



## Medicaid IT Architecture (MITA) Focus Group – State Vision

Wednesday 2/12/03









### **Results of Previous Discussions**

### **Standardization**

- Modular design
- Development languages
- Inputs and outputs
- •COTS
- System Sharing
- Portable Systems

### **Data Sharing**

- •Immunizations
- Vital statistics
- •Income
- Universal provider number
- •Universal client number

### **Quality of Care**

- •Client-centric
- Communication with client and providers
- Program/service oversight
- Disease management







### **Architecture Framework**



**Application and Data Architecture** 



**Application Architecture Brainstorm** 



**Data Architecture Brainstorm** 



**Session Wrap-up** 



**Next Steps** 







# Federal Enterprise Architecture Framework

Business Architecture

Data Architecture

**Application Architecture** 

**Technical Architecture** 







## **Architecture Types**

### **Application Architecture**

- Automated services that support the business processes
- Interaction and interdependencies of organization's applications

# **Data Architecture**

- Structured data stores such as databases
- Unstructured data stores such as documents, spreadsheets, and presentations

Processes or Functions

Data or Information







### **Medicaid Enterprise**

(Modular Design)

**Claims Data Electronic Disease and** Capitation Entry/ **CHIP BBS Claims** Case Claims **Imaging Submission** Management PCCM/MCO **Decision Enrollment** Claims/LTC/ Support/ Data Recipient/ **EPSDT Encounter/ Medicare Buy-in/LTC** Warehouse **Reverse Crossovers AVR Eligibility** Fraud and Verification S/URs Reference Pre-Auth. Abuse **Detection Plastic ID TPL Provider Financial MARs** Cards **MSIS** Standalone Web-based Claims **Portals HIPPS** Submission Tool







## Why Share Ideas?

- Promote your "best of breed" capabilities
- Be a contributor to the future architecture
- Be a leader for the future design

« All entries are anonymous «









## **Brainstorming Methods**

### **Manual**

- Enter responses on handouts located on table
- Responses will be entered after the session
- Please print neatly

### **Electronic**

- Enter responses electronically
- Volunteers (as many states/agencies represented as possible)



















1. What characteristics could be incorporated into the Medicaid Enterprise software to improve program services or administration?

In other words, what should the Medicaid Enterprise software do better to improve program manageability?







## **Share the Vision**

# Please start entering your responses





Select the question you wish to answer from this screen by clicking on the flipchart icon



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### MITA Initiative Focus Group – State Vision

Collect visionary IT architectural information from state Medicaid representitives as part of the data collection phase of the MITA project.

