

**Concept of Operations**

**Medicaid Information Technology  
Architecture (MITA) Version 3.0**

**Contract Number: 4600037415**

**Healthcare IT Consulting**

**Amendment # 3**

**MITA State Self-Assessments (MITA SS-A) for the  
Medicaid Information Technology Architecture 3.0 Project**

**Prepared for:**

**Arkansas Department of Human Services (DHS)**

**Version 2.5**

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## REVISION HISTORY

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1.1	12/10/2018	Incorporate feedback/comments from Eligibility Team		MITA Team		
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# 1 Executive Summary

## 1.1 Center for Medicare and Medicaid Services (CMS) Description of the MITA COO

### Purpose

The purpose of the MITA Concept of Operations (COO) is to document the Medicaid Enterprise vision of the future and to describe the impact of planned improvements on stakeholders, information exchanges, Medicaid operations, and healthcare outcomes.

### Scope

The COO helps frame the vision and showcase the target To Be environment. It does not describe the transformation pathway. As with any vision, short-term gains are more concrete than long-term achievements. The To Be COO depends on enablers that are and will be available in the foreseeable future. The MITA Framework will adapt as these changes occur.

### Concept of Operations

A COO is a structure that helps organizations document their current (As Is) operations and define future (To Be) transformations. The MITA COO describes required improvements to stakeholder interactions, the quality and content of data exchanges, and the State Medicaid Agency (SMA) business capabilities. A COO is a well-thought-out vision of the future with stakeholders' interactions in mind.

## 1.2 Department of Human Services/Division of County Operations (DHS/DCO) Summary of the MITA COO

This COO is focused on the eligibility and enrollment components of the Medicaid Enterprise that were assessed during phase one, with the vision of expanding the system to support multiple DHS Health and Human Services programs.

The second phase is focused on the results of the assessment of the 80 MITA business processes related to the implementation of the new Medicaid Management Information System (MMIS) Core System and how DHS can leverage those improvements across the agency.

The system implementations and projects identified as part of the future Medicaid Enterprise vision will help frame the target To Be environment and provide a conceptual strategy to achieve it. It does not describe the exact transformation pathway.

### MITA COO Document Development Approach

The MITA COO is based on the following:

- Interviews with DHS Sponsors and Business Owners
- Interviews with Subject Matter Experts (SMEs) for the relevant business processes and systems
- Interviews with the Information Technology (IT) Project Management Office (PMO)
- Reviews of existing vision and goals documentation

The findings made during these interview sessions and other related MITA SS-A findings are presented in this MITA COO document.

### **MITA COO Summary**

Several initiatives have been identified by the Arkansas Department of Human Services, Division of County Operations (DHS/DCO) strategy development processes and have been documented during the MITA SS-A. These initiatives align with the over-arching person-centric, outcomes-based vision of future functionality and are outlined in greater detail in the MITA SS-A Roadmap. The person-centric, outcomes-based vision has been used to guide project planning and influence requirements and serves as the cornerstone for each initiative on the MITA Roadmap as they support the broader strategic objectives.

In addition to facilitating the person-centric, outcomes-based vision, each initiative will improve the state's MITA maturity levels across several business areas and processes. This effort places the state's strategic vision and MITA objectives in direct alignment.

## **2 Arkansas Eligibility MITA 3.0 State Self-Assessment (SS-A) Concept of Operations Overview**

### **2.1 Deliverable Overview**

This document is organized into five major sections:

1. Executive Summary – Briefly provides a summary of the document content and findings.
2. Concept of Operations Overview – Explains the approach and methodology taken with developing the COO.
3. Concept of Operations (COO) Report – Provides a view of project findings from the As Is and To Be environments and defines the Department’s Concept of Operations and MITA Roadmap for improving business capabilities across the program.
4. Appendices – Contains detailed supporting documentation for this deliverable.

### **2.2 Concept of Operations Development Methodology**

DHS/DCO has taken a person-centric, outcomes-based approach to the development of future Enterprise projects. While phase one and two focused on the Eligibility and Enrollment and MMIS systems for the MITA SS-A, the development of the Data Management Strategy (DMS), Technical Management Strategy (TMS), and the MITA Concept of Operations (COO), the aforementioned two phases are only a piece of the larger enterprise picture. The MITA COO describes the strategic vision for the future To Be environment and describes the business improvements, transformations, and impacts to operations.

The illustration below represents a high-level view of how the COO supports an organization’s transformation. It includes the three architectures of MITA and examples of how capability improvements can be made in each area to reach increasing levels of MITA maturity. The illustration shows how the three MITA architectures are interconnected, with the business needs (Business Architecture) on top driving all other areas of transformation.

Underneath the business architecture is the information layer (Information Architecture), which is used by the business architecture layer to complete business functions. Finally, at the bottom is the technology architecture layer which represents how, technologically, the information layer can be utilized by the business layer. Due to the natural interdependencies of the three layers, the state must be cognizant of how changes to one layer can have a significant impact to the other layers.



