

SS-A 2015



Medi-Cal State Self-Assessment Update 2015 MTA SS-A Overview

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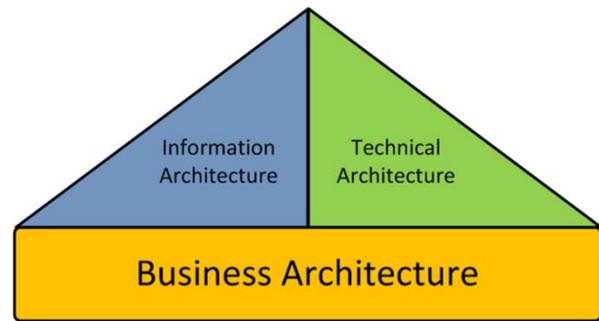
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1. Overview of the MITA Initiative

The Centers for Medicare & Medicaid Services (CMS) introduced the Medicaid Information Technology Architecture (MITA) initiative to stimulate an integrated business and IT transformation across State Medicaid Enterprises. MITA was introduced in 2005 with the goal to begin moving the design and development of Medicaid information systems away from the siloed, sub-system components that comprise a typical Medicaid Management Information System (MMIS) and moving to a service oriented architecture (SOA) framework which relies more on business processes to inform and drive the design and implementation of business services.

The guiding principles of the MITA initiative are as follows:

- **Business-Driven Enterprise Transformation** – the Framework uses established enterprise architecture principles that define a business transformation and transition strategy over time.
- **Commonalities and Differences** – encourages identification of processes, data, and technical solutions that are common to each State Medicaid Enterprise yet are adaptive and extendable to meet state-specific needs.
- **Standards First** – promotes the use of nationally recognized data and technical standards and Custom Off the Shelf (COTS) solutions to improve the effectiveness of IT development.
- **Built-in Security and Privacy** – includes security and privacy capabilities throughout the Business, Technical and Business architecture artifacts.
- **Data Consistency Across the Enterprise** – Seeks to ensure, to the greatest extent possible, that copies of data elements are minimal, synchronization of multiple copies (when necessary), and the official data of record is always available.



"represents a business-driven enterprise transformation"

As a framework, MITA is a blueprint consisting of models, guidelines, and principles for States as they implement enterprise solutions. It describes a structure for the Medicaid

Enterprise that includes business operations, information exchange, and technological services.

The Framework includes three (3) parts:

- Business Architecture (BA) - describes the current and future business operations of a state Medicaid organization.
- Information Architecture (IA) – describes the current and future data which supports the business of a state Medicaid organization.
- Technical Architecture (TA) – defines a set of technical services and standards that can be used to plan and specify future systems in support of business needs.



The MITA Framework redefines the boundaries of the MMIS to include all the business processes that support the Medicaid Enterprise. In addition to traditional MMIS processes for claims, provider and member management, the MMIS now extends to those functions that support the administration of the Medicaid program such as policy and plan management, case management, program integrity and vendor contracting. This expanded definition of the MMIS provides an opportunity for states to receive enhanced federal matching funds to support a wider variety of improvements across the Medicaid Enterprise.

With the release of the Enhanced Funding Requirements: Seven Conditions and Standards (Seven Standards and Conditions), CMS has tied the approval of federal financial participation (FFP) funds to MITA. CMS “requires states to align to and advance increasingly in MITA maturity” and “to complete and make measurable progress in implementing their MITA roadmaps.”¹

¹ CMS Enhanced Funding Requirements: Seven Conditions and Standards. Medicaid IT Supplement (MITS-11-01-v1.0) from April 2011

2. Background of MITA at DHCS

The California Department of Health Care Services (DHCS) began its MITA journey in 2007 with its first State Self-Assessment (SS-A) project. The DHCS completed a second MITA SS-A project in September 2013 to update the original Medi-Cal SS-A incorporating the MITA v3.0 requirements and setting new 5-year goals. This 2013 SS-A outlined substantial recommendations to more effectively direct DHCS towards advancement in MITA maturity for the Medi-Cal enterprise. These included actions such as establishing a new enterprise transformation governance process, adopting Enterprise Business Process Management, and the appointment of business process champions for MITA business areas.

DHCS released its next SS-A in 2014 and was able to report significant progress towards the 2013 recommendations. The MITA Governance Team (MGT) was formed and meeting regularly, the development of an Enterprise Business Process Management Strategy was underway, and several MITA Business Process Champions were appointed throughout the Medi-Cal Enterprise commencing goal setting meetings across impacted DHCS Programs. The 2014 SS-A also documented the significant steps forward in maturity in the Information Architecture such as the publishing of an Enterprise Data Management Strategy, Enterprise Data Standards and Management Plan, and Medi-Cal Conceptual Data Models.

