



MITA Beyond MMIS

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Agenda

1. Background & Overview
2. The Medicaid Enterprise Technology Platform
3. Key issues & drivers for states and vendors
4. Core Business Services
5. Dependencies
6. Promise of SOA
7. Case Studies
 - Texas Eligibility (TIERS)
 - Indiana MMCS (EB)



Background & Overview

- 1. MITA one of the most important concepts for Medicaid operations in many years**
- 2. Has the potential to transform the administration and delivery of Medicaid services across a variety of business services**
- 3. Generally been seen as pertaining solely to MMIS**
- 4. Broader view of the state Medicaid Enterprise Technology indicates the concept cannot be limited to MMIS.**
- 5. Our aim here is to describe how MITA affects other Medicaid Business processes in addition to MMIS and then to describe early experiences in implementing applications in the Medicaid Enterprise Technology domain with MITA consistent, non MMIS application architectures**

The Medicaid Enterprise Technology Platform

Must be broadly conceived as including several highly interrelated applications in addition to MMIS

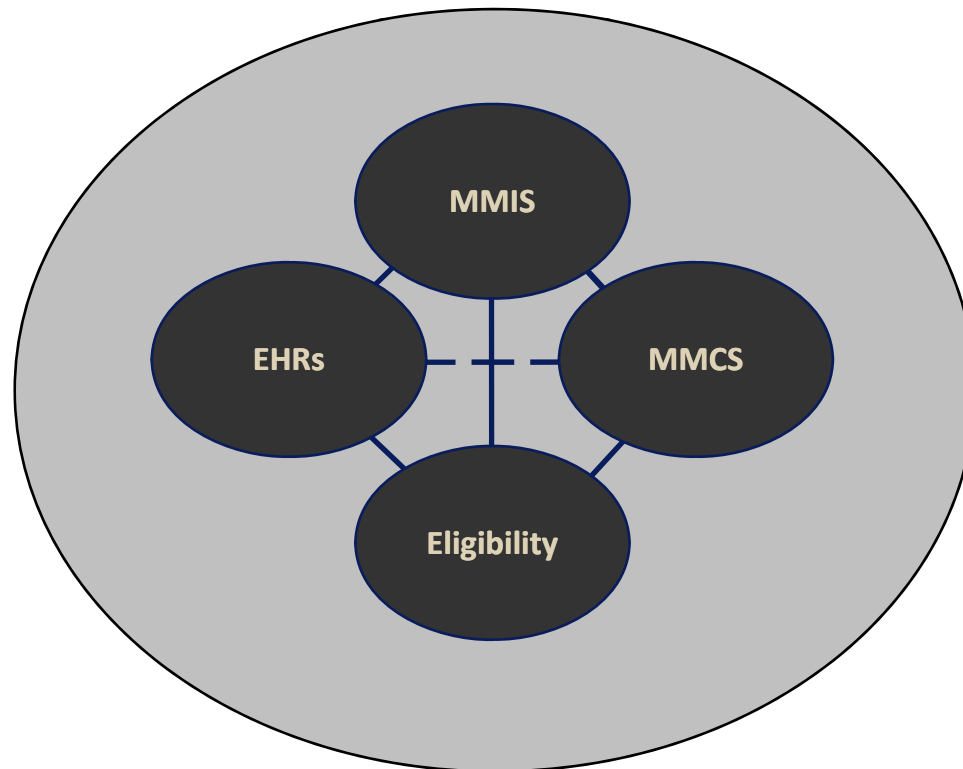
Includes: (Use dot points & definitions)

- **MMIS**
- **MMCS**
- **Eligibility**
- **EHRs (soon)**
- **Portals (growing)**

Derivatively – Data Warehouses

The Medicaid Enterprise Technology Platform

In the current technology environment, these applications, though highly interdependent, are very awkwardly coupled. The platforms are not only different, they usually span several generations of technology. It is not entirely unusual to see “network model” databases in the applications for example.



Key Issues/Drivers for States and Vendors

1. **Fundamental Business Process shifts are being demanded**
2. **Program and Business Rules changing**
3. **Shifting role of the Portal as part of 1 above**
4. **Need for states to extend functionality to a broader set of agents and partners**
5. **S/W components must be engineered to adapt to evolving sets of agency goals**
6. **Need to incorporate new technologies and more COTS products**
7. **Business Process Management must be engineered into the solutions**
8. **Costs!**