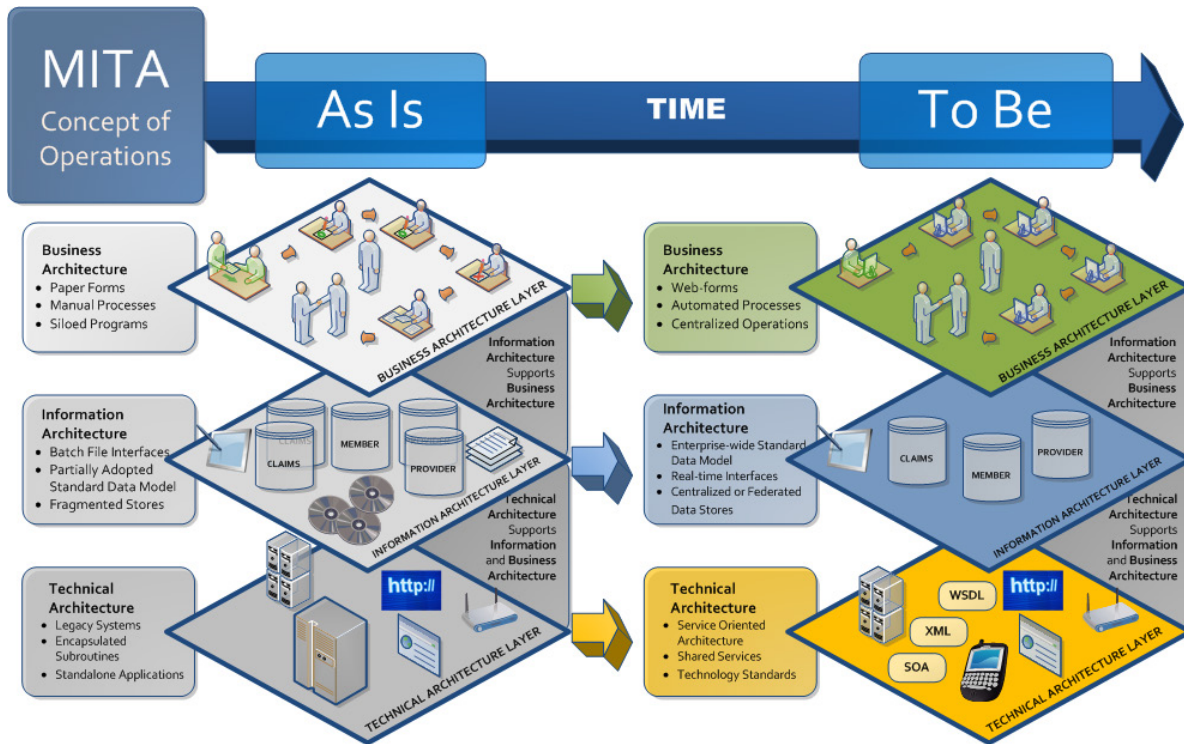


Figure 1: MITA Concept of Operations Transformation

## 3 Concept of Operations Report

### 3.1 Vision for the Medicaid Enterprise

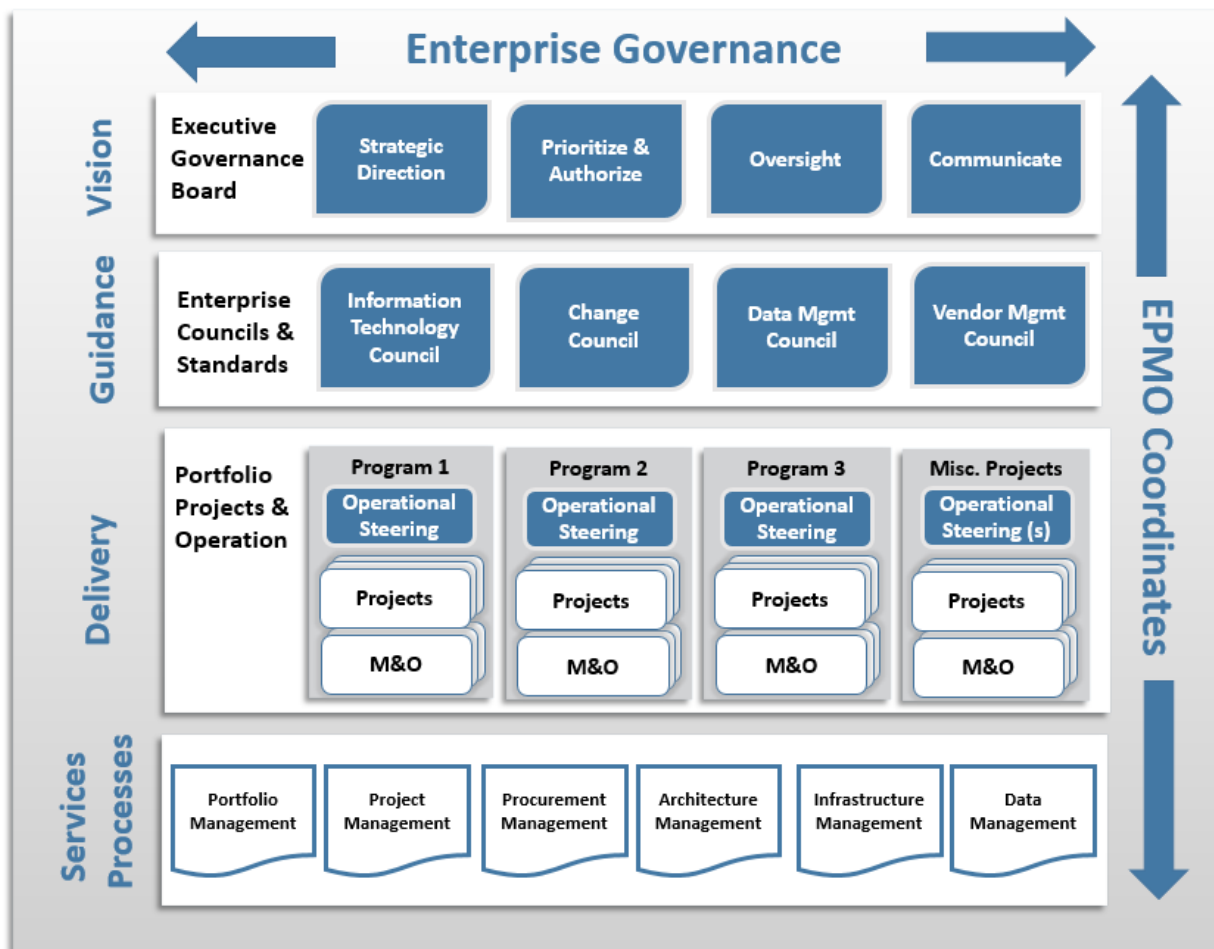
The following discussion looks at the whole Medicaid Enterprise as it stands today. The Concept of Operations is a living document that changes as the agency moves forward with developing its vision for transformation and begins incorporating other areas into the vision. Over the last several years, Arkansas has been moving towards a service-oriented and outcomes-based model of operations. Rather than focusing on individual programs, the idea is to start organizing functionality around the needs and outcomes of the citizens of the state of Arkansas. Some of this vision can be seen in activities and other procurements such as the Governor's Data Initiative, the statewide implementation of a new eProcurement Solution, and an enterprise business case management system.