A revised approach was utilized for the 2015 SS-A update, heavily leveraging the newly formed MITA Governance Team and the first set of appointed Business Process Champions. Several Medi-Cal Business Areas, prioritized by the MITA Governance Team, now reflect the Level 3 target “To-Be” capability in their respective Business Architecture Profiles. These pioneer Business Process Champions have begun to work across program areas to identify areas of opportunity to standardize integrated business processes that still accommodate program specific business rules. Technical capability goals have been defined in support of Business Area advancements. Information maturity will continue to advance as DHCS moves toward full adoption of the new information architecture artifacts. The 2015 SS-A and Roadmap serve as an implementation plan for reaching MITA maturity level 3 across the first set of Medi-Cal Business Areas.

The DHCS continues to plan for significant change over the next few years. Adoption of the MITA Framework within DHCS is a gradual transformation that continues to gain momentum and executive sponsorship across the Medi-Cal Enterprise.

3. Recent MITA Advancements

The following bullet items highlight recent MITA achievements over the last year and are described in more detail further below:

- Progress towards Adoption of Business Process Management
- Business Process Improvement Pilot Project
- Approval of Ten MITA Aligned Advance Planning Documents
- Adoption of an Enterprise Data and Business Process Modeling Tool
- Baseline Repository Creation of 'As Is' Business Process Models
- Completion of Business Process Champion Appointments
- Establishment of the Business Architecture Governance
- Completion of Enterprise and Business Area Logical Data Models
- DHCS Education and Knowledge Transfer on EDMS Concepts
- Establishment of the Technology Architecture Governance
- Integration of MITA Governance Review with Clarity PPM Tool

3.1 Progress towards Adoption of Business Process Management

As part of the effort to achieve greater levels of MITA maturity as defined by the Centers for Medicaid and Medicare Services (CMS,) the Department of Health Care Services published an Enterprise Business Process Management Strategy (EBPMS) in December 2014. The EBPMS included an overall framework for enacting business process management (BPM) including steps to perform business process improvement (BPI) to analyze and mature DHCS business processes. Adoption of business process management will assist DHCS to operate more effectively, and set the foundation for the advancement of MITA maturity across DHCS business, information, and technical areas.

The MITA Team integrated general awareness of the concept of BPM into its series of 2015 State-Self-Assessment meetings with the newly appointed Business Process Champions (BPC), with the leadership of the Chief Business Architect Anastasia Dodson. Cross-divisional goal setting meetings occurred with the Business Process Champion outlining strategic vision, and the new roles of BPM were outlined including the BPC, User, Influencer, and Custodian.

Meetings for each MITA business area with an assigned BPC included an updated inventory of current projects, as well as the identification of additional BPI initiatives required to reach the desired MITA Maturity Level Three (3). These initiatives were forwarded to the Business Architecture Board (described later in this section) for priority determination with an enterprise perspective.

DHCS is committed to business maturity as the foundation for capability advancement. It is based on the core principle that business processes inform and drive the implementation of business services. Managing business processes as strategic assets is one of the cornerstones of the initiative.

3.2 Business Process Improvement Pilot Project

Within the EBPMS is a proposed Project Delivery Framework which provides a logical structure and process for discovering, evaluating and managing enterprise projects. The framework provides a method to process the MITA State Self-Assessment findings by providing visibility and governance. Implementing this framework enables DHCS to work more effectively across divisions in order to produce more integrated solutions to business needs.

To evaluate the end-to-end framework, a pilot project was suggested to test its integrity. Several business processes were considered, and the Manage Advance Planning Document (APD) business process was selected as the focus for the pilot project. The Office of HIPAA Compliance (OHC) worked closely with existing quality improvement initiatives such as the DHCS Kaizen and DHCS Quality Improvement in Health Care Strategy to participate and provide best practices tools, techniques, and training content.

With OHC taking the lead via the Business Process Champion and Project Lead roles, subject matter experts (SMEs) who are key users of the APD process were trained and consulted in process modeling and brainstorming discussions. Targeted interviews were conducted with representatives from program areas and external agencies to ensure all aspects of the process was captured, and more complicated areas were fully understood by the project team. Artifacts were collected and analyzed and a To-Be forward vision was developed.