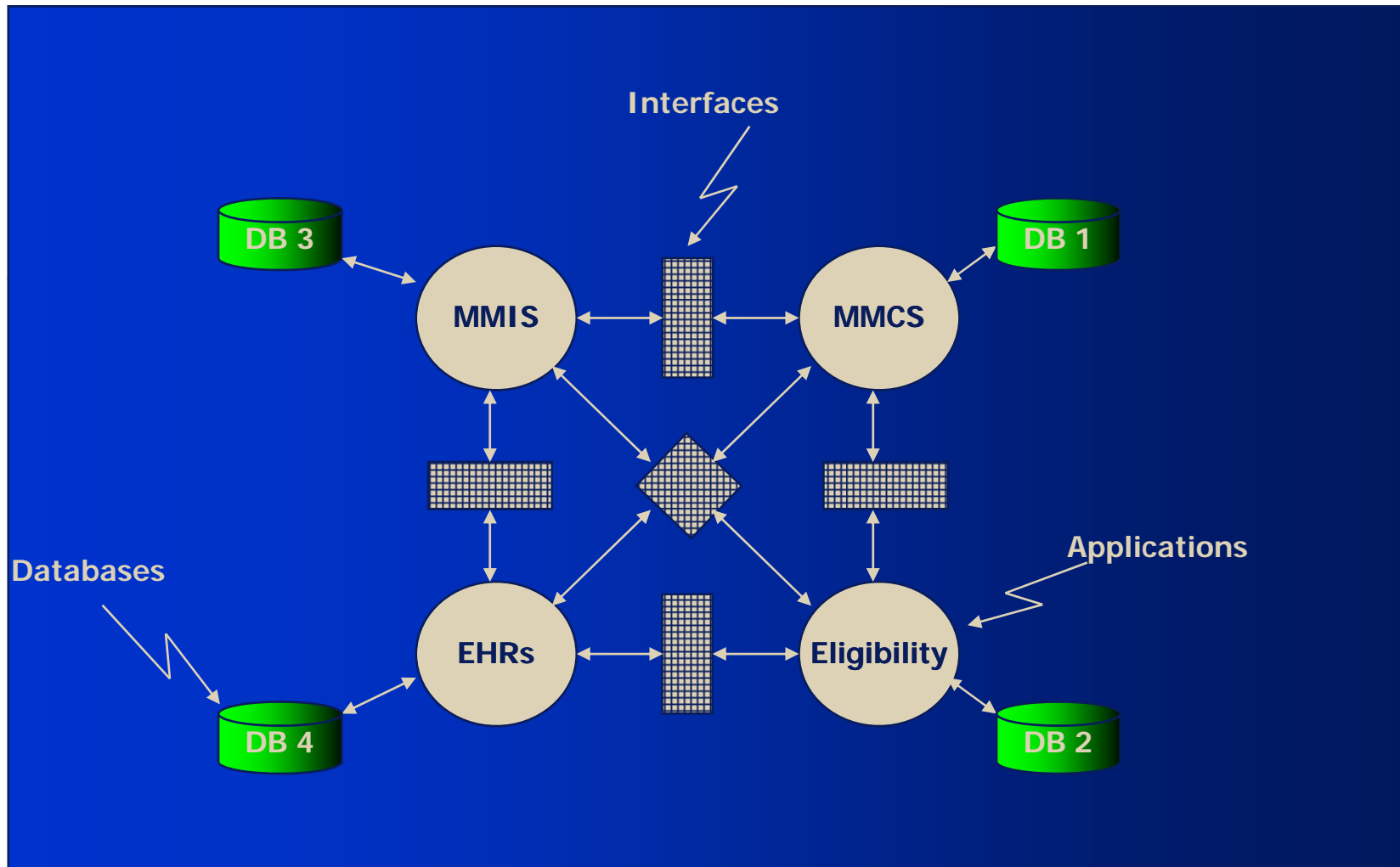


Core Business Services

MMIS	MMCS	Eligibility Systems	EHRs
Mailhouse Document Management Imaging & Content Management Contact Center Web Portal Data Entry File Transfers Security Recipient Management Provider Management	Mailhouse Document Management Imaging & Content Management Contact Center Web Portal Data Entry File Transfers Security Recipient Management Plan & Provider Management	Mailhouse Document Management Imaging & Content Management Contact Center Web Portal Data Entry File Transfers Security Recipient Management	Mailhouse Document Management Contact Center Web Portal File Transfers Security Recipient Management Plan & Provider Management

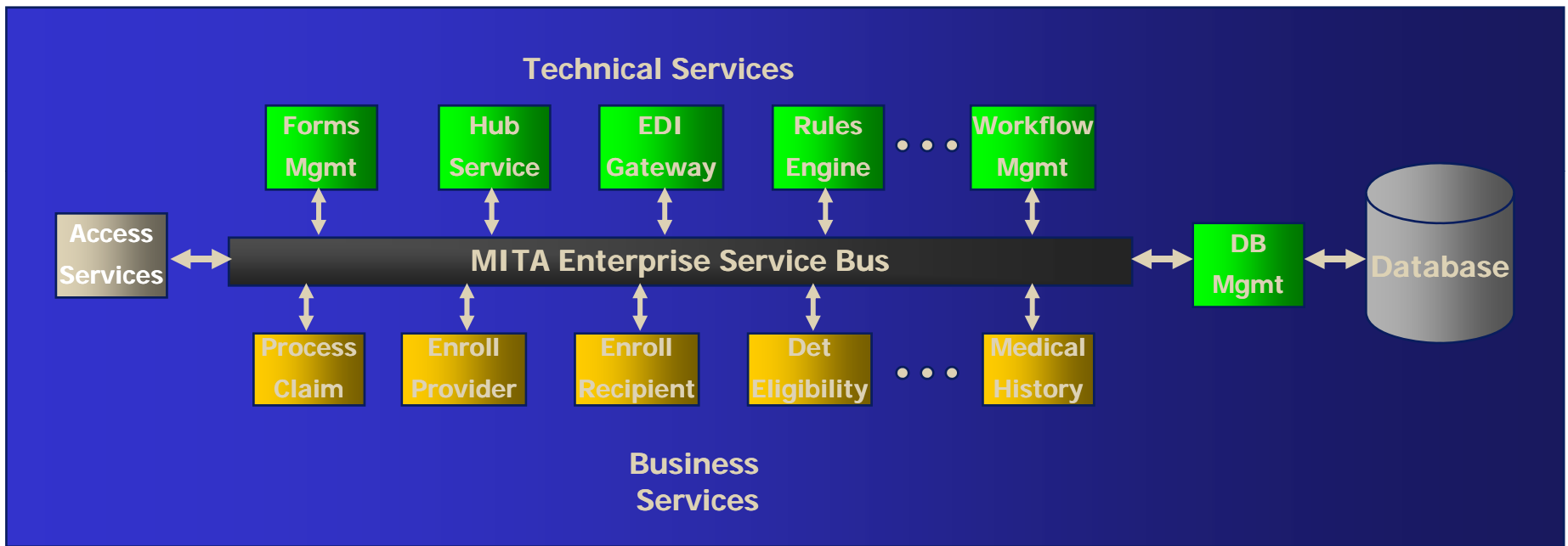


Dependencies



The way it is...