When DHS decided to move forward with the new ARIES eligibility system, the desire was to integrate into the system all programs, across DHS and outside of DHS, that have an eligibility determination function. The data related to the eligibility determination(s) would be made available to respective programs. To guide this transformation, a governance structure has been established at the enterprise level, which will develop the vision and roll it down to programs at the State agency level.

In addition, as DHS implemented the new MMIS, it leveraged the future vision of the To Be environment to look at all MITA business processes to identify and integrate other programs and processes from across the Medicaid Enterprise into the current and future MMIS.

#### 3.1.1 Managing the Vision

The DHS Executive Governance Board (EGB) oversees and links all IT projects and planned IT changes to the Arkansas Department of Human Services (DHS) strategy. The EGB provides a stabilizing influence so agency concepts and directions are established and maintained with a visionary global view. The EGB provides direction on long-term strategies in support of the agency's mandates and business vision. The DHS IT Council (ITC) serves a significant role in the DHS Enterprise Governance. The ITC provides recommendations to the Executive Governance Board (EGB) and guidance to the Portfolio of projects and operations. The following chart depicts the collaborative enterprise governance functions of vision, guidance, delivery and services used to attain the business strategy.



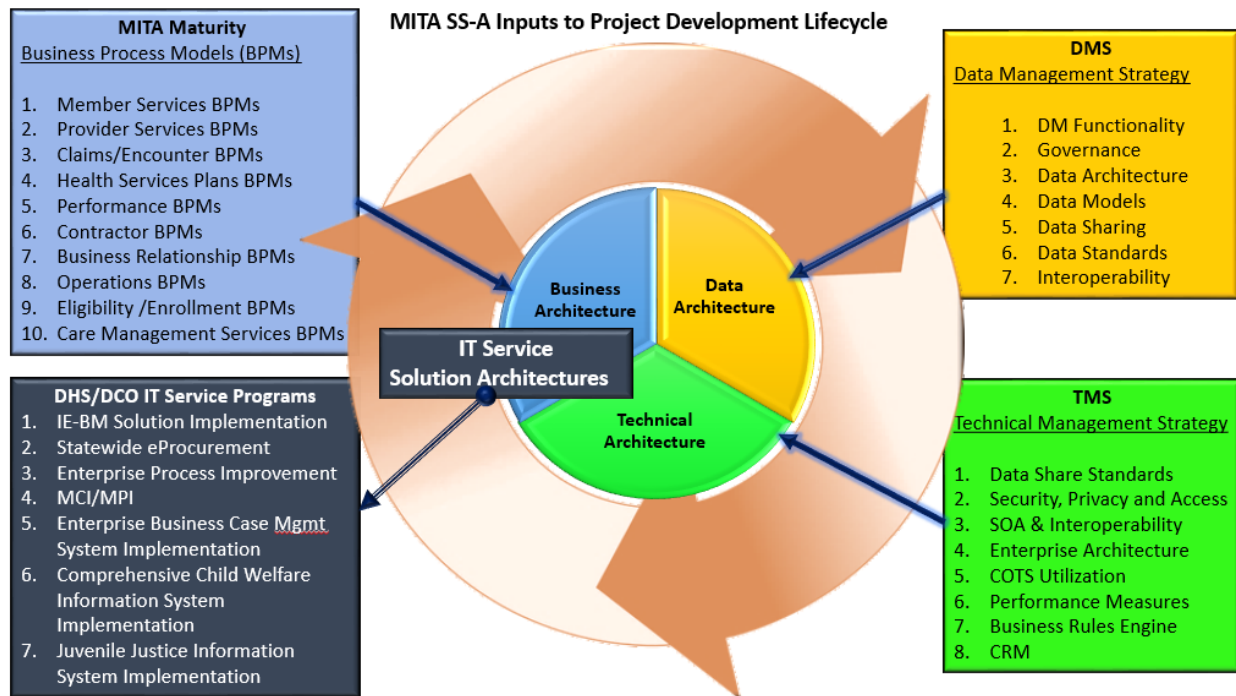
**Figure 2: DHS Enterprise Governance Model**

As the EGB and DHS ITC continue to mature the governance structure that influences the future infrastructure, they are working to incorporate the guidelines and requirements from the various programs into the overall strategy. The CMS Medicaid Information Technology Architecture (MITA) framework will be a good starting point to help organize the various components of the transformation.