The business process improvement analysis concluded with findings and recommendations for improvement outlined in detail. These recommendations were approved by the Business Process Champion and the MITA Governance Team for implementation, which shall begin in fall 2015.

This pilot project produced a reusable Business Process Improvement Toolkit of work plans, templates, training materials, communication plans for use by future BPI projects.

3.3 Approval of Ten MITA Aligned Advance Planning Documents

As part of the newly established MITA Governance process over the course of the last year, the MITA Governance Team (MGT) reviewed and approved 10 Medicaid Management Information System (MMIS) Advance Planning Documents (APDs), accounting for \$329 million in federal funding. The MGT review is comprised of review criteria to ensure the project sufficiently supports the DHCS goals for each of the 3 MITA Architectures across all Seven Standards and Conditions. The criteria used in the review include:

1. The APD references the latest MITA SS-A and roadmap submitted to CMS by DHCS.
2. The changes described in the APD align with DHCS's MITA SS-A and roadmap.
3. The APD includes a section on the Seven Conditions and Standards, and the text within that section clearly indicates how the proposed change addresses each of the Seven Conditions and Standards.

3.4 Adoption of an Enterprise Data and Business Process Modeling Tool

To advance to MITA Maturity Level 3, DHCS needed to adopt a Business Process Modeling and Conceptual / Logical Data Modeling tool that meets the standards and capabilities specified by CMS in the MITA 3.0 Framework. IBM Rational System Architect (RSA) was selected to provide a common set of processes, tools, and solutions for business process and data model design and management. It provides a secured repository that enables sharing and reuse of documented objects across the enterprise.

The MITA Team members worked closely with OHC, Enterprise Architecture Office (EAO), and Enterprise Information Technology Services (EITS) teams to evaluate, procure the software, and install the necessary licenses throughout the enterprise as needed. To further aid DHCS in necessary knowledge transfer to continue license maintenance of the tool, an *IBM RSA Install and Troubleshooting Guide* was developed, and uploaded to the project repository.

The MITA Team utilized the tool for the purposes of the Enterprise and Business Area Logical Data Models, and for the Business Process Modeling efforts described below. In order to standardize its use across the Medi-Cal Enterprise in future efforts, the MITA Team developed two separate user guides customized for DHCS enterprise modeling purposes, one for data modeling – *New Data Modeling Standards Guide*, and a second guide for business process modeling – *Business Process Modeling RSA Guide*. These aids have also been uploaded to the project repository.

3.5 Baseline Repository Creation of 'As Is' Business Process Models

A short while after the IBM RSA tool was procured and installed, the MITA Team devoted resources to establish the required business process hierarchy in the tool in support of the MITA Enterprise, and produced all of the 141 Medi-Cal As-Is business process models in the IBM RSA DHCS encyclopedia.

In order to produce the models, the CMS published standards were compared against the most recent versions of the Medi-Cal business process write-ups in the SS-A. The comparison helped to identify the deviations between the CMS standards and the SS-A. The Medi-Cal business processes deviated from the CMS standards at times by excluding certain processes, or adding processes unique to Medi-Cal. Special formatting has been applied in the models to uniquely identify the additional steps that have been added to the Medi-Cal flows. Likewise, the steps that are not related to the Medi-Cal process but were identified in the CMS standards were removed from the flows. This allows for the flows to display Medi-Cal specific processes only.

The resulting Medi-Cal 'As Is' Business Process Model repository will support the creation, monitoring, and reuse of business process models as strategic assets, and will serve as a baseline for future business process improvement projects. New projects are already referring to the baseline processes that have been created during initial system design efforts.

3.6 Completion of Business Process Champion Appointments

The initial steps towards the adoption of an enterprise business process management approach are best enabled by the appointing of business champion/owners for DHCS's MITA business processes.

As of the writing of the 2014 SS-A, the first five (5) business process champions for the Medi-Cal Enterprise had been appointed. Two (2) more business process champions were named in early 2015, and efforts were made to quickly integrate their assigned MITA business processes into the 2015 SS-A Roadmap series of meetings. Over the subsequent months, the MITA Team worked with the Chief Business Architect, Anastasia Dodson, to summarize the responsibilities for the remaining unassigned areas and discussed the potential alternatives for Business Process Champion assignment. In April 2015, the DHCS Chief Business Architect appointed the remaining seven (7) business process champions which served as a significant milestone in setting the final foundation for the adoption of Business Process Management. The introductory MITA and Business Process Champion rollout sessions for the last set of named champions are underway.

