



Medicaid IT Architecture (MITA) Focus Group – Industry 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

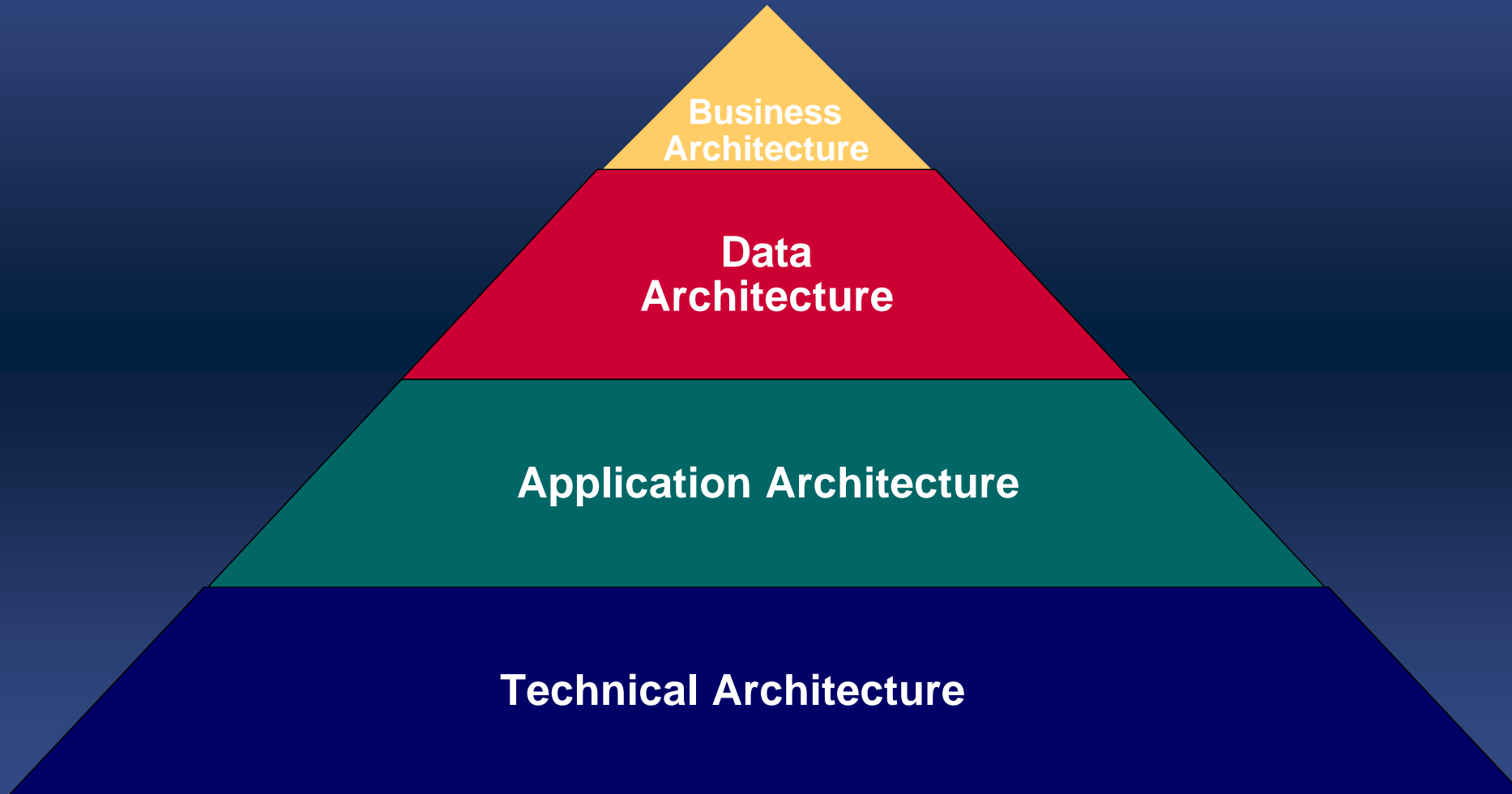


Session Wrap-up



Next Steps

Federal Enterprise Architecture Framework



Architecture Types

Application Architecture

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

Data Architecture

- Structured data stores such as databases
- Unstructured data stores such as documents, spreadsheets, and presentations
- *Data or Information*

Medicaid Enterprise (Modular Design)



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 vendors represented as possible)





Visioning Questions

Application Architecture

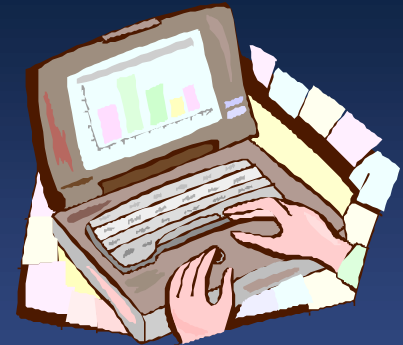
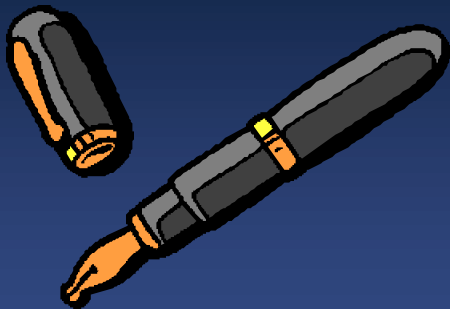


- 1. What characteristics could be incorporated into the Medicaid Enterprise software to improve delivery of program services or administration?**

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

Share the Vision

Please
start entering
your responses





MITA
Medicaid
Information
Technology
Architecture

MITA Initiative Focus Group – Industry Vision

Collect visionary IT architectural information from Medicaid IT industry representatives 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 delivery of 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

Enter your response here.