Figure 3 illustrates MITA SS-A Inputs to the Project Development Lifecycle where the three major inputs:

- MITA BPMs
- Data Management Strategy
- Technical Management strategy

These three inputs feed into and influence the development of the IT service initiatives outlined in the MITA Roadmap.



**Figure 3: MITA SS-A Inputs to Project Development Lifecycle**

This lifecycle provides a guide in determining how to develop initiatives, which are commonly going to involve the development of IT services, in a way that involves all three architectures of the MITA 3.0 Framework and serves the overall business needs. By following the diagram in Figure 3, the needs of the business would first be identified as they relate to the 10 business areas of MITA (also known as Business Service Domains, as discussed in Section 3.5 below), and the individual business processes they encompass. Once the impacted business processes are identified, the DMS would be referenced to establish a plan on how data will be utilized in the initiative. Finally, the TMS would be referenced to determine how technology can be set up to use the data that was identified to support the initiative. The result of this process is to have a fully identified IT Service initiative, using the lifecycle as a type of standardized checklist.

Establishment of this lifecycle would need to come from a standardized form of governance that is beneficial to the agencies involved. To support this lifecycle, the PMO and IV&V contractors would need to be involved to ensure the MITA Framework is being utilized. The PMO and IV&V contractors can help ensure that the lifecycle is being adhered to in the agreed-upon methods by the agencies. Arkansas DHS currently has initiatives underway to establish the PMO and IV&V contractor roles. The PMO contractor role has been established while the IV&V contract is still under procurement.

The remainder of this section describes the three MITA Architectures and their relationships in providing input to the Project Development Lifecycle in a bit more detail. The Business Architecture, BPM, and companion Data Model and Data Management Functions provide the input for Technical Architecture solutions and enablers resulting in project and roadmap development.

### Business Architecture

The Business Architecture describes the business processes along with data input, data output, and shared data. The MITA Business Architecture defines the common operations of DHS that are the foundation for creating the Data Architecture, Conceptual Data Model, and Logical Data Model.

The Business Process Model (BPM) uses a standardized mechanism to describe the business processes of the DHS Business Organization, including the events that initiate those processes (i.e., the trigger event) and the expected results, which is illustrated in Figure 4. To effectively assess MITA Maturity Level, the BPM requires a companion data model to include the Input Data and the assessed Business Capability by MITA Maturity Level Goal.

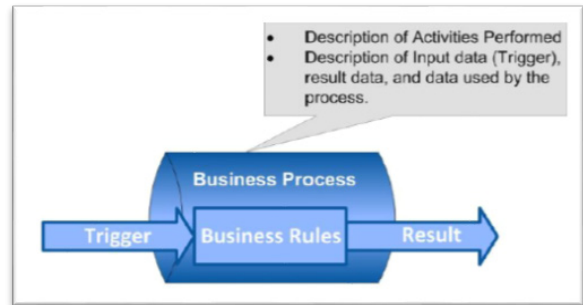


Figure 4: BPM Process

The BPM does not dictate what the business organizational structure should be, who does the work, or where the organization performs the work. Its focus is on the activity itself (i.e., what initiates the activity and what the activity produces).

### Data Architecture

The Data Architecture is designed to be interrelated with both the Business Architecture (BA) and the Technical Architecture (TA); it is the data that is needed to drive the business processes within the BA and the data the technology needs to align with. In other words, the Data Architecture bridges the business view of the information and the technical view of the data. As such, it is a set of information business processes needed to establish the system requirements, which are then used to provide the vision and guidance for information management implemented in the technical functions and technical capabilities. The Data Architecture domains should be aligned to and assessed with the business areas (or domains) to get an accurate view of the data needs of the business processes.

### Technical Architecture

The Technical Architecture also requires a companion Data Architecture. The data model translates and defines the information needs of the Business Architecture into the data and message specifications for the Technical Architecture. The requirements needed for the data architecture are captured in the BPM documents during the business assessment. It is then translated into information that the Technical Architecture needs to develop and provide services. The MITA Technical Architecture addresses data access mechanisms and services and describes the technology enablers associated with various levels of MITA maturity.

### Strategic Approach

The State is establishing a governance structure that formalizes the essential Service Management guidelines and MITA Framework policies as deemed appropriate for Arkansas 'best practices' as DHS IT Service initiatives advance.

All IT Service Programs and/or Service Providers will describe their IT Services (customer facing and non-customer facing) in accordance with MITA three-tiered architectures and comply with Arkansas State IT Service Delivery Guidelines.

The State can utilize DHS BPM templates and documentation to assist in detailing and tracking existing, expanded, and new business processes as the enterprise matures. For example, if DHS were to coordinate with other state and local agencies to create a "no wrong door" beneficiary intake process, the BPM documentation would provide established, standardized language and processes to help everyone work through the processes and technology needs.

Implementing these strategic approaches will establish a formal mechanism to create a standardized approach to continual improvement of the Enterprise, which would include MMIS, ARIES, and the proposed list of projects identified in the SS-A roadmap.