3.7 Establishment of the Business Architecture Governance

The Enterprise Business Process Management Strategy emphasizes the need for a defined governance structure in order to adopt effective Business Process Management. In early 2015 the MITA Team worked closely with DHCS MITA Project Sponsorship to define and create such a group and identify its interrelationship with other DHCS governance structures.

In May 2015, DHCS, with the leadership of the Chief Business Architect Anastasia Dodson, conducted its first quarterly Business Architecture Board (BAB) meeting. The strategic goal of the BAB governance body is to support increased MITA maturity across DHCS business processes by applying an enterprise-wide approach to the adoption of Business Process Management, and the implementation of “To-Be” goals through collaboration and leadership. The members of the BAB include all of the DHCS Business Process Champions along with the Chief Business Architect. Participation in these meetings at times may be extended to representatives from key partners such as the Office of HIPAA Compliance, Enterprise Project Portfolio and Management Branch, and the Enterprise Architecture Office.

As documented in the Business Architecture Board charter, the objectives of this governance body include the following:

1. Prioritize identified MITA Roadmap projects/initiatives to be presented to MGT for approval.
2. Identify business processes that are duplicative and manually intensive for re-engineering opportunities (business process improvement - BPI).
3. Measure, monitor, and manage business processes as a strategic asset on an ongoing and consistent basis.
4. Own, maintain and communicate the DHCS Business Process Management Strategy which identifies roles, responsibilities, a framework for business process improvement and stakeholder communication for managing the Medi-Cal business processes.
5. Collaborate on shared business needs and resources to increase agility and optimize business performance and value.
6. Lead communication efforts for Organizational Change Management as it pertains to business processes in the champion’s assigned area(s).
7. Escalate issues or conflicts as necessary for resolution.

Over the upcoming months, the quarterly meetings of the Business Architecture Board will continue to be a critical success factor in DHCS' efforts to effectively adopt Business Process Management within the Medi-Cal Enterprise.

3.8 Completion of Enterprise and Business Area Logical Data Models

In early 2014, the DHCS directorate declared a strategic goal of MITA maturity level 3 across all architectures. For the Information Architecture, this signified the adoption of a governance process, Conceptual Data Models and Logical Data Models that reflect the MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information across one or more state agencies. A dedicated MITA team began work in early 2014 with the Department to develop these core Information Architecture components, and all but one of them was reportable as completed as part of the 2014 SS-A.

In December 2014, the DHCS published the first release of the remaining component of the Medi-Cal Enterprise Logical Data Model (ELDM). The ELDM identifies the data, data types, values, and data relationships used by the Medicaid Enterprise. The ELDM builds upon the higher-level concepts of the Conceptual Data Models (CDMs) completed for the 2014 SS-A by adding detailed attributes to the models that will form database columns or schema elements in physical information systems. The normalized, detailed LDM is "business-agile" and capable of supporting dynamic database schema and data-driven business rules that can more easily adapt to change. It is used as a tool to bridge the knowledge gap between MITA subject matter experts, IT architects, and system designers, depicting detailed business information elements and their relationships to each other, using business terminology and reusable enterprise definitions. Using the shared, reusable data elements of the LDM, DHCS will be well-positioned to achieve the true plug-and-play capabilities of services and interoperability required by MITA. California's unique logical data requirements have been incorporated into the ELDM. The more refined Business Area Logical Data Models were delivered in spring 2015.

Key activities for LDM development included the following:

- **Collaboration** – Participation in design discussions to review and receive input from stakeholders and industry organizations on desired or expected outcomes and areas of concern, including with other system development project teams within DHCS.
- **Development** – Creation of the LDM based on the CDM, adding attributes and any previously unidentified but needed data classes and relationships to cover the detail required, together with meta-data on the format, length and

structure of each data attribute in the IBM Rational System Architect (RSA) repository and its generated reports.

- **Usage of Data** – Mapping of the LDM data classes and attributes to existing systems to ensure completeness and to enhance data interoperability and sharing.
- **Validation** – Verify the harmonized LDM from an enterprise perspective against the business process requirements for each subset LDM.

Several systems projects have utilized the MITA LDMs in their analysis of data requirements by performing data matrixing exercises to existing system table layouts, or by leveraging initial logical data designs for new system development projects.

3.9 DHCS Education and Knowledge Transfer on EDMS Concepts

As outlined in the Enterprise Data Management Strategy (EDMS), in order to facilitate enterprise data management, the Department created a new Data Administration (DA) function nominating several staff from various divisions within DHCS including the Enterprise Innovative Technology Solutions Division. During the first eight months of 2015, these new DA team members were trained by the MITA Team on data modeling, normalization, the contents and structure of the enterprise CDM and LDM subsets in the enterprise modeling tool IBM Rational Systems Architect (RSA), and installation and troubleshooting procedures for IBM RSA.

