and the challenges associated with identifying,	

Integration and Utility	As-Is	To-Be
	selecting and embracing specific standards that will apply across the enterprise. To meet this challenge, the State is evaluating relevant and applicable standards that resonate with current and future vendors and contractors so that conformance and integration can result in improved performance, reliability and extensibility. This effort is a central component of its Technology Architecture. Interoperability is a key objective of the State's Technical Architecture and depends on aligning with a planned Integration Platform that supports standards-based application program interfaces (APIs) enabling applications to effectively and meaningfully exchange data. The culmination of all the design standards and principles that drive the State's architecture is towards a capability of interoperability. Business and technical systems must operate seamlessly together, with high efficiency and accuracy, to enable a client-centric approach that yields a good understanding of client need and circumstances and high- capability to understand how to best meet that need. Given the mixed array of legacy and modern systems across public and private domains, it is challenging to link and exchange information. This dynamic has led to prioritization of master-data tools and indexes, identity and access, and consent management. The demand for a unified data platform is increasing even as growth of disparate data sources and systems continues, health organizations will need timely, accurate, and complete healthcare data at enterprise and cross-enterprise (inter- and intrastate) levels. Associated with this is an increased requirement for application and data independence through looser coupling that will allow more flexible change and maintenance of program modules separately.	
Decision Management (Leverage Condition)	2	3

Integration and Utility	As-Is	To-Be
Evidence	**As-Is:** ACCESS (E&E legacy) meets level two for business rules per the capability description provided- "The SMA imbeds business rules in the core application code. Business rules execute in a batch-operating environment. The SMA documents business rules as narrative description from which a developer creates programming code." Additional examples of as-is Decision Management maturity level include, the Care Management Module's database-driven business rules and the AIM (MMIS legacy) system's edits and audits. **To-Be:** There is upfront work on an eventual Integrated Eligibility and Enrollment business rules engine in progress that should help the SMA improve. All E&E rules will be in the rules index, including business logic rules to make a solution as independent as possible. As the MMIS Program implements modules, it looks for vendors that have business rules engines as part of module. This makes the solution independent and provides the ability to change a rules engine without rewriting the solution.	
Logging (Business Results Condition and Reporting Condition)	2	3
Evidence	Logging and user authentication are important parts to any Medicaid agency. Vermont has adopted many policies that apply to the State as a whole, and not just the Medicaid agency. These policies are created with best practices, state, and federal laws in mind. The examples in the linked evidence are taken from the Exchange System Security Plan. https://vermontgov.sharepoint.com/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/TA_As-Is/SS-A_TA_Logging_evidence.docx?d=w3682926cba9c4b01991e9e1ef537a4ac	

Integration and Utility	**As-Is**	**To-Be**
Utility (Industry Standards Condition and Leverage Condition)	2	3
Evidence	**As-Is:** Central to many healthcare solutions within AHS is the MITA theme of leverage or reusability. This can be achieved through: <u>Modularity</u> • Distributed systems include AIM, PMM, Care, and PBM - they are integrated in terms of sharing provider info. • Current projects illustrate the achievement and benefits of a modular approach to solution development. Typically, some components of a planned solution already exist, albeit in a somewhat constrained implementation. For example, SoV is well positioned to leverage the Vermont Health Information Exchange (VHIE) which houses a great deal of clinical information about Vermont residents, including Medicaid beneficiaries. While that asset is valuable, the new MMIS Care Management module has been able to exploit that data through a data exchange model that implements several replicable components for potential use in other healthcare business systems. These include adoption and implementation of HL7 ADT messages between the VHIE and the vendor's systems. Additionally, interoperability is greatly improved through standard vocabularies like LOINC and HL7 LAB and VXU messages to ensure that care managers receive well known and understood values. The Care Management system also incorporates the Continuity of Care Documents (of the Consolidated Clinical Document Architecture) into the system from the VHIE. Altogether, these messages travel across two enterprise service busses and a virtual private network using reliable message queuing to ensure delivery and receipt. Because these elements represent well-known standards, they can be shared or reused by other systems that, at some point, might be required to interoperate with these pioneer	

Integration and Utility	As-Is	To-Be
	systems. <u>Standards</u> The State can cite several instruments and methods which demonstrate a more formal and structured approach to tasks and activities central to the maturation process and the advancement of a modernized MMIS program and operations. Among these include: • Project Management/Software Development Lifecycle: SMA has an Enterprise Project Management Office (EPMO) which operates within multiple Software Development Life Cycles (SDLCs) and standardized techniques and methodologies to apply as appropriate. This is still maturing. Project managers executing structured project plans have demonstrated successful achievement of software deployment from planning to implementation to certification. There is a movement toward greater execution of the Agile method. Between the traditional Waterfall and Agile methods of software development, the State has been able to map DDI requirements to vendor deliverables successfully. Increasingly, the Agile approach is becoming a better understood and practiced method in achieving desired results and setting expectations with new vendors as they enter the MMIS replacement program roadmap. Vermont's project management approach is to utilize (where possible) an "agile" project management structure to prioritize component implementation; among the reasons for this are Federal mandates, State guidelines, funding deadlines, financial impacts and State resources. For more on the Agency of Human Services EPMO visit: https://epmo.vermont.gov/ • Requirements- The SMA Business Analysts follow IIBA BABOK v3 as a reference for best practices and have developed guidance documents and quality standards based on this reference. SMA employs continuously maturing processes by which we manage requirements. MMIS has used a vendor-hosted implementation of Jama	

Integration and Utility	As-Is	To-Be
	to manage requirements, including the Requirements Traceability Matrix (RTM), for our Care Management solution. We are currently piloting Azure DevOps for both MMIS and IE portfolios. The SMA has developed a repository of requirements developed across multiple projects over the past several years. These requirements are currently under revision to improve quality and support re-use. In the case of PBM, Care Management and now the Provider Management module, an RTM has provided improved tracking of requirements to results and further demonstrates both a collaborative approach with vendor/partners and a more structured and predictable model for improved functional specificity. • Testing: Testing is not yet enterprise wide. The MMIS program, for one, has implemented a very successful testing model and incorporated testing tools including SpiraTest. We have adopted industry standard software testing lifecycles (STLC) and applied to the Care Module, Provider Management Module (PMM) and are working to apply to other modules. An example of a testing standard used is ISO/IEC/IEEE 29119. As far as Performance Management, SoV has NFRs like SOAP and REST. We do performance testing and examples include PMM load stress testing and page response time. • Maintenance and Operations- As projects deliver additional software modules to the MMIS operating environment, the State has opted to broaden the charter of M&O such that it will address additional post-system-acceptance modules in a more formal manner. The recently established MMIS Program Maintenance & Operations (M&O) Unit supports MMIS projects as they transition from Design, Development, and Implementation (DDI) to operations, establishes consistent operational standards across the MMIS Program, and provides compliance oversight and support	

Integration and Utility	As-Is	To-Be
	for managing vendor performance. • Certification- SoV has learned the detailed process associated with CMS Certification and what it takes to manage evidence supporting certification – both the process and the tools. There is a dedicated team assigned to Certification and these processes. Project plans managing current and planned initiatives now include a formal approach that anticipates the needs and results of the certification process. Given the overarching guidance from MITA for improving process, technology and information, certification planning and management are becoming central to delivering on the commitment to modernizing MMIS. • Service Level Agreements- As each of the planned and deployed solutions come on board, they are tracked and managed to ensure that service levels (including specific performance and behaviors) are achieved. To do this requires the promulgation of Service Level Agreements. These originally come from Service Level Requirements identified in RFPs and Contracts. The State has learned how to develop SLAs that are explicit and measurable and meet the needs of the affected users and business results. We have SLAs and some examples of that are found in Care and PBM. Critical SLAs address such areas as business continuity and disaster recovery. For these, severity levels are defined requiring vendor responses (technical and analytical) and associated penalties, or service credits, where service level analytics determine that performance has fallen below key thresholds. SoV is now broadening the charters of SLAs (also within the purview of M&O) to ensure that all modular additions and enhancements adhere to strict performance requirements • Industry – SoV demonstrates its commitment to (healthcare industry) standards through the successful adoption of HL7 messaging, standard vocabularies and interfaces. It is currently evaluating Fast Healthcare Interoperability Resources (FHIR) as a convenient,	