## 3.2 Stakeholders

The Enterprise consists of numerous State departments, agencies, and business partners. The State agencies that are a part of the Medicaid Enterprise transformation effort are considered Stakeholders for the purposes of the COO strategic vision. These Stakeholders include:

### Department of Human Services (DHS)

- Office of the Secretary
- Office of Finance (CFO)
- Office of Procurement (CPO)
- Office of Human Resources (CHRO)
- Office of Chief Counsel (OCC)
- Office of Legislative and Intergovernmental Affairs (CLO)
- Office of Communications and Community Engagement (CCO) (includes Division of Community Service and Nonprofit Support)
- Office of Systems and Technology (CIO)
- Division of Aging and Adult and Behavioral Health Services (DAABHS)
- Division of Child Care and Early Childhood Education (DCCECE)
- Division of Children and Family Services (DCFS)
- Division of County Operations (DCO)
- Division of Developmental Disabilities Services (DDS)
- Division of Medical Services (DMS)
- Division of Provider Services and Quality Assurance (DPSQA)
- Division of Services for the Blind (DSB)
- Division of Youth Services (DYS)

### Other Arkansas State Agencies

- Department of Information Systems (DIS)
- Department of Health (ADH)
- Department of Veteran's Administration (ADVA)
- Department of Finance and Administration (DFA)
- Department of Workforce Services (DWS)
- State Health Alliance for Records Exchange (SHARE)

### Federal Partners

- CMS
- Federal Social Security Administration (SSA)
- Federal Internal Revenue Service (IRS)

- US Department of Health and Human Services (DHHS)
- Office of the National Coordinator for Health Information Technology (ONC)
- Federal Office of Inspector General (OIG)
- Centers for Disease Control and Prevention (CDC)
- Drug Enforcement Agency (DEA)
- Beneficiaries and Beneficiary Advocates & Citizens
- Managed Care Organizations (MCO)

### 3.3 Information and Data

There are Data and Information initiatives from the enterprise-level all the way down to the program-level. With the implementation of an Enterprise Governance Board (EGB), the goal is to be able to coordinate and align these initiatives with the Vision; however, there is still a lot of work to be done.

#### **Enterprise-Level:**

The Enterprise Governance Board (EGB) recently tasked a group to catalog all the data across the Enterprise. These data elements were identified, and the catalog included data type, location/system, and associated business unit. Now that the catalog has been completed, the EGB is moving forward with the next phase.

The EGB has tasked the EPMO to work with the various system vendors to implement the Master Person Index (MPI), as part of the Governor's Data Initiative, which is still in the early stages.

Enterprise Data Warehouse/Business Intelligence Effort: Currently in the early stages of developing a statewide data warehousing strategy including centralizing some capabilities under DIS while following a federated model for other capabilities. This initiative would improve data standardization.

#### **Department-Level: DHS**

The DHS Information Technology (IT) infrastructure is composed primarily of discrete, disparate systems in an aging IT architecture that can no longer support DHS programmatic needs efficiently. This infrastructure is currently in the process of undergoing a transformation to redefine its underlying architecture to meet business objectives.

#### **Eligibility**

The ARIES contractor would work with DHS/DCO staff to implement a data structure that standardizes and houses all the eligibility data within the proposed system utilizing online transactional processing databases, an operational data store, a data warehouse, and a data mart.

The EE Systems Integrator (SI) will be responsible for the MCI and MPI for eligibility providers with the implementation of the ARIES system. The SI contractor will also be engaged with the Enterprise and the DIS team at the enterprise-level as the Governor's Data Initiative progresses.

#### **Medicaid Management Information System (MMIS)**

Achieving the person-centric vision will mean adopting a different way of approaching the health and human service structures and the model of practice, modifying policies that constrain the ability to share data, and introducing a new way to think about DHS Information Technology as well as other changes.

The vision of DHS includes the desire to transform the current system from a siloed series of programs to more person-centric, outcomes-oriented programs. This is being accomplished through the implementation of all modules to meet the requirements of federal and DHS Medicaid Enterprise initiatives. This transformation will better satisfy current business needs such as simplifying rate settings

and the future business needs of the Enterprise by developing flexible and replaceable components with open interfaces.

### 3.4 Drivers and Enablers

Drivers and Enablers include initiatives or other factors that propel or support the transformation efforts of the Enterprise. The table below lists the main factors that were identified in DHS that can affect the strategic planning of the state.

**Table 1: Drivers and Enablers**

Driver	Enabler
Migrate to a Person/Family-Centric Model	To improve access, outcomes, costs, accountability and quality of DHS programs and services, DHS is moving from a solely program-centric approach focused on discrete outputs to a more person/family-centric approach focused on access to and delivery of multiple coordinated services.
Leverage Technology to Improve Client Satisfaction, Robust Self Service and Multi-Channel Access to Benefits	To strengthen client participation, empowerment and responsibility, today's technologies need to provide consumers with self service capabilities in supporting the application, service delivery and self-care processes involved with the delivery of DHS programs and services.
Increase Access to Data and Information	The demands to access and analyze the data have increased substantially throughout the years and cannot be fully satisfied with the current toolsets. More up-to-date toolsets will allow DHS to anticipate, support and validate decisions and activities.
Decrease Technology Risk and/or Costs	<p>Implementing the new ARIES will reduce the risks related to aging legacy systems and the resources needed to support them.</p> <p>Sharing functionality of the ARIES system and integration across the Enterprise would lower future ongoing M&amp;O costs.</p>
Improve Operational Efficiency and Effectiveness	By moving away from multiple eligibility solutions and implementing a web enabled integrated eligibility system, DHS envisions improving operational efficiencies and effectiveness by enhancing self-service capabilities, improving the user interface, streamlining business processes and removing redundant tasks, improving workflow and integration between systems, and decreasing training required.
Establish an Integrated Platform of Components that will Decrease Total Cost of Operations (TCO) and Support Future Needs	Through the technical modernization and optimization efforts, the expectation is to establish an open technology architecture of components that can be leveraged across the Enterprise to support future State needs.