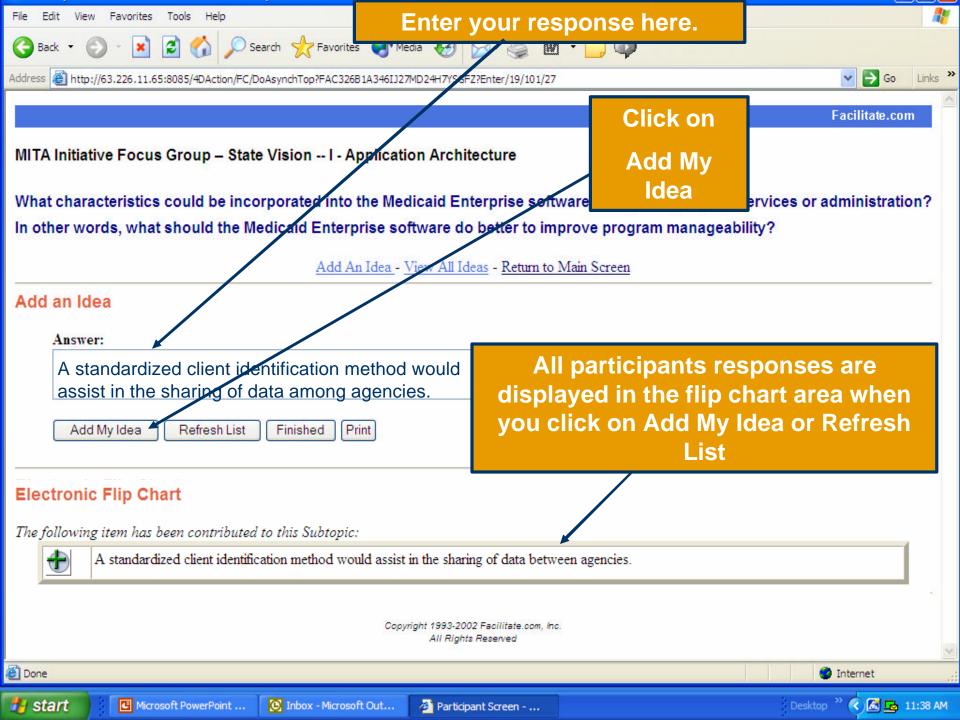
### I - Application Architecture



What characteristics could be incorporated into the Medicaid Enterprise software to improve program services or administration? In other words, what should the Medicaid Enterprise software do better to improve program manageability?

Refresh - Logoff

Friday, February 07, 2003









### **Share the Vision**

# If you need assistance, raise your hand and someone will come help you













2. What changes to your MMIS have been made to support your program that have netted the largest return on investment?









3. What are the potential impacts (positive and/or negative) that would result from Medicaid Enterprise software that was more modular by design?

■ Use + or – at the beginning of response to indicate positive or negative









4. What changes to state and/or Federal regulations may be required to support modular Medicaid Enterprise software?









- 5. What are the potential impacts (positive and/or negative) of having a common user interface for all Medicaid Enterprise software?
  - Use + or at the beginning of response to indicate positive or negative









- 6. What are the potential impacts (positive and/or negative) of having common application services for all Medicaid Enterprise software (e.g., security, job scheduling, reporting, etc.)?
  - Use + or at the beginning of response to indicate positive or negative







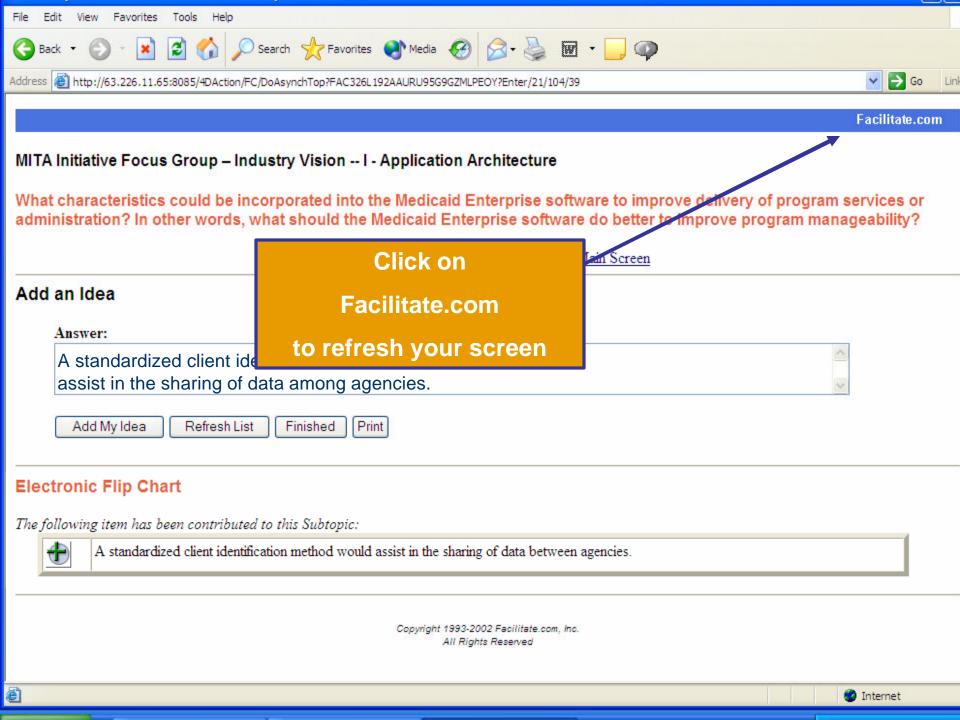
### **Share the Vision**

# Please start entering your responses

- You may not have time to respond to all questions -







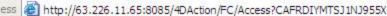












Select the question you wish to answer from this screen by clicking on the flipchart icon





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### MITA Initiative Focus Group – State Vision

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### I - Application Architecture



What haracteristics could be incorporated into the Medicaid Enterprise software to improve program services or administration? In other words, what should the Medicaid Enterprise software do better to improve program manageability?