The Promise of SOA



The way it should be...

Case Studies

- Texas Eligibility (TIERS) – Ron Bennett, Deloitte
- Indiana MMCS (EB) – Gary Garofalo, MAXIMUS

Texas Eligibility (TIERS)

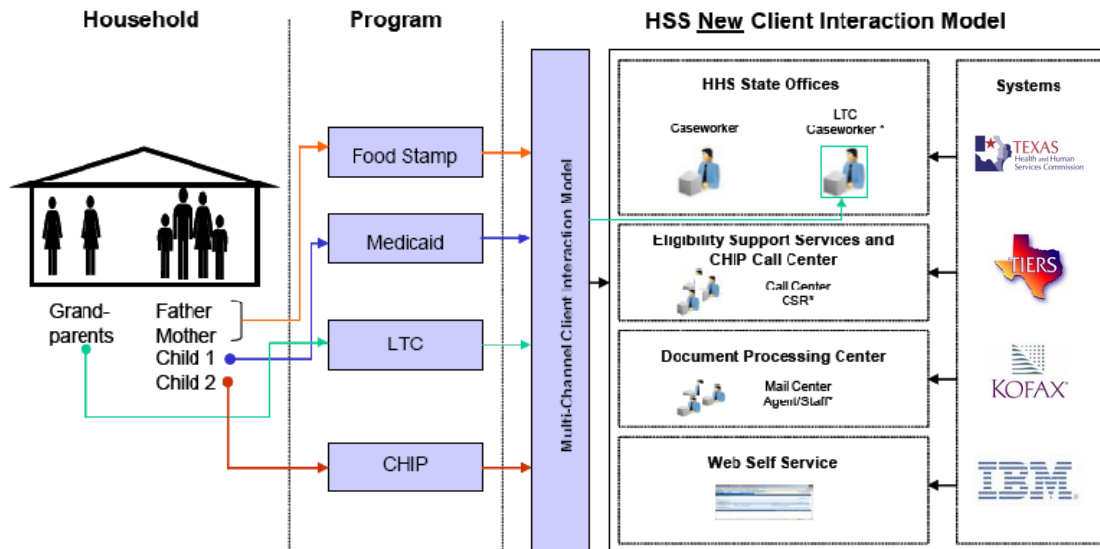
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Texas Integrated Eligibility History

2000 – 2003	TIERS Texas Works	<ul style="list-style-type: none"> Integrate Cases/Programs Medicaid Cascade
2003 – 2004	TIERS LTC	
2004 – 2005	HB 2292 Reorganization	<ul style="list-style-type: none"> Multi-Channel Access Privatization Analysis SOA Technologies, IBM Stack, TIERS Integration
	Call Center Business Case	
	IE Pilot	
2006 – 2007	IEES Pilot	<ul style="list-style-type: none"> BPO Pilot
2007 – 2009	ICE / HOP / HAND	<ul style="list-style-type: none"> Service Enablement Service Reuse
	End State	

FULLY IMPLEMENTED ENHANCED ELIGIBILITY SYSTEM



* LTC eligibility will still be handed by specialized caseworkers.

Legislative Actions

The Texas Legislature directed HHSC to modernize its eligibility system and has reaffirmed that direction over several legislative sessions:

1999: 76th Legislature authorizes and funds the development of the Texas Integrated Eligibility Redesign System (TIERS).

2003: 78th Legislature passes H.B. 2292, which directs HHSC to “contract with at least one but not more than four private entities for the operation of call centers required by this section unless the commission determines that contracting would not be cost-effective.” HHSC’s eligibility services budget is reduced by \$42.5 million in all funds for the biennium and 901 positions in anticipation of the changes.

2005: 79th Legislature reduces the appropriation for eligibility services by \$140 million in all funds for the biennium and 3,980 positions.

2007: 80th Legislature passes H.B. 3575, which directs HHSC to improve client access to services, implement more efficient business processes, reduce staff workload, and simplify the application and enrollment process.