Integration and Utility	As-Is	To-Be
	affordable and replicable API adoption. • Enterprise – SoV has identified several components that have been adopted as standardized because of their ease of use, good fit for purpose and economies of scale. While not standards as such, they have proven their worth and adoption through consensus. • Change Management Board: Programs such as the Vermont Chronic Care Initiative (VCCI), otherwise known as Care Management has developed a formal process of reviewing gaps, errors, faults and functions to determine corrective measures and formally express them as requirements to be implemented, tested and deployed. At the Enterprise-level, a DVHA Portfolio Change Control Board and Change Control Plan for projects has been developed. https://dvha.vermont.gov/administration/dvha-portfolio-change-control-plan Vermont Change Management Flowchart • Technology – Technology standards are probably the best known and most widely implemented across the information management ecosystem. These include security, network, and database technologies. Such broad adoption ensures that newer modules or systems will find a compatible fit and function. The goal of the MITA Technical Management Strategy (TMS) is to provide a general strategy for IT related improvements within the Medicaid Enterprise. The TMS documents the technologies needed to achieve optimal sharing of SME services and information and ensure trusted technical models are used. While it does not define a strict list of requirements for any applications, it does provide planning guidelines intended to help make the State Medicaid Agency (SMA) as modular and interoperable as possible. For more information see the MITA Technical Management Strategy.	

Integration and Utility	As-Is	To-Be
	For security, please refer to Logging (Business Results Condition and Reporting Condition) and Security and Privacy (Industry Standards Conditions) under the Technical Architecture. There is also security policy information in relevant sections of the MMIS Concept of Operations. Replicable Models • As newer systems are deployed to the *cloud*, management and execution models will emerge to help the State best deploy business systems. Each vendor presents a variant of the cloud (true or hybrid) and options for on-premise deployment as well. Models will include a wide variety of third-party components and subsystems. Understanding the advantages and relative complexities is a continuous learning exercise to which the State is fast becoming acquainted. For example, the PMM is deployed 'in the cloud' that includes both DXC and Microsoft Azure platforms. To ensure that this module meets new service level requirements/agreements, the State must understand what conditions affect performance, business continuity and disaster recovery, for example. Using this particular (PMM) model then allows the State to anticipate similar complexities that come with the next solution opportunity. This continuous learning model positions the State to refine its standards, models and processes that contribute to its maturity trajectory. The challenges of the cloud, identification and adoption of newer technical and industry standards, and the collaboration with new technical and business partners all contribute to achievement of Maturity Level 3 over a reasonable timeframe. **To-Be:** Some initiatives or plans that could help mature this process include the Agency of Human Services Data Governance Council's continued progress and maturity along with an Integration Platform Solution. Furthermore, continued work on adoption of industry

Integration and Utility	As-Is	To-Be
	standards and the maturation of SDLC governance activities will contribute to improvements.	

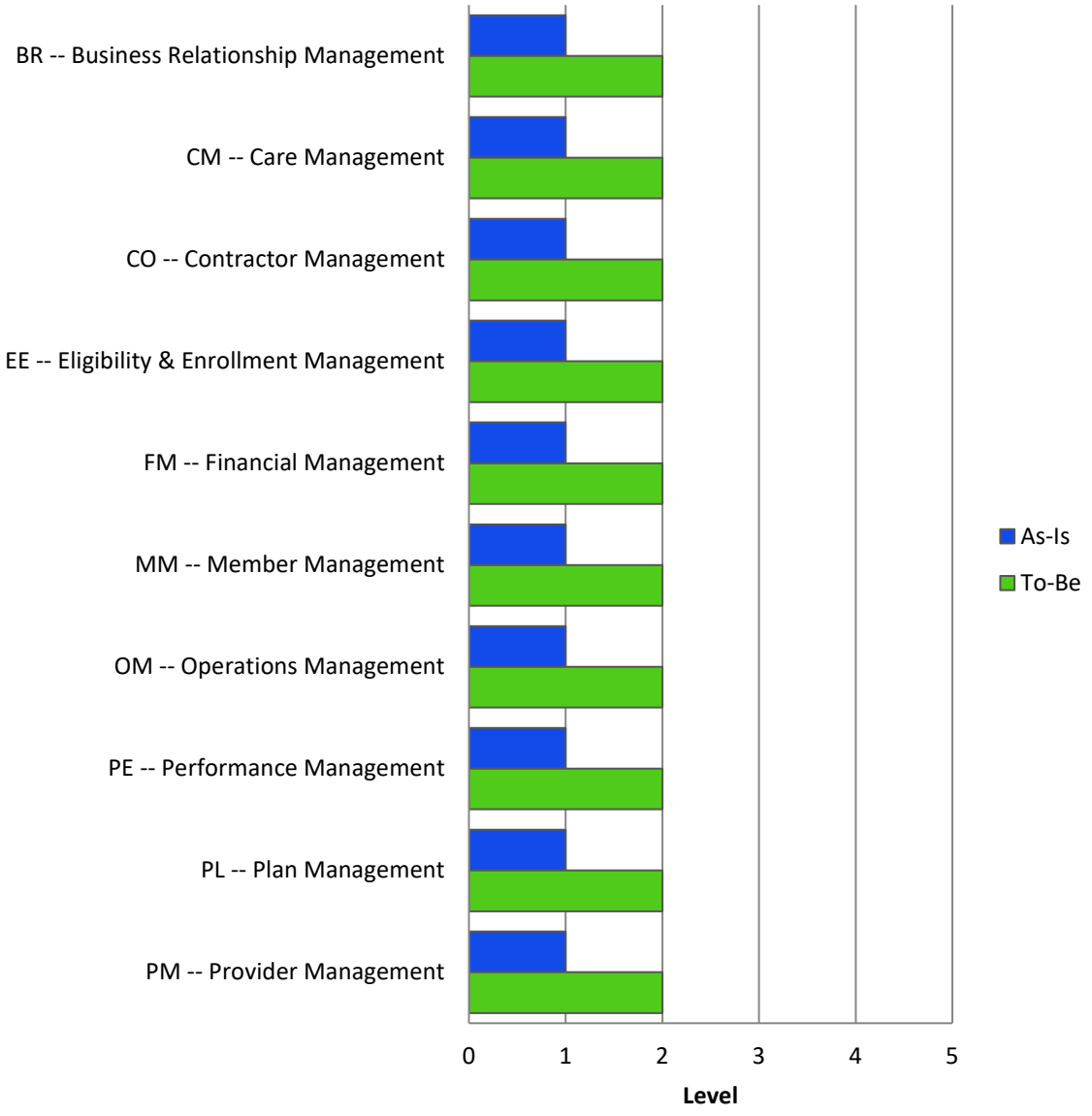
5.3 Gap Analysis

Component Metric	As-Is	To-Be	Gap Analysis
Access and Delivery	1	3	For the State to achieve the maturity levels outlined in the To-Be scores, many new technologies still need to be implemented. The current systems for the Medicaid Agency are outdated and need to be updated. The State does have policies in place that outline how the Access and Delivery items should be handled, but since many of the systems still have manual processes involved, or the technology is outdated, it is not possible to apply the necessary pieces to achieve a higher score. It is worth noting that the processes that are up and running in new environments, and systems that are not too outdated, have implemented features that would allow for a higher score. Given that information the State is very hopeful in achieving the optimistic goals set forth as the To-Be scores.
Intermediary and Interface	1	2	Note, it could take longer than five years for some parts of the Enterprise to mature due to the length of time to fully replace and transition from legacy systems. New modules and software applications will be closer to achieving to-be maturity or higher. Generally, continued modular replacement and introduction of modern technology will help the State improve.