Specific classes and presentations held to educate Department staff on EDMS concepts included the following topics:

- Introduction to the MITA Enterprise Data Models, for technical staff and all levels of management
- Conceptual Data Modeling and Analysis, an in-depth three-day class for technical data analysts, designers, and developers across the Department
- MITA Data Models and MIS/DSS, a presentation to educate staff on the role the MITA LDM will play longer-term to enhance the content and coherence of the Department's major data warehouse, MIS/DSS

Additional weekly meetings for education and mentoring resulted in knowledge transfer to DA team members and management in the following areas:

- Evaluation and selection of a repository-based enterprise data design and database generation tool (capable of importing the MITA data models, for design and implementation project teams to use the LDM subsets)

- Maintenance of RSA and Data Modeling Standards Guides, updated with additional information and troubleshooting tips, for and by the DA team
- Quality assurance techniques to review CDM and LDM content and underlying meta-data documented for each data class and relationship
- RSA tool expertise and report generation capability
- Ability to present EDMS and data model concepts and goals to internal audiences

As a result of education and knowledge transfer conducted over the year, the DA Team is capable of fulfilling a number of responsibilities defined by CMS for the DA role:

- Guiding the creation and monitoring the usage of data and information as vital agency assets
- Promulgating agency standards, procedures and guidelines related to data names and definitions
- Maintaining the inventory of enterprise-wide data assets
- Facilitating understanding of the meaning, accuracy and timeliness of data assets
- Promoting the reuse of standardized data names, definitions, elements and values

With the completion of this education and knowledge transfer activities, the DHCS Data Administration function is poised to provide continued support in enterprise data management for continued Information Architecture maturity advancement.

3.10 Establishment of the Technology Architecture Governance

During the summer of 2015, the Technology Architecture Board (TAB) was established. The TAB serves as the critical link between the DHCS strategic vision and the Technical Architecture (TA) work of the DHCS enterprise. The TAB seeks to optimize the execution of DHCS strategies, the utilization of DHCS resources, and the value of DHCS investment, by:

- Reducing and managing the complexity of the Technical Architecture
- Providing greater understanding of the technical solution portfolio
- Increasing the ability to proactively eliminate technical problems

- Fostering technical solution reusability through standardization, topologies and reference models
- Identifying opportunities for technical solution consolidation
- Conducting proactive technical solution rationalization

The TAB serves as a decision making body whose approval is necessary for DHCS to move forward on activities that relate to DHCS Technical Architecture execution. Voting members must agree unanimously on formal decisions made by the TAB. In making decisions, the TAB balances short-term tactical benefits (i.e., information and security priorities) with long-term vision (i.e., advancement in MITA Maturity, including interoperability and health information exchange goals).

The Technical Architecture Board governance is relatively new, and had its first meeting in July 2015. The voting members are the Enterprise Innovation Technology Services (EITS) Branch Chiefs along with the Chief Technology Officer. The Enterprise Architecture Office facilitates the TAB meetings.

The Charter of the Technical Architecture Board outlines the following objectives for this governance structure:

1. Establish, own and manage the content of the DHCS Technical Management Strategy (i.e., principles, standards, policies, guidelines and reference models) applicable to IT components.
2. Establish targets for re-use of technical components.
3. Enforce compliance of IT designs and components (including IT infrastructures, systems and applications) with the overall DHCS Enterprise Architecture Strategy.
4. Decide on possible exceptions (i.e., Technical Architecture Debt waivers) to be granted to request for deviations from the DHCS Technical Management Strategy and act as ultimate escalation point on matters related to its mandate.
5. Adjudicate architecture related conflicts as necessary.
6. Establish technical architecture working groups as necessary.
7. Communicate the DHCS Technical Management Strategy throughout DHCS, so as to improve the maturity level of the architecture discipline within DHCS.

3.11 Integration of MITA Governance Review with Clarity PPM Tool

On October 22, 2014, the DHCS directorate distributed a department-wide policy to all DHCS Executive Staff entitled “The MITA Review of DHCS Initiatives” which communicates the role of MITA Governance in the review and approval of all new DHCS initiatives. The Policy Memo goes on to explain that the MITA Governance Workgroup works with the Enterprise Project and Portfolio Management Branch (EPPMB) to coordinate and document necessary reviews and approvals before ideas are converted to Projects with in Clarity Project Portfolio Management (PPM) Tool.