Texas Health and Human Services Commission Goals

■ Data Collection From:

Clients through Self Service Kiosks and Internet Application
Community-based Organizations (e.g., Food Bank, Hospital, Faith-based)
Optical Technologies for Imaged Documents and FAX
Outsourced Business Operations
Internal HHSC Employees

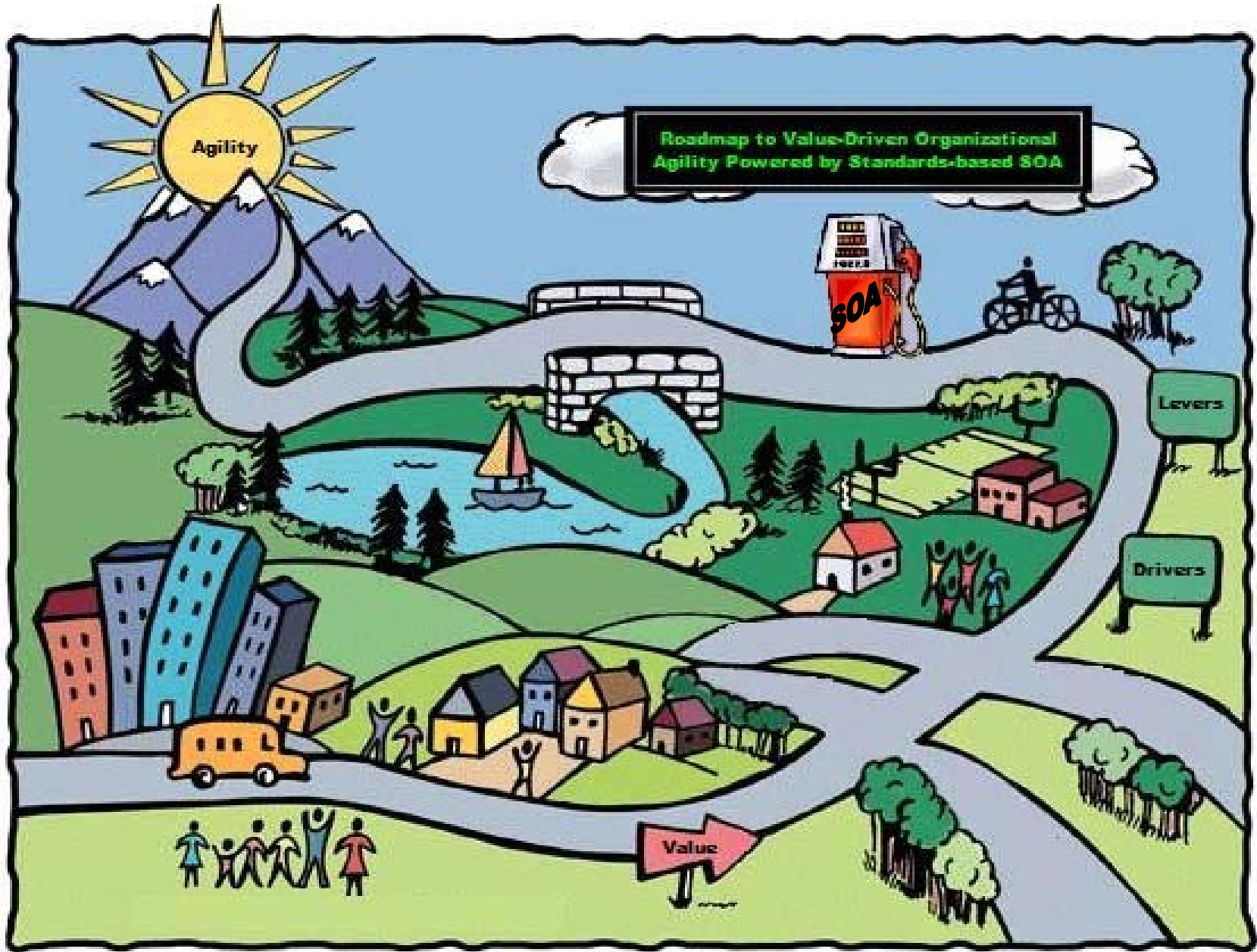
■ Work Flow Automation Across:

Programs	Systems	Workers
Food Stamps	Eligibility	TX Works
TANF	Document Management	MEPD
Medicaid	Enrollment	Vendor

■ Integrate Communication Channels:

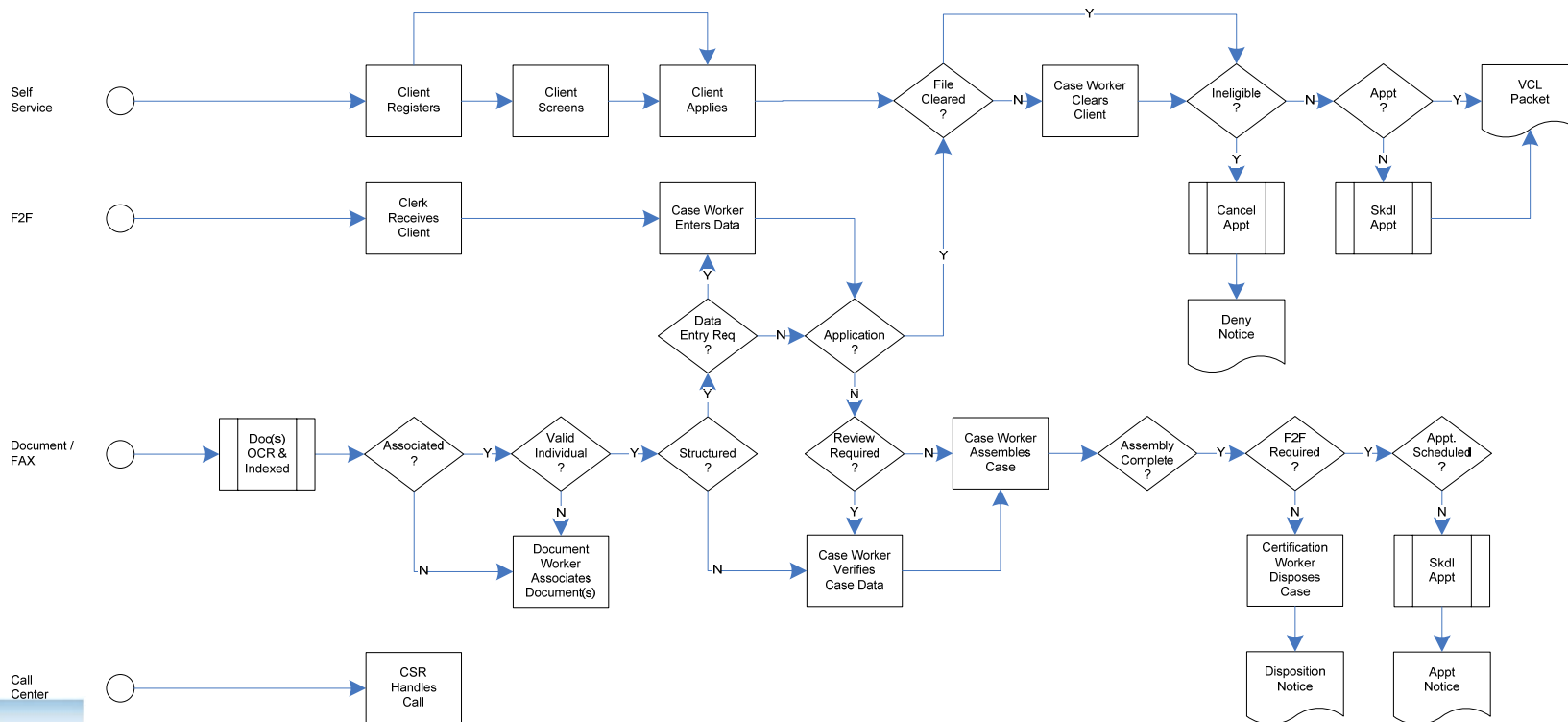
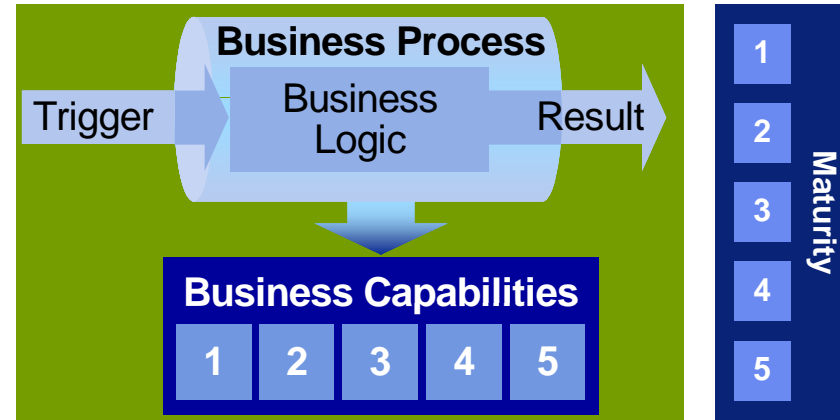
Web Self Service	Interactive Voice Response (IVR)
211 Call Center	Document Imaging and FAX

Web services open TIERS data collection and its eligibility engine to organizations that facilitate HHSC clients obtaining benefits while integrating the tools that automate eligibility/enrollment processes for more effective and efficient program administration.



Business Architecture

- ✦ Target Process Maturity
- ✦ Model Process Steps
- ✦ Define Triggers, Logic & Results
- ✦ Relate to Process Capabilities



Information Architecture



- ✦ Examine MITA Taxonomy
- ✦ Extend to Eligibility
- ✦ Define Schemas
 - ✦ Data In Motion
 - ✦ Data at Rest

- ✦ Determine Information Exchange Methods
- ✦ Define Data Access Services
 - ✦ Inquiry
 - ✦ CRUD
 - ✦ Analytical