Component Metric	As-Is	To-Be	Gap Analysis
			The following could help improve maturity for this component: • Solution for an Integration Platform and enable Agency-wide integration, interoperability and standards for new modules, legacy applications and infrastructure to interface with one another and enable streamlined sharing of standardized data • Further integration of the MITA Framework and conformance with Business Process Modeling (BPM) Standards • Solution for Identity and Access Management (IAM) • Integrated Eligibility and Enrollment's implementation of an Uploader for verification documentation (Customer Portal Phase 1) • Continuing to move to the Agency of Digital Services' (ADS) desired file transfer mechanism (Globalscape) and a consistent method of file exchange • Further migration to RESTful or SOAP based web services
Integration and Utility	2	2	The State has projected a to-be of level three for Decision Management, Logging and Utility. Note, it could take longer than five years for some parts of the Enterprise to mature due to the length of time to fully replace and transition from legacy systems. New modules and software applications will be closer to achieving higher maturity. Generally, continued modular replacement and introduction of modern technology will help the State improve. The following could also help improve maturity for this component: • Solutions for Integration Platform and Master Person Index (MPI) • Master Data Management (MDM) and continued maturity of AHS Data Governance Council and Policies

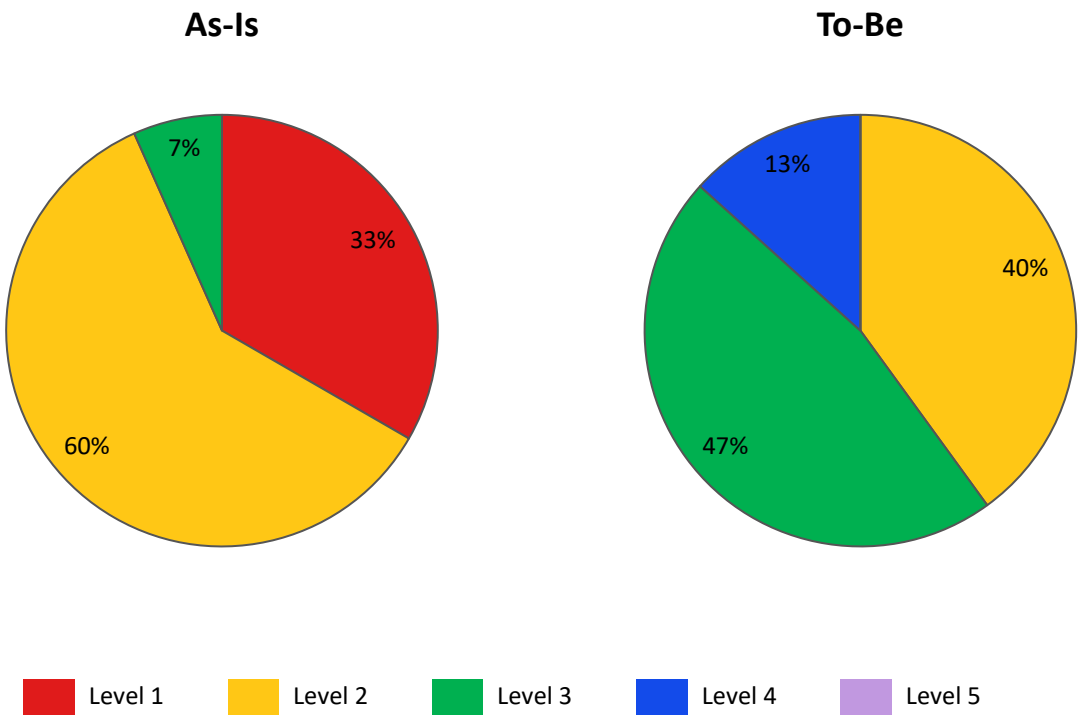
Component Metric	As-Is	To-Be	Gap Analysis
			• Integrated Eligibility and Enrollment Customer Portal phased implementations • Leverage replicable models for information exchange and standards from relevant implemented modules • Business Rules Engine implementation • Continued progress on adoption of industry standards and maturation of SDLC governance

Technical Architecture SS-A Profile



Component Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	50	33.3%	0	0.0%
Level 2	90	60.0%	60	40.0%
Level 3	10	6.7%	70	46.7%
Level 4	0	0.0%	20	13.3%
Level 5	0	0.0%	0	0.0%



5.4 BR -- Business Relationship Management

BR -- Business Relationship Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.4.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.4.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.4.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.5 CM -- Care Management

CM -- Care Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.5.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.5.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.5.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.6 CO -- Contractor Management

CO -- Contractor Management Maturity Profile

Reference	Component Metric	Level 1	Level 2		Level 3	Level 4	Level 5
	Access and Delivery	As-Is			To-Be		
	Intermediary and Interface	As-Is	To-Be				
	Integration and Utility		As-Is	To-Be			

5.6.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.6.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.6.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.7 EE -- Eligibility & Enrollment Management

EE -- Eligibility & Enrollment Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.7.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.7.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.7.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.8 FM -- Financial Management

FM -- Financial Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.8.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.8.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.8.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.9 MM -- Member Management

MM -- Member Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.9.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.9.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.9.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.10 OM -- Operations Management

OM -- Operations Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.10.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.10.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.10.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.11 PE -- Performance Management

PE -- Performance Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.11.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.11.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.11.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.12 PL -- Plan Management

PL -- Plan Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.12.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.12.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.12.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

5.13 PM -- Provider Management

PM -- Provider Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	Access and Delivery	As-Is		To-Be		
	Intermediary and Interface	As-Is	To-Be			
	Integration and Utility		As-Is / To-Be			

5.13.1 Access and Delivery

Component Metric Scorecard

Access and Delivery	As-Is	To-Be
Client Support (Business Results Condition)	1	4
Business Intelligence (Business Results Condition and Reporting Condition)	3	4
Forms and Reporting (Business Results Condition and Reporting Condition)	1	3
Performance Measurement (Reporting Condition)	1	3
Security and Privacy (Industry Standards Condition)	2	3

5.13.2 Intermediary and Interface

Component Metric Scorecard

Intermediary and Interface	As-Is	To-Be
Business Process Management (MITA Condition)	2	3
Relationship Management (Modularity Standard and Industry Standards Condition)	2	2
Data Connectivity (Leverage Condition)	1	2
Service Oriented Architecture (SOA) (Modularity Standard and Interoperability Condition)	1	2
System Extensibility (Business Results Condition and Interoperability Condition)	2	2

5.13.3 Integration and Utility

Component Metric Scorecard

Integration and Utility	As-Is	To-Be
Configuration Management (Modularity Standard and Leverage Condition)	2	2
Data Access and Management (Interoperability Condition)	2	2
Decision Management (Leverage Condition)	2	3
Logging (Business Results Condition and Reporting Condition)	2	3
Utility (Industry Standards	2	3

Integration and Utility	As-Is	To-Be
Condition and Leverage Condition)		

6 Standards and Conditions

6.1 The Standards and Conditions

The Seven Standards and Conditions consist of the following:

1. Modularity Standard — Uses a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); the separation of standardized business rule definitions from core programming; and the availability of standardized business rule definitions in both human and machine- readable formats. The States commit to formal system development methodology and open, reusable system architecture. Activity includes the following:

- Use of Systems Development Life Cycle Methodology (SDLC)
- Identification and description of open interfaces
- Use of standardized business rule definitions engines
- Submission of standardized business rule definitions to a U.S. Department of Health & Human Services- (HHS) designated repository

2. MITA Condition — Requires States to align to and advance increasingly in MITA maturity for business, architecture, and data.