What changes to your MMIS have been made to support your program that have netted the largest return on investment?



What are potential impacts (positive and/or negative) that would result from Medicaid Enterprise software that was more modular by design?



What changes to state and/or Federal regulations may be required to support modular Medicaid Enterprise software?



What are potential impacts (positive and/or negative) of having a common user interface for all Medicaid Enterprise software?







### **Data Architecture**



7. What information would you like to collect beyond that specified in Part 11 of the State Medicaid Manual?

Consider information beyond that mandated by HIPAA.







### **Data Architecture**



8. With which external sources would you like to be able to exchange data?







### **Data Architecture**



9. What are the potential impacts (positive and/or negative) if data standardization is encouraged among all 50 states and territories?

Use + or – at the beginning of response to indicate positive or negative







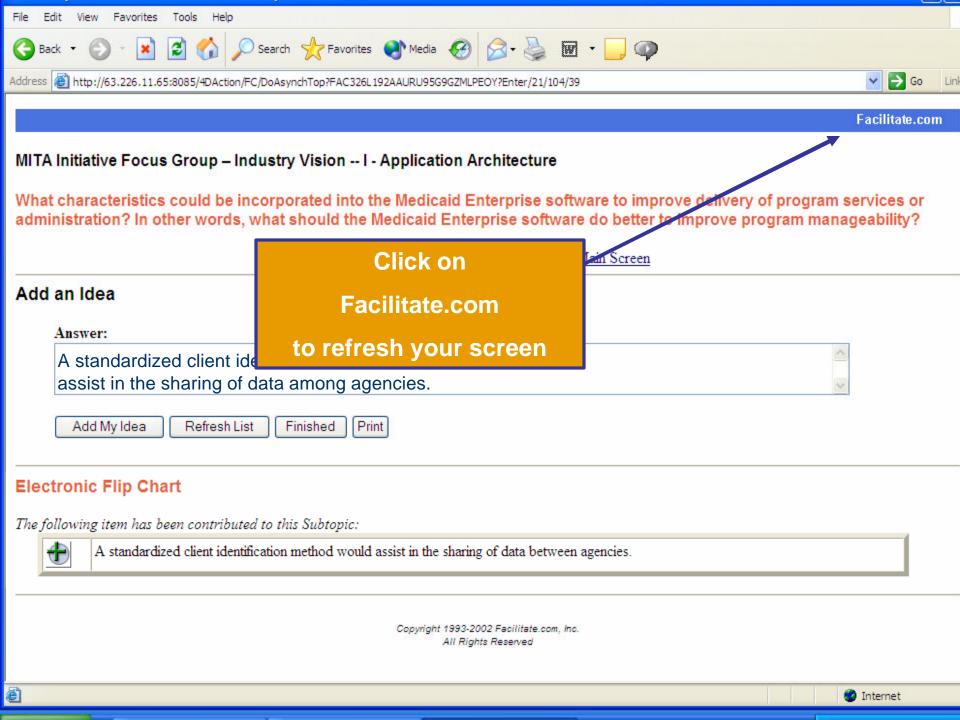
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### MITA Initiative Focus Group – State Vision

Collect visionary Translated architectural information from state Medicaid representitives as part of the data collection phase of the MITA project.

#### II - Data Architecture



What information would you like to collect beyond that specified in Part 11 of the State Medicaid Manual?



With which external sources would you like to be able to exchange data?



What are potential impacts (positive and/or negative) if data standardization is encouraged among all 50 states and territories?

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# **Report of Visioning Session Results**

- Information will be reviewed and categorized
- Results presented at Thursday morning session









## Do You Have More to Say?

- Visioning questions available after session
  - ■Add to your responses
  - **■**Enter your responses electronically
  - ■Available until 6:00 pm today
  - Assistance will be on hand in the room

State survey also available