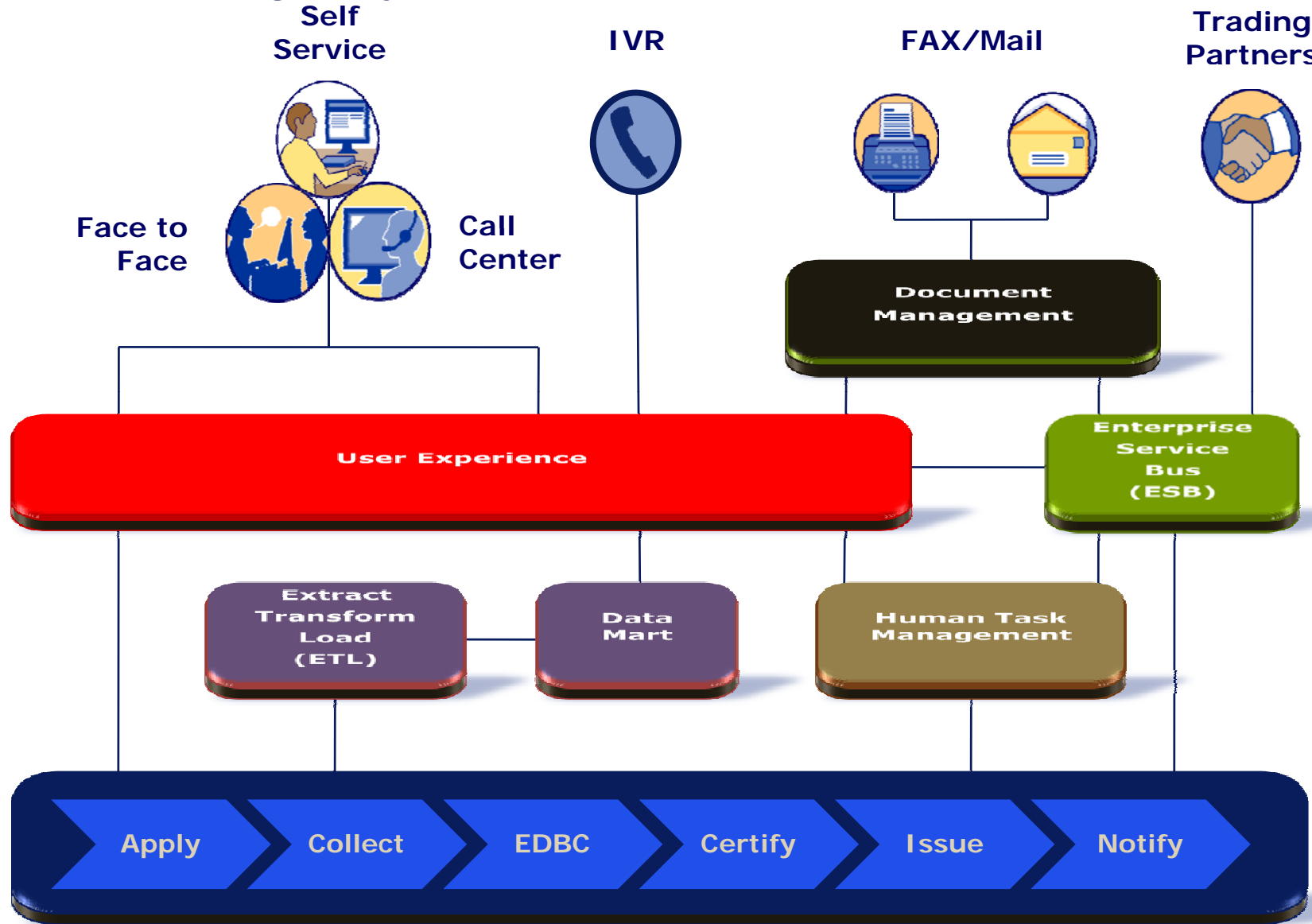


Technical Architecture

- ✦ Channel Integration – Internet, Phone, Document, FAX, B2G/G2G
- ✦ Global Process Engine – Orchestration and Human Task Management
- ✦ Data Integration Services – Enterprise Service Bus (ESB)
- ✦ Data Transformation Services
 - ✦ Extract/Transform/Load (ETL)
 - ✦ Unstructured Document Capture
- ✦ Decision Support Services – Analytical Data Mart
- ✦ Composite Services – Inquiry and Capture
- ✦ Eligibility Services – Business Rules Engine and Policy Decision Tables