- Conducting MITA Self-Assessments
- Developing MITA Road maps
- Developing Concept of Operations (COO) and Business Process Models (BPM)

3. Industry Standards Condition — Ensures alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal Civil Rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act. Activity includes the following:

- Identification of industry standards
- Incorporation of industry standards in requirements, development, and testing phases

4. Leverage Condition — State solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States. Activity includes the following:

- Multi-state efforts
- Availability for reuse

- Identification of open source, cloud-based and commercial products
- Customization
- Transition and retirement plans

5. Business Results Condition — Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. Activity includes the following:

- Degree of automation
- Customer Service
- Performance standards and testing

6. Reporting Condition — Solutions should produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. Activity includes the following:

- Accurate data
- Interfaces with designated federal repositories or hubs o Automatic generation of reports
- Audit trails

7. Interoperability Condition — Systems must ensure seamless coordination and integration with the Exchanges (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.

- Interactions with the Exchange
- Interactions with other entities

6.2 Enterprise Scoring and Evidence

The section below has been scored on an Enterprise level for all Business Areas.

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Evidence	Vermont is doing incremental, targeted updates to Business Architecture (BA) and a full SS-A was completed in 2014. For example, at the time of this scoring and since	

MITA Condition	As-Is	To-Be
	2014, Vermont has updated the Provider Enrollment processes under the Eligibility and Enrollment Business Area, most of the Provider Management Business Area, and most of the Care Management Business Area. Additionally, Vermont has updated business processes under Operations Management and Financial Management Business Areas. The BA updates also incorporated an Outcomes-Based As-Is Assessment experiment for Pharmacy in coordination with CMS. The State has a roadmap, but it is not specifically aligned with the SS-A or MITA BA. We've developed a MITA Concept of Operations (COO) and MMIS Concept of Operations. We are in the process of updating the Standards and Conditions questions from the 2014 scoring.	
Information Architecture	2	3
Evidence	Vermont completed updates to the SS-A for Information Architecture (IA). It was scored at the Medicaid Enterprise level. We have a roadmap, but it is not specifically aligned with the SS-A or MITA IA. See MITA Condition-Business Architecture evidence above for more evidence details.	
Technical Architecture	2	3
Evidence	Vermont completed updates to the SS-A for Technical Architecture (TA). It was scored at the Medicaid Enterprise level. We do have a roadmap, but it is not specifically aligned with the SS-A or MITA TA. See MITA Condition-Business Architecture evidence above for more evidence details.	

Business Results Condition	As-Is	To-Be

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Evidence	The Department of Vermont Health Access (DVHA) primarily supports the State Medicaid Agency (SMA) through an elaborate architecture of interfaces, servers and legacy mainframes/systems. To determine eligibility, a customer's application is processed through both Vermont Health Connect (VHC), which is the interface that customers use to apply and ACCECSS, Vermont's legacy Medicaid system. VHC, the primary conduit through which health care information and transactions flows, is adequate to meet the needs of most Vermonters and providers, but in some areas, falls short as far as automation, ease of maintenance of a given system, and tracking of Service Level Agreements (SLAs). The DVHA steering committees (IE & E, MMIS) are working on a technology roadmap, over a multi-year timeline. The technical outcomes from this roadmap effort strives to get DVHA to a higher level of capabilities and service delivery. While the Enterprise is fairly well automated in some areas, we still have some manual processes. The SMA is also not allowing for communication preferences at a level three. As an example, the VHC system is not reliably compatible with mobile devices. VHC to ACCESS integrations have known issues and there are planned or requested projects to correct timing of category code updates and the resulting category code eligibility. When cases go to ACCESS, there are still exceptions and discrepancies that need to be manually cleared. For the Medicaid for the Aged, Blind or Disabled (MABD) population, there is currently a goal to have an online form or questions, which would be helpful to members and applicants. But it would then be manually entered by workers, which would be another manual process. There are also known issues in VHC with certain situations such as age-offs that require manual workarounds. There are projects in flight to reduce manual efforts on the IE&E roadmap. As far as SLAs and KPIs, we are developing IT project metrics to track and monitor along with moving towards outcomes-based certification and the continuous reporting required there, but these are all still being stood up. DVHA does track business KPIs for its units on a performance accountability scorecard and that data is accessible via a dashboard. An MMIS SLA Catalog has been drafted and is currently being socialized to eventual use or reuse in RFPs and	

Business Results Condition	As-Is	To-Be
	contracts. The SMA is still manually determining some SLA results for DXC, our Fiscal Agent and claims processing system vendor. The State has also made good progress with moving to OnBase as its Content Management Platform. There is work that needs to be done to address and improve the eligibility & enrollment notices process. As an example, the State is providing the slides to the Care Management Module and Provider Management Module final certification reviews below and referencing the Standards and Condition-Business Results Condition slides that discuss automation and efficiencies of those systems. DVHA Performance Scorecard- https://app.resultsscorecard.com/Scorecard/Embed/8819 Care Management Certification Slides- https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_S%26C_As-Is_Evidence/Care_Management_Certification_Presentation_v2.0.pptx?d=w292e68ffe5ee4866a4351e54aa8669e0&csf=1&web=1&e=OBzZoH (slides 119-122) Provider Management Module Certification Slides- https://vermontgov.sharepoint.com/:p:/r/sites/AHS/AHSIT/PMO/HSEPortfolio/MITA/Supporting/Enterprise_S%26C_As-Is_Evidence/Provider_Management_R3_Review_Presentation.pptx?d=w2e39a6b79e7640ae9be20a7c9adfabf3&csf=1&web=1&e=szdJUg (slides 95-96)	
Information Architecture	1	2
Evidence	The SMA is still developing its data governance. Data standards and their SLAs and KPIs are still under development with the AHS Data Governance Council. While meetings of the Council have been on hold due to COVID-19, they should resume this August 2020. Noted progress in data governance includes a completion of a data inventory and a roles and responsibility tracker with movement towards showing the data owners and stewards. The State is making progress to mature and move to a two.	

Business Results Condition	As-Is	To-Be
	Not all systems and support vendors have established SLAs and KPIs. The technology roadmap effort seeks to improve this situation. However, SLAs have been added to many DVHA vendor contracts. Customer experience KPIs are tracked as are work buckets with operational staff, but some have known issues such as Google Analytics for VHC. Noticing is a form of messaging and there are some automated notices, but not all are automated, and there are also known issues with the noticing process. Renewal processes for Medicaid cases in VHC are highly automated. Having an integration layer stood up for IE&E would allow more interstate reuse of some elements used with health care and eligibility claims.	
Technical Architecture	2	3
Evidence	The technology roadmap strives to bring DVHA from its current maturity level to a higher level. We are working to obtain more systems with online and real-time eligibility processing, but right now there are some populations that are not online (i.e. MABD). Not many of the current systems are built so that they can be leveraged across the department or agency, but steps are being made in that direction with the IE&E roadmap and setup of Azure DevOps. The SMA does have some SLAs and KPIs with Vermont moving towards more cloud-based solutions. The SMA is still lacking a comprehensive System, Application, Broker and Event Logging Management System to establish and support an automated sustainable state of "Solution Auditability and overall Audit Readiness." However, a probable approach with well-known and industry-proven Program Products has been identified conducive for implementation with the State's chosen Integration and API Management System (MuleSoft). The State understands what needs to be done with the technical architecture for increased interoperability, modularization, compartmentalization, functional decoupling and data independence. However, actions to establish the MicroServices execution environment are still pending affirmation via an independent technical review. The SMA has an Identity Authentication Management (IAM) module (Okta) with several recent implementations and other planned efforts for integration into existing applications. However, further analyses need to be done to determine how MuleSoft can be used to identify	

Business Results Condition	As-Is	To-Be
	and integrate Okta as the State's IAM solution to assure functional decoupling and the possible incorporation/use of existing Active Directory Security. Other requisite objectives being pursued are IAM/Okta Event/Time "Snap Shots" and Disaster Recovery Mechanisms.	