Click on
Add My
Idea

All participants responses are
displayed in the flip chart area
when you click on Add My Idea or
Refresh List

MITA Initiative Focus Group – Industry Vision -- I - Application Architecture

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

[Add An Idea](#) - [View All Ideas](#) - [Return to Main Screen](#)

Add an Idea

Answer:

A standardized client identification method would assist in the sharing of data among agencies.

Add My Idea

Refresh List

Finished

Print

Electronic Flip Chart

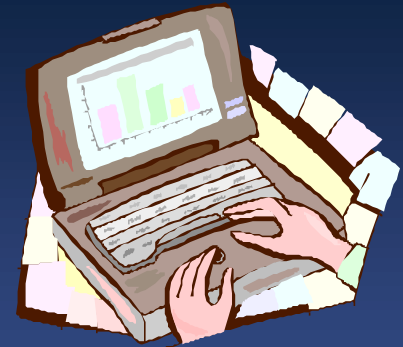
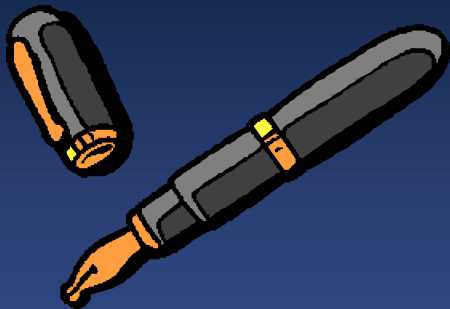
The following item has been contributed to this Subtopic:



A standardized client identification method would assist in the sharing of data between agencies.

Share the Vision

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

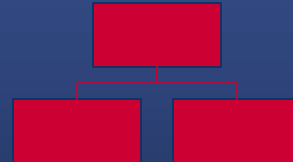


Application Architecture



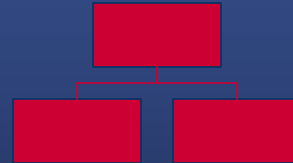
2. How could Medicaid Enterprise software be designed to increase commonality and consistency across applications and/or products (security, user interface, etc)?

Application Architecture



3. How could Medicaid Enterprise software be restructured to make it easier to implement new business rules or functionality?

Application Architecture



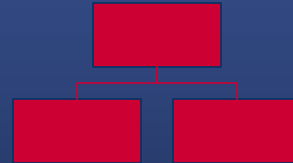
4. How could the various software products from multiple vendors be more easily integrated?

Application Architecture



5. 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

Application Architecture

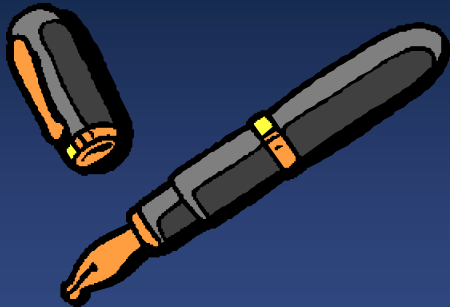


6. What changes to state and/or Federal regulations may be required to support modular Medicaid Enterprise software?

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

MITA Initiative Focus Group – Industry Vision

Collect visionary IT architectural information from state Medicaid representatives 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 delivery of program services or administration? In other words, what should the Medicaid Enterprise software do better to improve program manageability?](#)
-  [How could Medicaid Enterprise software be designed to increase commonality and consistency across applications and/or products \(security, user interface, etc.\)?](#)
-  [How could Medicaid Enterprise software be restructured to make it easier to implement new business rules or functionality?](#)
-  [How could the various software products from multiple vendors be more easily integrated?](#)
-  [What are potential impacts \(positive and/or negative\) that would result from Medicaid Enterprise software that was more modular by design?](#)

Data Architecture



7. What information beyond that specified in Part 11 of the State Medicaid Manual have you been requested to collect?

- Consider information beyond that mandated by HIPAA.

Data Architecture



8. Specify some examples of how your system could more easily support importing, exporting, or exchanging data?

Data Architecture



9. What health care or software industry data format standards will your software support, for example HIPAA, XML, X12, HL7, etc?

Data Architecture



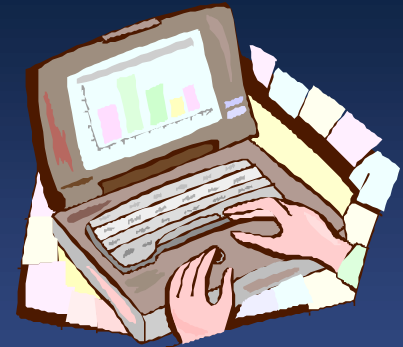
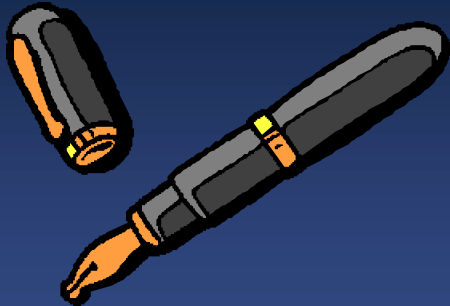
10. What are potential impacts (positive and/or negative) if data standardization is encouraged among all 50 states and territories?

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

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

MITA Initiative Focus Group – Industry Vision

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

II - Data Architecture

-  [What information beyond that specified in Part 11 of the State Medicaid Manual have you been requested to collect?](#)
-  [Specify some examples of how your system could more easily support importing, exporting, or exchanging data?](#)
-  [What health care or software industry data format standards will your software support, for example HIPAA, XML, X12, HL7, etc?](#)
-  [What are potential impacts \(positive and/or negative\) if data standardization is encouraged among all 50 states and territories?](#)

[Refresh](#) - [Logoff](#)

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