Enhanced Eligibility Services Vision

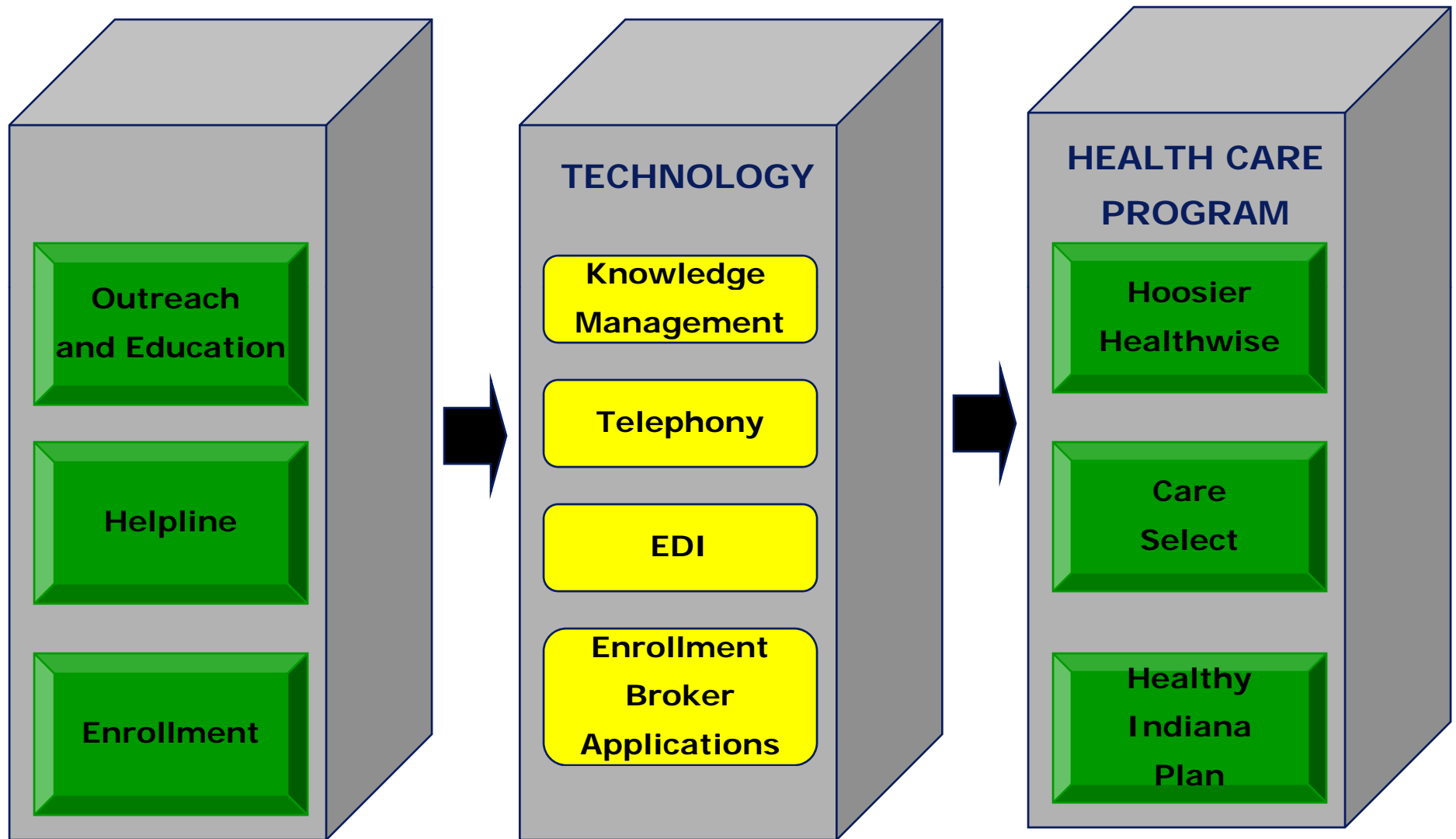


Indiana MMCS (EB)

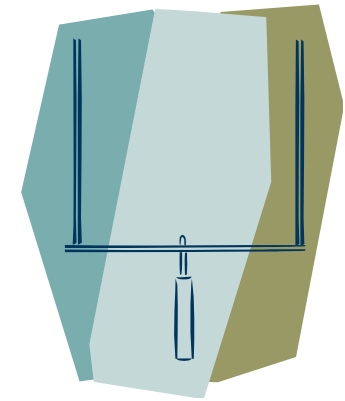
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Indiana Enrollment Broker Project Overview



Project Goals



- Business Goals
 1. Maximize health plan choice selection to accommodate needs of individual members and their families
 2. Maximize enrollment into managed care health programs to provide families and their members quality health care at a more affordable cost
 3. Facilitate better quality care and increased knowledge to promote choice and independence for beneficiaries
- Technology Goals
 1. Facilitate information sharing for the best customer experience
 2. Reduce administrative overhead through operational efficiencies
 3. Provide consumers with easy access through multiple touch points

Implementation Challenges



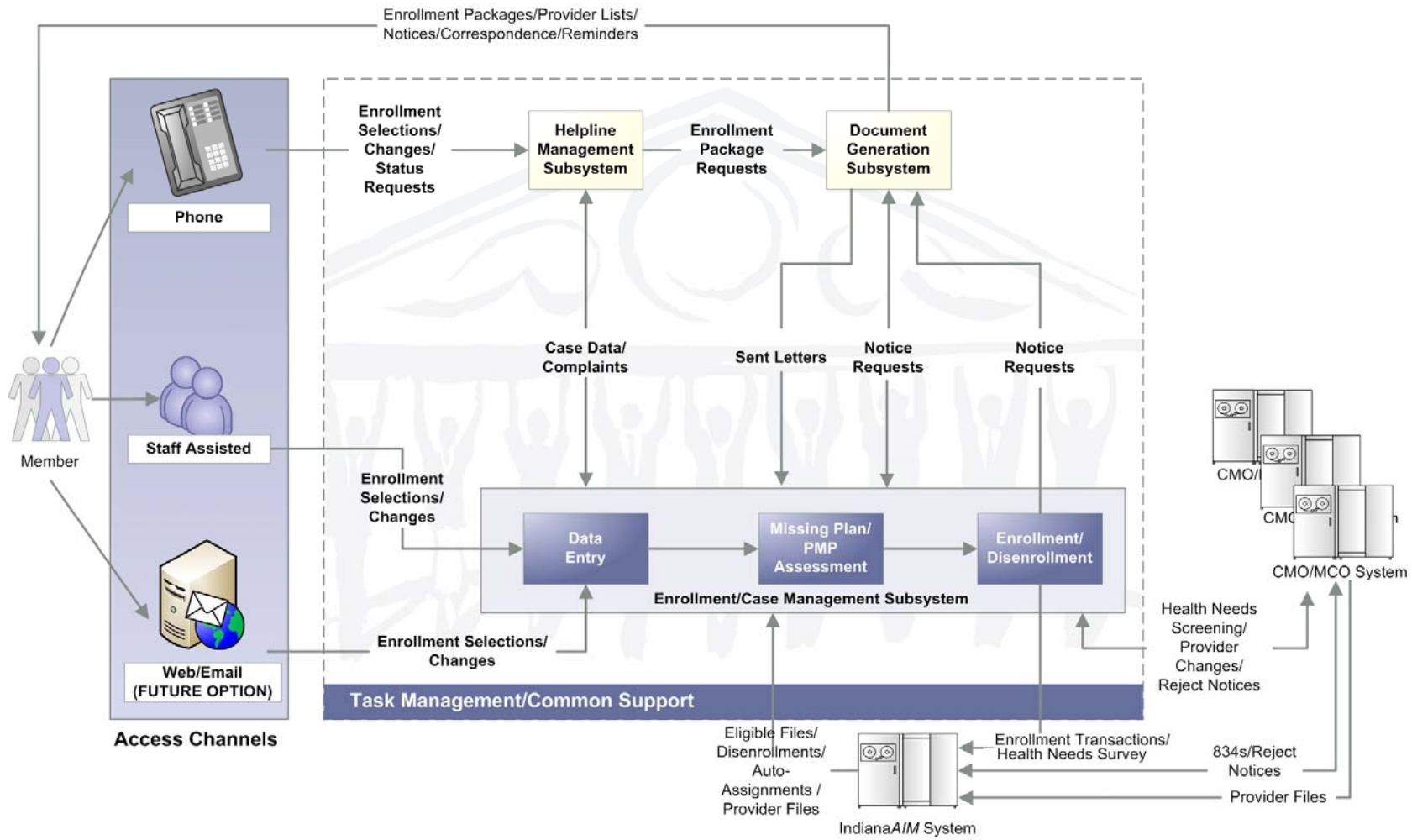
1. Tight timelines
2. Multiple program implementations including 1 new program
3. Legacy environment integration
4. Reports
5. Data conversion