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Evidence	Generally, areas of interoperability have been identified but there is great room for improvement. The roadmap planning underway should help the State on its path to increase maturity. There are some dependencies, including having Master Person Indexes (MPIs) set up for various programs or across the agencies. There are current discussions on integrating Medicaid claims into the Health Information Exchange (HIE). Also, within the HIE Program, there is a project related to public health infrastructure. There is also potential for sharing some MPI services, and that would contribute to increasing maturity. Additionally, Vermont's HIE System, also known as Vermont Information Technology Leaders (VITL), sends clinical data to the Care Management Module, which is used by the SMA's Vermont Chronic Care Initiative (VCCI) for case management services. Please see inclusion of the State Medicaid Health Information Technology Plan and HIE Strategic Plan below for further details on the HIE workstream. For Integrated Eligibility and Enrollment (IE&E), there is ongoing Customer Portal Online work and the completion of a Document Uploader project, and these will continue to further objectives around streamlining, efficiencies, and ease of applying. For example, having a Medicaid for the Aged, Blind or Disabled (MABD) online application will assist with aspiring to a higher maturity.	

Interoperability Condition	As-Is	To-Be
	From a business organization perspective, the Health Access Eligibility and Enrollment Unit (HAEEU) is responsible for eligibility and enrollment in Vermont's health care programs through Vermont Health Connect and Green Mountain Care. Vermont Health Connect includes MAGI-based Medicaid, Dr. Dynasaur, and Qualified Health Plans (QHP) including federal and state-based financial assistance. Green Mountain Care includes MABD, VPharm, and the Medicare Savings Programs. The State Medicaid Agency (SMA) meets part of the level three capability definition as far as working with community organizations assisting health care coverage applicants. The VHC assister program supports eligibility and enrollment assistance for both Qualified Health Plans (QHPs) and Medicaid. A link to more information on the assister program is below. There is some exchange of data, information, and resources between systems. VHC records are sent to ACCESS, Vermont's legacy E&E System. There are known issues with the VHC to ACCESS integration which are resolved with manual workarounds. The Pharmacy Benefit Management Module (PBM) and MMIS (claims system) receive data from ACCESS. The State uses ACCESS as a pass through to get Siebel (VHC CRM) information over to MMIS, but ACCESS does not send to Siebel. ACCESS has information available via WHACCESS (warehouse ACCESS) and individuals are put into Oracle database, but it is not used bidirectionally. Many staff are trained on multiple systems from a business perspective. There are plans to further integrate systems in the future, such as adding MABD questions, but full system integration would require a revamped Customer Relationship Management (CRM) and/or MPI. While both are on the roadmap, it should be noted that it will be significant time, effort and cost to get to a seamless integration situation. The State is in the process of standing up enterprise level tools such as MuleSoft for integration and an authentication solution. OnBase is also used for Enterprise Content Management (ECM), and while it has multiple instances it does allow for staff to navigate between the two with correct permissions. · State Medicaid Health Information Technology Plan (SMHP)- https://healthdata.vermont.gov/sites/healthdata/files/2019VTSMHP_Final_Submitted12.18.19.pdf · HIE Strategic Plan- https://gmcboard.vermont.gov/hit/plan · Information on Assisters Program-	

Interoperability Condition	As-Is	To-Be
	https://info.healthconnect.vermont.gov/information/community_partners/assisters	
Information Architecture	1	2
Evidence	The SMA is not consistent with identifying and using information and data standards as an enterprise yet. While systems are adhering to data standards, there are also known issues with data quality. The State does use ICD-10 , standard HIPAA transactions and national/standard coding sets, including HCPCS, from capability level two though. Medicaid also has access to data sets from other agencies and programs, such as the Department of Motor Vehicles (DMV), but access is via manual processes and not interoperable. The process to convert to more national standards is beginning, and the roadmap planning underway should help the State on its path to increase maturity. An MPI and/or data integrity effort would contribute to achieving the to-be goal. Standing up enterprise level tools, such as MulesSoft for integration, will also help with interoperability and reuse for different programs and agencies. Full system integration would require a revamped CRM and/or the MPI noted previously. While both are on the roadmap, it will be significant time, effort, and cost to get to a seamless integration situation. The State would like to note that HIE on its own is achieving at least a level two with using national data standards and it does have the capability of mapping data to codes.	
Technical Architecture	2	3
Evidence	There is limited interoperability and standard functionality across some agencies, programs, and systems at about a level two. The HIE is using message standards and interoperability standards, standard code sets and has the capability to standardize. As noted previously under the Business	

Interoperability Condition	As-Is	To-Be
	Architecture portion of the Interoperability Condition, HIE interacts with the Care Management Module. VHC also sends information to ACCESS and ACCESS sends information to MMIS, as mentioned previously. Use of the integration platform, integration management and standards usage will help the State achieve a higher maturity level. The State is also continuing to move more towards cloud-based solutions. Note, that meeting a full three capability level with MITA standards may not be possible within five years for Vermont's legacy systems. Previous notes on issues and potential opportunities for improvement under information architecture and business architecture for the Interoperability Condition, such as an MPI and/or CRM, may also contribute to maturity here.	

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Evidence	The information architecture and technical architecture is not in place yet to support higher than a level two for the Medicaid Enterprise. A Message Queuing/Brokerage system, in concert with a System's Integration Manager (currently considering MuleSoft), with services in place that monitor all activity like, System/Service logs, Account access, Action events (application and services), API requests, Data transfer/exchanges (static and dynamic) and Errors (notice, warning and severe) activity that later can be shared through a comprehensive System's Log Facility could improve the State Medicaid Agency's (SMA's) maturity level. For example, the System's Broker would intercept, package and direct message recordings of automated data exchanges (real time or batch) and action requests (API or Service invocations) to include recording of Application Events to service machine(s) resulting in their assembly, formatting and organization of basic/fundamental audit elements/components	

Reporting Condition	As-Is	To-Be
	to a consolidated and managed logging facility. Collection of these Solution artifacts with appropriate reporting would contribute to a desirable state of "Audit Readiness" commiserate with HIPAA, Federal Tax Information (FTI), CMS and Food and Nutrition (FNS) requirements. There are still some manual processes for generating reports and for performance monitoring, including for the detection, discovery, and correction of errors. For example, the State does not have automated discovery, logging and reporting that would provide problem alerts and fix them for ACCESS, Vermont's legacy eligibility and enrollment (E&E) system. Additionally, the MMIS Core legacy system is not higher than a level two per the maturity criteria. However, there are different systems in place at various levels of maturity. For example, Vermont Health Connect (VHC), Vermont's Health Insurance Exchange E&E system, has some automated reporting that does automatic data clean up and some automated reports are scheduled to run on a regular basis by the VHC eligibility team. VHC also provides an eligibility system report to end users when they apply for or modify their coverage that details why they are eligible for certain criteria. ACCESS does not give detailed information on specific criteria considered/used nor the calculations performed to determine eligibility status, only the final eligibility conclusion and if in the affirmative, the benefit amount.	
Information Architecture	2	3
Evidence	All current systems produce HIPAA compliant transaction data. IE&E is planning for a Customer Relationship Management (CRM) or a Case Management system that would help improve maturity. MMIS is also targeting improvements such as the DVHA Medicaid Data Warehouse and Analytics Solution (DMDWAS) that would improve the reporting capability. The SMA is in the process of developing the concept for a new data store for IE&E and there are various options but not a clear direction yet. Multiple options are being reviewed for the current VHC reporting system which include: changing platform	

Reporting Condition	As-Is	To-Be
	to a cloud solution with current vendor, removing federal reports to pursue as a service via RFP, restarting the State Business Intelligence solution, or continue improving the existing Oracle reporting system. The MuleSoft platform with its default broker (Rabbit MQ) could be the broker for event handling and has messaging potential. There are challenges with modeling associated data without a Master Person or Provider Index (MPI). Until the State has implemented MPI into solutions, it will be difficult to assemble data either manually or when trying to employ an MDM (Master Data Manager) to share Data.	
Technical Architecture	2	3
Evidence	The necessary pieces are still developing to get to a level three, but the SMA does have some open message capability. For example, VHC uses Oracle Service-Oriented Architecture (SOA) for Business-to-Business (B2B) and Application-to-Application (A2A) integrations. VHC has some automation in sending messages to CMS and Federal Agencies, and VHC also has event messages and audit trails. HL7 messages are sent from the Health Information Exchange (HIE) known as VITL into the Care Management module used by the Vermont Chronic Care Initiative (VCCI).	