The release of this Policy Memo serves as a significant step forward in the adoption of the MITA Framework in that the Medi-Cal Enterprise acknowledges the importance of the MITA Governance review and approval of projects in order to:

- Ensure that DHCS-sponsored solutions are consistent with DHCS’ MITA goals
- Encourage enterprise-wide approaches to DHCS business needs
- Improve communication across DHCS and between program areas
- Positively influence the approach of major DHCS initiatives before they begin
- Provide a feedback mechanism to help keep the MITA State Self-Assessment and MITA Roadmap up to date
- Ensure alignment with the DHCS Strategic Plan, MITA SS-A goals, DHCS Quality Strategy, and the DHCS Health Care Innovation Strategy.

The Policy Memo provides Executive Staff with the details of the MITA Governance Review Criteria for new ideas, so that the criteria for MITA Review of New DHCS Initiatives are well understood for future project ideas.

4. 2015 Medi-Cal SS-A Project Artifacts

The 2015 Medi-Cal SS-A focused on the progress DHCS has made since the time of the 2014 Medi-Cal SS-A submission to CMS.

The 2015 Medi-Cal SS-A produced the following artifacts:

- **Business Architecture Profile** - As-Is and To-Be ratings across all Medi-Cal business processes. Additionally, each Medi-Cal business area has a separate Business Architecture Profile document and each individual Medi-Cal business process is described along with a scorecard.
- **Information Architecture Profile** - As-Is and To-Be ratings for each IA component across each Medi-Cal business area.
- **Technical Architecture Profile** - As-Is and To-Be ratings for each TA Service Area across each Medi-Cal business area. Each Medi-Cal business area is described along with a scorecard.
- **Seven Standards and Conditions Profile** - As-Is and To-Be ratings for each of the Seven Standards and Conditions across each of the three MITA architectures.
- **Gap Analysis** - Defines the gap between the As-Is current operations and To-Be target goals across the business, information and technical architectures. The gaps identified are addressed in the Medi-Cal Roadmap.

In addition to the required SS-A Artifacts, the project also completed the following documents in alignment with the requirements of the MITA Condition from the CMS Seven Standards and Conditions:

- **Concept of Operations** – Describes the Medi-Cal Enterprise from a business perspective and shows the transformation from the As-Is operations to the To-Be target environment at a high level. Describes the concept of Business Process Owners and identifies those MITA Business Areas for which Business Process Owners have been identified. It is recommended that the Concept of Operations be reviewed first to understand the current Medi-Cal environment and how the enterprise will transform over the next 5 years.

It is recommended that the Concept of Operations be reviewed first to understand the current Medi-Cal environment and how the enterprise will transform over the next 5 years.

- **Medi-Cal Roadmap** – An implementation plan that consists of planned projects and initiatives that collectively move the state from its current business capabilities to targeted future capabilities.

5. Medi-Cal 2015 SS-A Results & Recommendations

5.1 Business Architecture

The collective 2015 Business Architecture Profiles depict the Medi-Cal Enterprise in a state of gradual transition since the steps to adopt the MITA framework and Business Process Management are in progress. Although the MITA Business Areas for which Business Process Champions were first assigned continue to show a low level of maturity for the As-Is scores, the necessary initial steps have been taken to establish the MITA Maturity Level 3 goals, and the To-Be goals have been updated to reflect those targets. Cross-divisional goal-setting meetings occurred for these first areas, and current projects and other remaining future initiatives have been identified to address the remaining capability gaps over the next five years. For the remainder of the MITA Business Areas that were the last to have Business Process Champions assigned, individual business process goals have yet to reflect the enterprise vision of a MITA Maturity Level 3, and therefore, these sections remain relatively unchanged since the 2014 Medi-Cal SS-A submission to CMS.