Approach

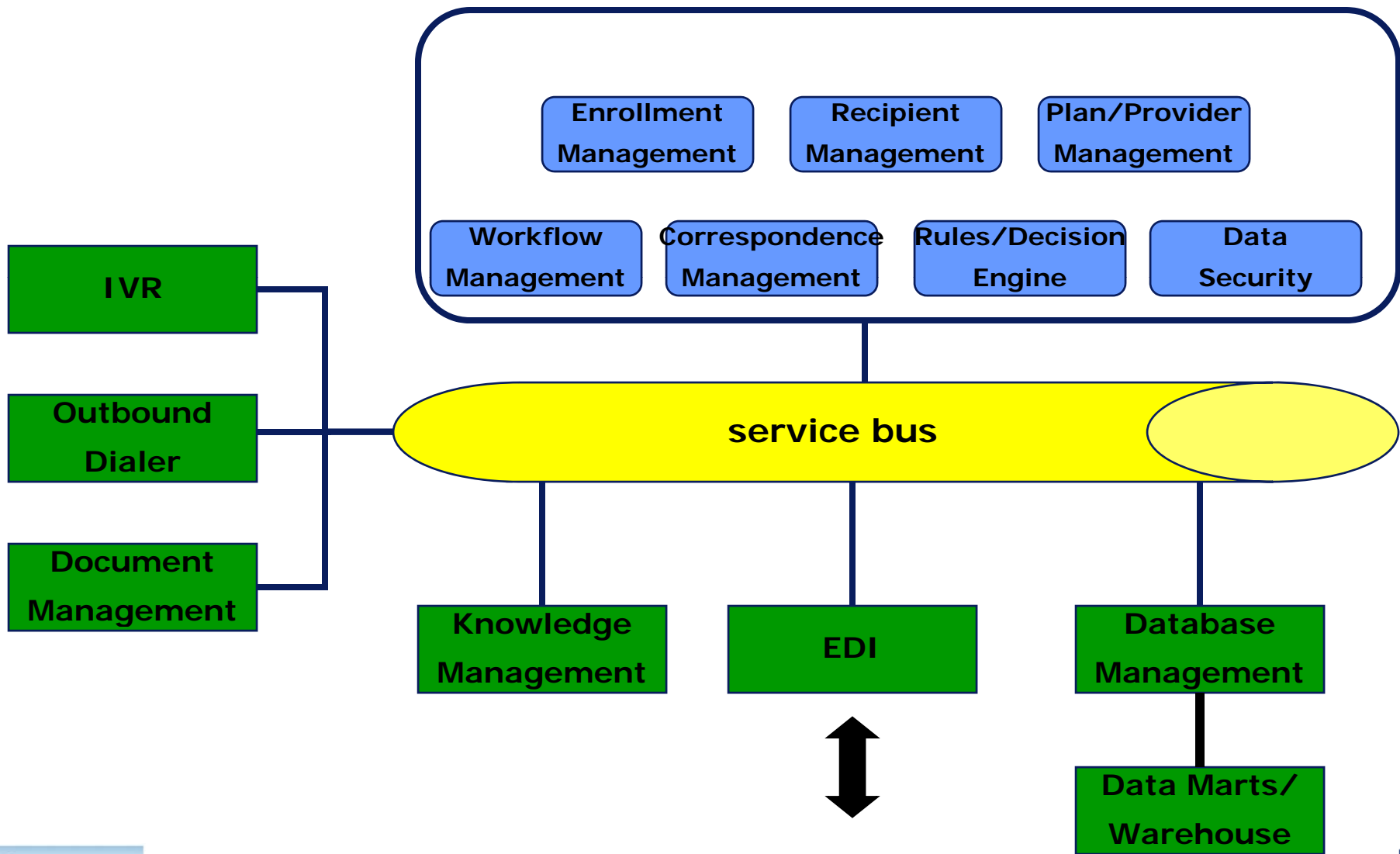


- Use an MMCS SOA product to
 - Reduce cost of implementation through modular design and reusable components
 - Increase interoperability through standardized interfaces
 - Provide greater configurability of the application
 - Support greater use of commercial off-the-shelf products
 - Reduce maintenance costs through Simpler Maintenance footprint
- Leverage standards to
 - Promote secure data exchange
 - Promote efficient data sharing
- Maximize use of beneficiary centric applications

Business Architecture



Technical Architecture



Future Enhancements



- New Programs - Focus on enrolling new populations into managed care
- Extend self service – Leverage online services and telephony component integration as implemented in other states
- Further streamline EDI – Leverage COTS gateway software for improved security



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