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Evidence	The State Medicaid Agency (SMA) is somewhere between a one	

Modularity Standard	As-Is	To-Be
	and a two for as-is. The Agency of Human Services (AHS) is not currently demonstrating Business Process Management (BPM) practices in a public way within the intrastate other than with the work of the Agency of Digital Services (ADS) business analysts' group. However, there is some BPM standardization within individual programs or units such as within the Health Access Eligibility and Enrollment Unit (HAEEU). There are two eligibility and enrollment (E&E) rules engines, and the one for all programs is not in use. The engine for Vermont Health Connect (VHC), Vermont's Health Insurance Exchange E&E system, is in use, and it does real time eligibility, but it is not 100% complete. VHC has written job aids, and there are rules defined in the rules engine that are not in use by the engine yet. The State is in the process of converting to using the rules engine for all programs, but it has limited functionality at this time and is not integrated yet. The SMA is still defining federal and state rules from a benefits standpoint. Many MMIS applications like Electronic Visit Verification (EVV), Care Management (CM) and Pharmacy Benefit Management (PBM) may have their own business rules, but there is no state methodology. Vendors are given processes and the State helps develop rules, but there are no state standardized business rules yet. The plan for Integrated Eligibility and Enrollment (IE&E) business rules engine work and Salesforce usage there will help with maturity. The goals and objectives the State is trying to achieve aligns to reaching a level three, but the infrastructure to do it will be needed as far as the technical and information architectures.	
Information Architecture	2	3
Evidence	The SMA has some interfaces documented or inventoried. Electronic Data Interchange (EDI) and Globalscape are some examples of reusable interfaces. MuleSoft is being used as an	

Modularity Standard	As-Is	To-Be
	interface for integration management. State vendors use a System Development Life Cycle (SDLC) and vendors also have some interfaces in use, such as between eQHealth and Vermont Information Technology Leaders (VITL).	
Technical Architecture	1	3
Evidence	The SMA is not quite at a two for as-is. For example, ACCESS, Vermont's legacy eligibility and enrollment system, has a main benefits determination/rules engine module/program which employs logical hard coded rules in several subordinate modules or programs. Further, the data needed by both the main and its subordinate modules are passed via fixed, hard coded program parameters (global program variables) and also includes direct Input/Output (I/O) to ACCESS' database. Given the aged programing methodology and traditional languages used, any attempt to isolate, encapsulate, functionally decouple, or extract either the rules (or Rules Engine) or the data elements used for determination of benefits would become significantly resource intensive and unrealistic to consider. It would entail a complete code rewrite. As a result, the current structure or architecture of the ACCESS system effectively preempts any possibility of component decomposition, replacement thereof or reuse of extracted components from its benefit eligibility determination/rules engine. A robust Customer Relationship Management (CRM) system and Master Person Index (MPI) would help the State reach its goal of a developed and operational rules engine. Workflow capabilities would also be helpful. Additionally, ADS is not openly publishing its standards. However, the State is making progress in terms of modularity. For example, there are currently at least four modern MMIS modules in place. The SMA is also using a technical vendor to help bring its architecture up to modular standards and expectations. This is an ongoing project for several years.	

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Evidence	The Department of Vermont Health Access (DVHA) is responsible for the management of Vermont's publicly funded health insurance programs. Collaboration occurs between DVHA and other departments or agencies within the state such as the Department of Disabilities, Aging and Independent Living (DAIL), Department of Mental Health (DMH), Vermont Department of Health (VDH), Department for Children and Families (DCF), the Department of Motor Vehicles (DMV), Agency of Education (AOE) and Agency of Digital Services (ADS). Examples of collaboration on projects across departments include the Data Warehouse project and Electronic Visit Verification (EVV). While the maturity is at a level two for as-is, Vermont has some collaboration with other states. Examples include participation in the Systems Technical Advisory Group (S-TAG) meetings, attending conferences such as the Medicaid Enterprise Systems Conference (MESC), and meeting with other states to collect and share information on solutions. The IT ABC Form and process provides a standardized way of collecting information and approval of IT projects to solve business problems. This form also includes a "leveraging the success of others" section, which includes a question that asks if there is an existing state solution that could meet the business needs. https://epmo.vermont.gov/sites/emp/files/doc_library/IT_ABC_Form_08012019_FINAL.pdf Since ADS was formed as an agency four years ago, common technology platforms and practices across the state have contributed to improved Medicaid business processes. This sets an example for the other state agencies. The ADS Strategic Plan provides some strategies and goals of ADS, and DVHA continues to work to align with ADS on what can be reused. https://digitalservices.vermont.gov/sites/digitalservices/files/documents/ADSStrategicPlan2020.pdf The eventual Integrated Eligibility and Enrollment (IE&E) solution based on the future vision could help the State mature further as far as reuse and decreasing duplication of business processes.	

Leverage Condition	As-Is	To-Be
Information Architecture	2	3
Evidence	The Agency of Human Services (AHS) has established a Data Governance Board and created a Data Governance Manual and Dataset Inventory Template. https://vermontgov.sharepoint.com/sites/AHS/DG/SitePages/Home.aspx Additionally, there are some examples of standards and templates such as SQL Server Environment standards, standard SQL templates, a Data Services Glossary, and a Data Governance glossary. There are also automated processes for some data extractions and processes for consideration of new data stores. The AHS Data Services Web Portal, which can be accessed while on State network or VPN, https://confluence.ahs.state.vt.us/display/AHSDS provides information on governance, policies, standards and procedures, data tools and resources, templates, etc. ADS has a Chief Data Officer who looks across the entire Vermont enterprise to define data management and data standards. This position has been actively involved in the planning for the Medicaid Data Warehouse project as well as the Vermont Health Connect Reporting Solution. Lastly, there is work in progress to get to a State-wide Data Classification model, and the Chief Data Officer and the Director of Data Services are involved in those efforts.	
Technical Architecture	2	3
Evidence	ADS has determined a set of standard technology platforms and the SMA is utilizing these in new systems. Most of these platforms are in the cloud already or plans to move them to the cloud are in the works. The State is gradually moving towards a cloud-first strategy but there are still a lot of disparate pieces and reliance on an on-site data center, Tech Vault,	

Leverage Condition	As-Is	To-Be
	without a robust fail-over mechanism in place. Some systems have a service-oriented architecture (SOA), and some do not. The State Medicaid Agency (SMA) has some good examples of a level three, but it is not meeting it often enough across the board. There are still a lot of custom systems and work on an Enterprise Roadmap is still in progress. Enterprise-level Authentication (Okta) and an Integration Platform (MuleSoft) are examples of leveraging efforts being worked on that can help with solution-to-solution messaging. A Master Person Index (MPI) may contribute to maturity. The vetting process of Vermonters' information could be leveraged across more systems. A Data Hub with independent services could also be a consideration.	