The Business Architecture summary scorecard is presented immediately below, illustrating the new 2015 scores compared to the 2014 values:

Medi Cal Business Area	2014		2015		
	As Is	To Be	As Is	To Be	
Business Relationship Management	1	1	1	1	
Care Management	Case Management	1,2	2,4	1,2	3,4
	Authorization Determination	1,2	2	1,2	3
Contractor Management	Contractor Information Management	1	1	1	1
	Contractor Support	1,2	1,2	1,2	1,2
	Contract Management	1,2	1,2	1,2	1,2
	Manage Advance Planning Document		N/A	1	3
Financial Management	Accounts Receivable Management	1	1,2	1	3
	Accounts Payable Management	1,2	1,2	1,2	1,2
	Fiscal Management	1,2	2	1,2	2
Operations Management	Claims Adjudication	1,2	1,2	2	2
	Process Encounter	1,2	1,2	1	2
	Payment & Reporting	1,2	1,2	2	2
	Manage Data	2	2	2	3
Performance Management	1	2	1	3	
Plan Management	Plan Administration	1	1	1	1
	Health Plan Administration	1	1	1	1
	Health Benefits Administration	1,2	2	1,2	2
	Develop and Manage Performance Measures	1	1	1	3
Provider Eligibility and Enrollment Management	1,2	3	1	3	
Provider Management	Provider Information Management	1	3	1	3
	Provider Support	1,2	1,2	1,2	1,2
Member Eligibility and Enrollment Management		TBD		In Progress	
Member Management		TBD		On Hold	

DHCS has established significant momentum in this past year with its efforts in advancing the Business Architecture to higher levels of MITA maturity. It is critical that the following recommendations be implemented as next steps quickly so that the momentum for progress continues:

- Continue Introductory Sessions for Remaining Business Process Champions
- Mature the Business Architecture Board
- Hold SS-A Roadmap Sessions for Remaining MITA Business Process Champions including Member Eligibility and Enrollment
- Implementation of To-Be Recommendations from BPI Pilot Project
- Continue Adoption of Business Process Management Strategy including Organizational Change Management Recommendations
- Support/guide the MITA Roadmap projects with the Business Architecture Team
- Finalize the Business Architecture Team Charter

5.2 Information Architecture

The 2015 SS-A update revealed continued advancement across the current Medi-Cal enterprise of the Information Architecture, even beyond those advancements reported as the 2014 SS-A capability levels. With the completion of the Enterprise and Business Area Logical Data Models, all As-Is scores now reflect MITA Maturity Level 2. DHCS continues to adopt the MITA Framework and implement principles that support higher levels of information capability. Activities continue to apply the concepts found within the Enterprise Data Management Strategy. These activities include establishment of data governance and data ownership, adoption and promulgation of data architecture standards, use of conceptual and logical data models, and application of industry data standards. These goals were set based upon the state's Health Information Exchange (HIE) planning efforts to support interoperability and the use of electronic health records. Additionally, this year a DHCS Data Administration (DA) Team was formed to support ongoing maintenance of the enterprise meta-data repository created by the MITA team. Knowledge transfer has occurred from the MITA Team to this new DA Team represented by staff from various DHCS divisions. The early stages of the creation of an Information Architecture Board have begun to align the department with the strategic governance proposed in the Enterprise Data Management Strategy (EDMS).

The Information Architecture summary scorecard is presented immediately below, illustrating the new 2015 scores compared to the 2014 values:

Medi-Cal Business Area	2014		2015	
	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	1	3	2	3
Care Management	1	3	2	3
Contractor Management	1	3	2	3
Financial Management	1	3	2	3
Member Management	1	3	2	3
Operations Management	1	3	2	3
Performance Management	1	3	2	3
Plan Management	1	3	2	3
Provider Management	1	3	2	3

Over the last 18 months, DHCS has collectively advanced from a MITA Maturity Level 1 to a MITA Maturity Level 2 in its current Information Architecture capabilities. DHCS can further progress its As-Is state by implementing the following recommendations in the near future:

- IA Board Formation and Roadmap
 - ◆ Charter complete awaiting final approval
- Expand and Strengthen the DA Team
- Publication of LDM Content on DHCS Intranet
- Enterprise Data Structure Standards Promulgation
 - ◆ Adoption of LDM standards and enforcement on procurements/projects
- Advance Data Ownership by Business Process Champions
- Enterprise Strategy Development for Data Extraction/Transformation/Load (ETL)
- Master Data Management Strategy Development
- Continued support of EDMS and EDSMP Roadmap Activities

5.3 Technical Architecture

The 2015 SS-A update did not reveal any advancements in the As-Is for the technical components of the Technical Architecture; however, some To-Be target goals were

updated to support the increased maturity targets within some MITA business areas. The Technical Architecture summary scorecard is presented immediately below, illustrating the new 2015 scores compared to the 2014 values:

Medi-Cal Business Area	2014		2015	
	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	1	1	1	1
Care Management	1	2	1	3
Contractor Management	1	1	1	1
Financial Management	1	2	1	3
Member Management	TBD		TBD	
Operations Management	1	2	1	2
Performance Management	1	2	1	2
Plan Management	1	2	1	2
Provider Eligibility and Enrollment Management	1	3	1	3
Provider Management	1	2	1	2