### 3.5 Conceptual Model and Business Service Domains

The diagram below in Figure 5 displays a conceptual model of the Roadmap initiatives in the concept of operations for the To Be state.

The state of Arkansas is pursuing a vision for a transition from a program-centric approach focused on discrete outputs to a person-centric approach focused on delivering services across programs to achieve the desired outcomes. Achieving the vision will mean the following:

- Adopting a different way of approaching the DHS organizational structure and the model of practice
- Modifying policies that constrain the ability to share data
- Introducing a new way to think about DHS Information Technology as well as other changes.

DHS is working at all levels to achieve and align to this vision. Requirements for new and current system implementations, such as ARIES, MMIS and other proposed enterprise solutions are written to align to the needed infrastructure. DHS has created governance structures, such as the Architecture Review Board and Data Governance Board, to help establish policies to guide future implementations and improvements. The Shared Services initiatives include projects that fully align policies and automated workflows using manual processes shared across multiple program areas. All the work being done to achieve this vision will result in more streamlined efforts and more satisfied stakeholders.

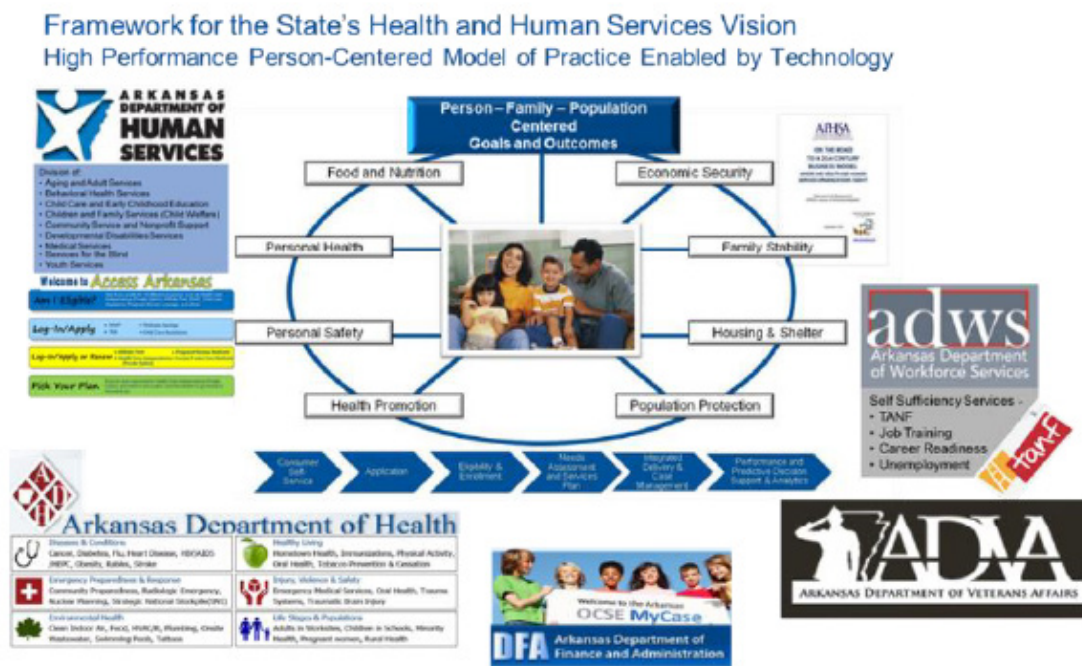


Figure 5: Conceptual Model

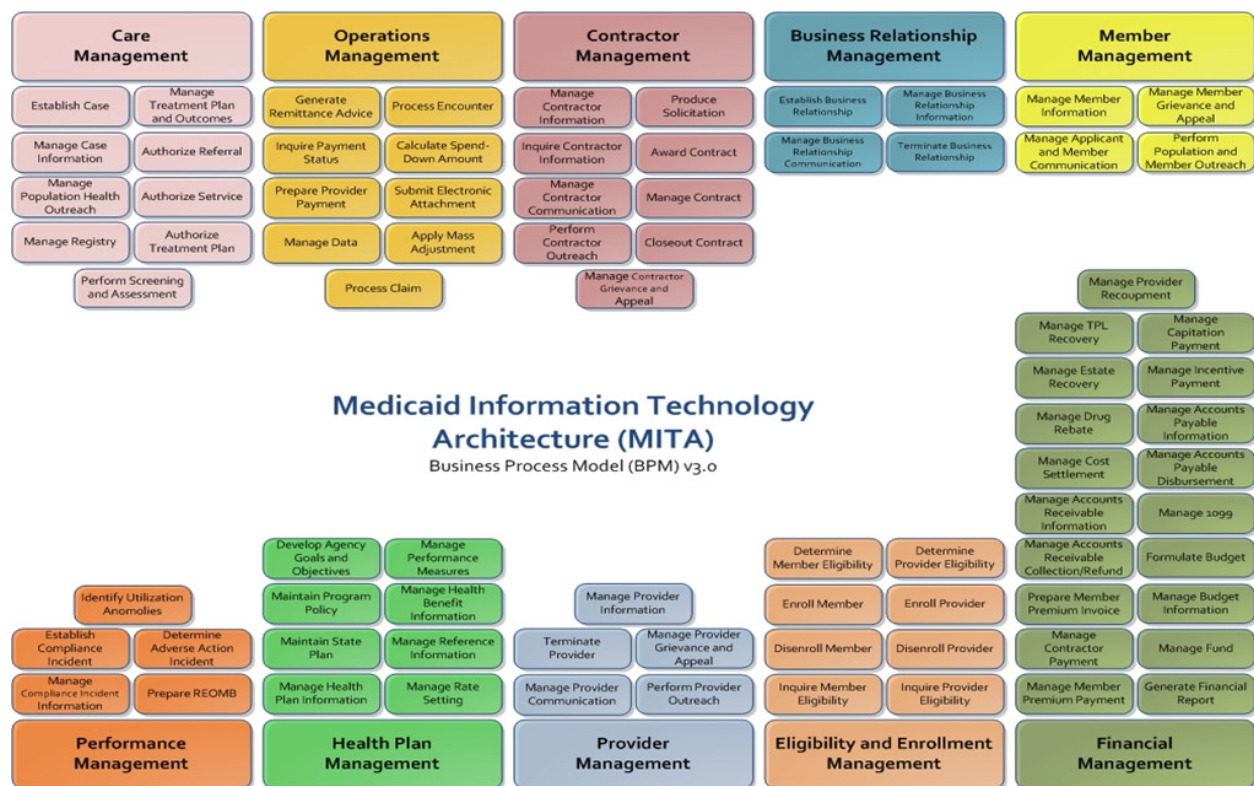
### 3.6 As Is Operations

Currently, the DHS infrastructure is composed primarily of discrete, disparate systems in an aging IT architecture that can no longer support DHS programmatic needs efficiently. DHS is, however, currently in

the process of undergoing a transformation to redefine its underlying architecture to meet business objectives.

For example, most eligibility transactions are conducted through the legacy mainframe systems (system of record) as well as some core Client/Server systems. MAGI (Modified Adjusted Gross Income) Medicaid eligibility is determined through the Arkansas Eligibility and Enrollment Framework (EEF) Platform (system of record). The EEF system was developed to support (MAGI) Medicaid Eligibility and Enrollment under the Affordable Care Act (ACA), with the vision of expanding the system to support multiple DHS Programs. However, due to various challenges with the EEF implementation, only the MAGI Medicaid functionality was implemented. The goal of the new ARIES project is to improve the Eligibility and Enrollment business processes.

The MMIS operations are currently further along in their transformation with the implementation of the new MMIS compared to other DHS Enterprise solutions.



The MITA Framework 3.0 consists of 80 business processes as depicted in Figure 6. These business processes are a consolidation of principles, business and technical models, and guidelines for states to use to develop their individual enterprise architectures. While this is only a portion of the Medicaid Enterprise, some of the activities related to these processes have the potential to significantly impact the rest of the Medicaid Enterprise and future DHS vision.