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Evidence	For business analysis there is use of industry standards such as Unified Modeling Language (UML) and use of International Institute of Business Analysis Business Analysis Body of Knowledge (IIBA BABOK) performance standards. Our current testing standards follow ISO/IEC/IEEE 29119-1:2013, the International Software Testing Qualification Board Foundation Level (minimum for all testers), and Section 508 testing using Department of Homeland Security (DHS) Trusted Tester certification and guidelines. However, 508 compliance testing is not always completed for Maintenance and Operations (M&O) fixes and development work for ACCESS, Vermont's legacy eligibility and enrollment system, does not always include certain standards such as business analysis standards. There is room for improvement, especially by promoting and enforcing consistent application of State standards by State, contractor, and external (vendor) partners. The future direction	

Industry Standards Condition	As-Is	To-Be
	for testing includes ongoing implementation of testing automation and application of standards across agencies and departments, continued evolution of testing skills to include other national or international standards and interoperability needs, and enhancement of testing documentation/standard operating procedures (SOPs) to include any updated CMS guidelines. Additionally, maturity should improve as the Health Information Exchange (HIE) comes under the MMIS and Medicaid Enterprise framework. The State also expects to increase its usage of information sharing standards across states with the implementation of the Interoperability and Patient Access Rule's payer-to-payer data exchange requirements.	
Information Architecture	2	3
Evidence	MMIS and Integrated Eligibility and Enrollment (IE&E) are doing well with meeting compliance for Affordable Care Act (ACA) Section 1104 Administrative Simplification, and Section 1561 Health IT Enrollment Standards and Protocols. Vermont's ACA system, Vermont Health Connect (VHC), is meeting these two Sections. Section 508 is looked at for new systems but not retroactively for legacy systems. Section 508 testing is well established for new Design, Development, Implementation (DDI) efforts. The State Medicaid Agency (SMA) needs to incorporate Section 508 compliance into more interfaces to obtain a higher maturity. The SMA could establish more baselines along with identifying issues and plans to address for future planning and meeting a higher maturity.	
Technical Architecture	2	3
Evidence	As noted previously, MMIS and IE&E are doing well with meeting compliance for ACA Section 1104 Administrative Simplification,	

Industry Standards Condition	As-Is	To-Be
	and Section 1561 Health IT Enrollment Standards and Protocols. Vermont's ACA system, VHC, is meeting these two Sections. The SMA is meeting compliance thresholds for State and Federal regulations. In terms of messaging examples, the Provider Management Module (PMM) sends messages to the MMIS Core legacy system, known as the Advanced Information Management System (AIM), and messages are sent back to PMM which updates the Provider ID. The Enterprise Content Management System, OnBase, has standardized calls across multiple systems. The replacement of legacy systems along with implementing an integration platform (like MuleSoft); a master data management platform (for person and organization indexing and deduplication); and a business intelligence platform (for reporting and analysis) will further improve the maturity of our Medicaid system infrastructure. Please reference the Business Architecture and Information Architecture sections above for information on testing standards and Section 508.	

6.3 Gap Analysis

6.3.1 Gap Analysis

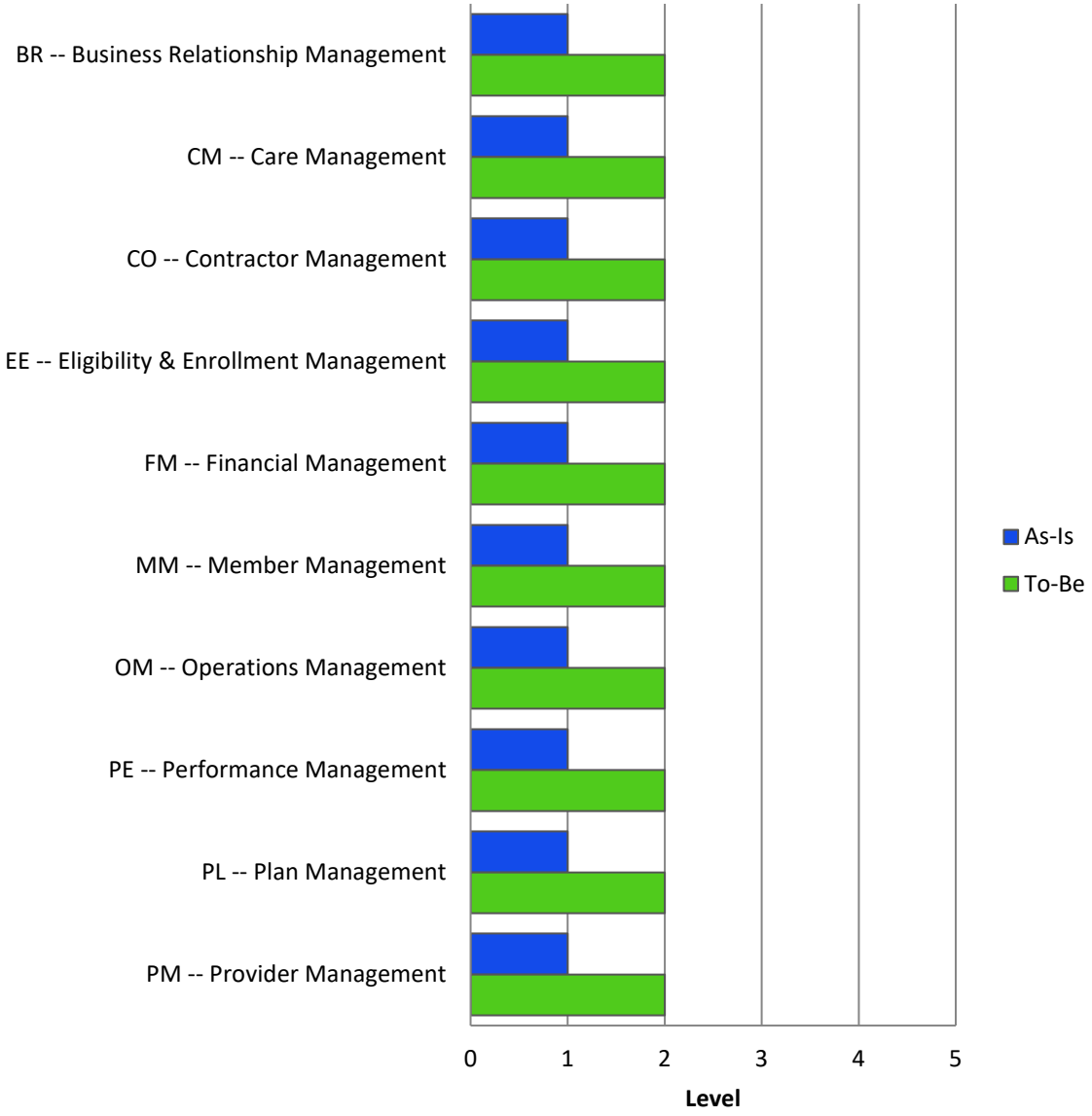
Component Metric	As-Is	To-Be	Gap Analysis
MITA Condition	2	3	To mature further, Vermont will need to complete its Standard and Condition updates to the SS-A and continue to make progress on incremental Business Architecture updates as dictated by business and planning needs. Further alignment of Enterprise and module planning processes with the SS-A and MITA would also contribute to maturity.

Component Metric	As-Is	To-Be	Gap Analysis
Business Results Condition	1	2	To continue maturing, Vermont will need to continue to increase automation and removal of manual processes or workarounds, while increasing capabilities to accommodate customer communication preferences. The State will need to improve tracking of SLAs as well as continuing development and use of outcomes, metrics and KPIs. Further work to establish and monitor data standards, SLAs and KPIs, including through outputs from the AHS Data Governance Council, will be necessary. Vermont will also need to work on a technology roadmap that will support business results, continue to improve integration and interoperability to support automated services and messaging, and to adopt performance standards.
Interoperability Condition	1	2	To mature further, Vermont may want to explore potential opportunities for shared services or integration that would increase interoperability. Possibilities include a Master Person Index (MPI), Medicaid claims integrating with the Health Information Exchange (HIE) and/or a revamped Customer Relationship Management (CRM) system. The State will need to continue pursuing initiatives that will streamline processes and increase ease of applying for healthcare coverage while continuing to stand up and incorporate enterprise-level tools such as the integration platform and authentication solution. Additionally, identifying data standards as an enterprise and a possible data integrity effort could contribute to an increase in maturity. The practice of integration management and continuing to technically standardize, will also contribute.
Reporting Condition	2	3	To mature further, the State may need a Message Queuing/Brokerage system, in concert with a