As States evolve and begin aligning their technology with the MITA Framework, they will see a shift from traditional siloed methodologies to an enterprise approach that includes other Health and Human Service (HHS) related systems. This shift results in the engagement of interoperability concepts to replace outdated data warehouse and data distribution methods with data-sharing, Service-Oriented Architecture (SOA), and Cloud Computing concepts and practices. Increased attention must be given to building out the Medicaid enterprise environment through sound strategic design. The MITA initiative emphasizes the critical importance of this transformation being driven by the business goals of the enterprise. Given the sheer number of moving parts within a Medicaid program, an enterprise level strategy combined with a transformation plan are imperative for moving forward in a structured manner.

Technical Services Management includes the identification, development and management of business functions for reuse and sharing, as well as the technical architecture to support it. Development and adoption of an infrastructure that effectively establishes and uses a service-driven architecture (Technical Architecture development) includes the following activities and are the recommended next steps for the DHCS:

- Develop an Enterprise Technical Management Strategy (ETMS)
- Perform a current technology baseline assessment

- Develop a Governance Structure for Technical Service Management
- Inventory of current As-Is DHCS business and technical services
- Define To-Be technical functions to support target business goals – these are the architecture building blocks (ABB)
- Determine To-Be technical capabilities for the DHCS business and technical services needed to support the technical functions
- Develop Technical Reference Model (TRM) and a Standards Profile
- Perform a Gap Analysis of needed As-Is and To-Be business and technical services
- Define a Legacy System Migration Strategy based upon the To-Be architecture
- Develop a Standards Reference Model to support the architecture building blocks
- Development of an Application Architecture Approach
- Define Roadmap activities to reach target architecture

The technical architecture foundational steps have not been completed by the DHCS. The absence of a defined technical architecture places a roadblock on the progression of the initiatives defined by the Department’s business process champions. It will be difficult for projects to move forward unless the technical infrastructure to support those projects is established. It is recommended that the development of the target technical architecture be of highest priority to DHCS with respect to the MITA Initiative.

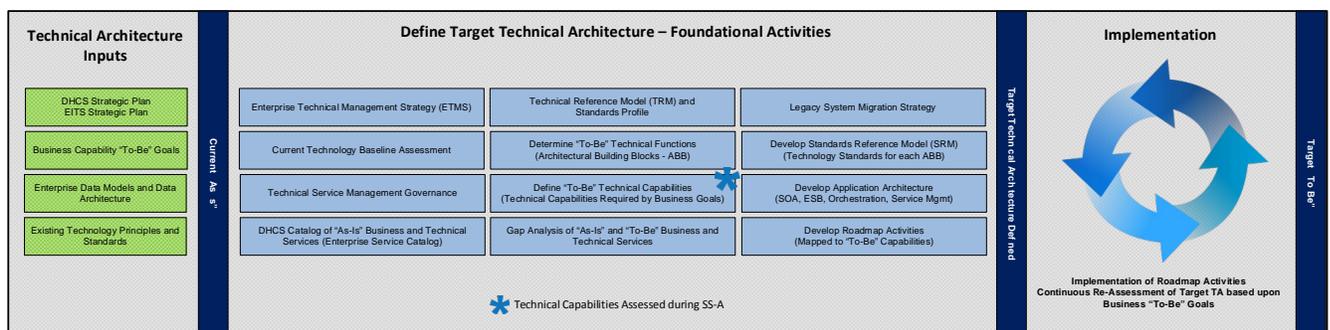


Fig 1. Technical Architecture Foundational Steps

6. Ongoing SS-A Effort

Over the last eighteen months the Department of Health Care Services has demonstrated great commitment to the enterprise wide adoption of the MITA Initiative. DHCS continues to lay the foundation and commit resources to governance and tactical execution of activities driving forward the advancement of the Business, Information, and Technical Architectures of Medi-Cal. All divisions have participated in the MITA activities, from the Office of Workforce Planning and Development in its support of the business process improvement training class department-wide to the Mental Health Services Division in its lead role in the development of an enterprise-wide cost reporting and settlement solution. DHCS has incorporated the state self-assessment into the department's strategic planning process and, although not yet officially required by CMS, continues to submit the SS-A and Roadmap on an annual basis. DHCS recognizes that MITA is not a compliance issue; it is a cultural change and quality initiative that drives business transformation.