### 3.6.1 Business Relationship Management

Business relationship management is currently represented in many states as a component of program management. Most MMIS and related systems are not able to support the full data exchange as envisioned by MITA. While this business area is like contract management, the collaboration between intrastate (e.g., Arkansas Departments outside of the DHS), inter-state (e.g., HIE (Health Insurance

Exchange) and external (e.g., CMS) entities is increasing in importance. HIPAA introduced business relationship management through the concept of business associate agreements.

MITA's vision for Business Relationship Management supports standards-driven (for both data and process) automated data exchange throughout a Medicaid Enterprise. Business Relationship Management owns the standards for interoperability between the DHS and its partners. These standards need to be consistently applied to business associate relationships. The current definitions of the business processes in Business Relationship Management do not yet address national standards but are expected to in the future as the MITA Framework is likely to undergo significant refinement as data exchanges between the various state Medicaid Enterprises develop.

### **3.6.2 Care Management**

Arkansas DHS is moving to make numerous enhancements to business processes, along with data and technical architecture. Beginning with eligibility determination, ARIES will collect the information needed to help with the initial assessments with multiple programs across the state. Once ARIES collects the information, it will be passed on to the relevant programs via interface or ESB (Enterprise Service Bus). ARIES will remain the source of truth for the eligibility determination processes, then the respective programs will take over as the source for program enrollment. With the implementation of the PASSE solution, information received from ARIES will be passed along through MMIS into the PASSE solution which will then maintain treatment plans and outcomes for that population. The providers would be able to bill for services and submit encounter data to both MMIS and Pharmacy. The relevant member care and claims data would also be stored in DSS (Decision Support System) making the data available for other programs.

### **3.6.3 Contractor Management**

Effectively managing the Medicaid Enterprise DHS/DCO depends on several contracts. Contractors supply the necessary expertise and personnel to perform key functions such as call center support, system management, and QA. Contracts and RFPs (Requests for Proposals) include standard boiler plate language; however, there are no standardized formats utilized across multiple vendors or multiple business units. Business Units may have the ability to utilize electronic signatures using the Contract Automation Platform (CAP) system, which is an internal temporary storage repository used for tracking signatures as the contract amendment requests go through the approval process.