Component Metric	As-Is	To-Be	Gap Analysis
			System's Integration Manager, with services in place that monitor all activity that later can be shared through a comprehensive System's Log Facility. IE&E is planning for a Customer Relationship Management (CRM) or a Case Management system that would help improve maturity. MMIS is also targeting improvements such as the DVHA Medicaid Data Warehouse and Analytics Solution (DMDWAS) that would improve the reporting capability. Implementing a Master Person Index and Master Provider Index (MPI) into solutions is a potential opportunity for improvement. Generally, increasing services that automatically generate reports through open interface messages and further reduction of manual reporting and performance monitoring processes would contribute to increasing maturity.
Modularity Standard	1	3	The completion of defining business rules along with developing standardized business rules with a state methodology will contribute to improvement. Further use of open or reusable interfaces and documenting and inventorying all interfaces will support improvement. The elimination of hard coded rules in SMA systems would also help to improve maturity. A CRM, MPI and workflow capabilities would help the State reach its goal for an integrated eligibility and enrollment rules engine; thus, contributing to maturity improvements. Lastly, continued work with a technical vendor and progress on getting the architecture up to modular standards and expectations will contribute to maturity.
Leverage Condition	2	3	The State realizing its vision for an IE&E solution would likely contribute to an increase in maturity. Additionally, continuing to build on collaboration with other departments and agencies along with the efforts to align with ADS on what can be reused would contribute to improvement.

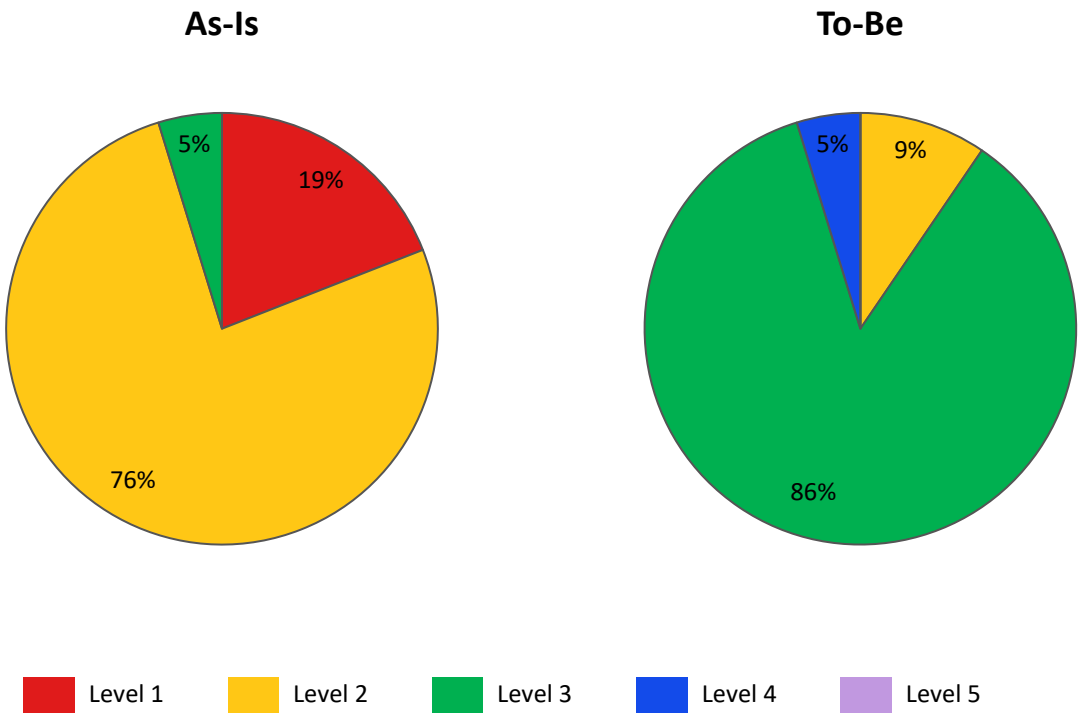
Component Metric	As-Is	To-Be	Gap Analysis
			Further maturity or progress is needed in areas of enterprise data standards, data policies, and data governance and management to reach a level three. To improve maturity, the SMA would also need further reduction in custom systems and to continue its movement towards the cloud and SOA. Completion of work on the Enterprise Roadmap may help better define the direction and plans. An MPI could contribute to maturity. A Data Hub with independent services may also be a consideration for improved maturity.
Industry Standard Condition	2	3	More consistent application of standards for systems and development work, including for M&O, and promoting and enforcing consistent application of State standards by State, contractor, and external (vendor) partners would help the SMA improve its maturity. HIE coming under the Medicaid Enterprise framework and the implementation of the Interoperability and Patient Access Rule's payer-to-payer data exchange requirements should also help the SMA improve. Additionally, the SMA incorporating Section 508 compliance into more interfaces would contribute to improvement. The replacement of legacy systems along with implementing an integration platform (like MuleSoft); a master data management platform (for person and organization indexing and deduplication); and a business intelligence platform (for reporting and analysis) will further improve the maturity of our Medicaid system infrastructure.

Standards and Conditions SS-A Profile



Component Question Distribution by Maturity Level

	As-Is Questions		To-Be Questions	
	Number	Percentage	Number	Percentage
Level 1	40	19.0%	0	0.0%
Level 2	160	76.2%	20	9.5%
Level 3	10	4.8%	180	85.7%
Level 4	0	0.0%	10	4.8%
Level 5	0	0.0%	0	0.0%


As-Is
5%
19%
76%
To-Be
5%
9%
86%
Level 1
Level 2
Level 3
Level 4
Level 5

6.4 BR -- Business Relationship Management

BR -- Business Relationship Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.4.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.4.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.4.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.4.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.4.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.4.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.4.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.5 CM -- Care Management

CM -- Care Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.5.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.5.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.5.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.5.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.5.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.5.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.5.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.6 CO -- Contractor Management

CO -- Contractor Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.6.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.6.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.6.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.6.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.6.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.6.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.6.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.7 EE -- Eligibility & Enrollment Management

EE -- Eligibility & Enrollment Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.7.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.7.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.7.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.7.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.7.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.7.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.7.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.8 FM -- Financial Management

FM -- Financial Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.8.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.8.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.8.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.8.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.8.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.8.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.8.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.9 MM -- Member Management

MM -- Member Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.9.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.9.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.9.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.9.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.9.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.9.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.9.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.10 OM -- Operations Management

OM -- Operations Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.10.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.10.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.10.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.10.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.10.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.10.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.10.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.11 PE -- Performance Management

PE -- Performance Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.11.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.11.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.11.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.11.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.11.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.11.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.11.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.12 PL -- Plan Management

PL -- Plan Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.12.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.12.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.12.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.12.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.12.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.12.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.12.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.13 PM -- Provider Management

PM -- Provider Management Maturity Profile

Reference	Component Metric	Level 1	Level 2	Level 3	Level 4	Level 5
	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			

6.13.1 Modularity Standard

Component Metric Scorecard

Modularity Standard	As-Is	To-Be
Business Architecture	1	3
Information Architecture	2	3
Technical Architecture	1	3

6.13.2 MITA Condition

Component Metric Scorecard

MITA Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.13.3 Industry Standards Condition

Component Metric Scorecard

Industry Standards Condition	As-Is	To-Be
Business Architecture	3	4
Information Architecture	2	3
Technical Architecture	2	3

6.13.4 Leverage Condition

Component Metric Scorecard

Leverage Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.13.5 Business Results Condition

Component Metric Scorecard

Business Results Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3

6.13.6 Reporting Condition

Component Metric Scorecard

Reporting Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	2	3
Technical Architecture	2	3

6.13.7 Interoperability Condition

Component Metric Scorecard

Interoperability Condition	As-Is	To-Be
Business Architecture	2	3
Information Architecture	1	2
Technical Architecture	2	3