Previously, each Division did their own contracting which made it possible that separate contracts for very similar services could be generated by different parts of the Arkansas Medicaid Enterprise (AME) without either entity having knowledge of the contractor or contractor's performance. However, changes from 2013 instituted more standardization to the internal procurement process which does allow for a centralized knowledge of contracts across the Divisions.

Although the state has made progress in scanning and storing paper documents in a central location called the Contract Archival System (CAS), there is no centralized repository for contractor information or a web retrieval of publicly viewable information. Also, only the current amendment is available to view in CAS. Without the use of a centralized repository or database, individual business units must search to obtain multi-year contract information which may include searching paper documents and SharePoint lists. The performance measures of contracts are typically tracked in excel spreadsheets, while decisions, issues and risks related to individual projects are tracked within JIRA or SharePoint lists related to those individual projects.

### 3.6.4 Eligibility & Enrollment Management

**Member Eligibility and Enrollment** determination is currently handled in two systems for prospective MAGI and Non-MAGI members. The Non-MAGI member applications are processed using the Arkansas Networked System for Welfare Eligibility and Reporting (ANSWER). The paper applications are keyed into the system by the Division of County Operations. Processing of the member's eligibility is a manual process requiring the eligibility worker to estimate and determine the member's eligibility group and benefits.

With the implementation of the Citizen's Portal and the Cúram system in phase one, the MAGI members can enroll and enter their applications electronically via the Citizen Portal. The Cúram system has built in business rules which determine the MAGI member's eligibility group and benefits, creating an automated workflow determination and redetermination process without intervention from the Eligibility workers.

Once the proposed ARIES is implemented, there should be a developed data dictionary to begin standardizing data across the Medicaid Enterprise and consolidate data into a central repository such as Optum's data warehouse. This system is intended to be the centralized repository for all eligibility and enrollment data in the Enterprise.

**Provider Eligibility and Enrollment:** The Arkansas Medicaid Enterprise Medicaid Management Information System (MMIS) utilizes a standardized rules engine called Corticon. The Corticon rules engine enables immediate updates of business rules and provides decision-based logic processing, using an industry recognized Commercial off-the-shelf (COTS) product. Separation of the business process from rules logic is easily accomplished, along with deployment of this logic in a variety of ways (allowing flexibility in access). This system provides the backbone of the Provider Enrollment process for the MMIS. The Enroll Provider business process is responsible for managing provider enrollment and is an example of how the MMIS utilizes manual and automated business processes.

### 3.6.5 Financial Management

The Arkansas MMIS Financial subsystem function encompasses claim payment processing, accounts receivable and payable processing, cost settlement tracking, State and CMS reporting requirements, and all associated financial transaction processing. It ensures that all funds are appropriately disbursed for claim payments and all post-payment transactions are accounted for and applied accurately for State and Federal accounting. DXC is the SMA's (State Medicaid Agency) fiscal agent responsible for the Financial Management business processing. They perform the accounting functions for the State to include generation of the reports required for State and CMS reporting and managing the State budget. Optum is responsible for the MAR (Management and Administrative Reporting) and TMSIS (Transformed Medicaid Statistical Information System) reporting.

The Financial Management business process begins upon receipt of an electronic or paper request from the SMA or as a result of transactions processed automatically within the MMIS. The business process ends with the accounting data required for operations and is made available to all authorized stakeholders and affiliated business areas. Activity tracking is available on-line and via many financial reports retained in the DSS and other repositories. Areas for improvement have been identified by DHS in an ongoing effort to modify existing functionality and fully utilize the MMIS.

### 3.6.6 Member Management

In 2015, DHS implemented the Cúram eligibility determination solution to support the Arkansas Medicaid Modified Adjusted Gross Income (MAGI) membership. With this implementation, 80% of DHS clients were enrolled and converted using the automated Cúram enrollment solution. The remaining 20% are the

Medicaid Non-MAGI membership and remained in the MMIS as initially enrolled using the manual paper-based ANSWER enrollment system process.

Non-MAGI clients are required to reapply using the automated Cúram system application and enrollment process for annual re-enrollment or when their eligibility changes.

With Cúram, the data and business processes are automated with the business rule edits occurring with each process. The member information submitted daily to the MMIS is timely, accurate, and requires very little manual intervention to correct the data.

With ANSWER, nothing has changed within the last 5 years. The Single Streaming data load to the MMIS takes anywhere from 24 to 48 hours and still contains many errors. Based on the numbers reported for the month of August 2018, the average number of errors reported daily were approximately 400 or a 2.5% error rate. In months prior, the average error rate fluctuated between 1% and 2.5%.

With the implementation of the new ARIES system, the capability to provide improved Member Management business processes appears to be attainable.

### **3.6.7 Operations Management**

With the implementation of the MMIS, there have been numerous improvements seen with the automation of the claims processing, rules engines that support the automated editing and auditing processing, automated pricing of claims and claim adjustments, and finally the ability to perform the recoupment processing and associate all data and prior claims to each recoupment record. There has also been an improvement in the Calculate Spend Down process within the MMIS. Once the spend down amount has been manually calculated by the E&E (Eligibility and Enrollment) area, the information is then added to the member's record within the MMIS. From this point forward the MMIS tracks the member's spenddown amounts automatically.

### **3.6.8 Performance Management**

Performance Management business processes begin when the member or other interested party identifies an issue. Arkansas collaborates with other external entities to conduct these processes but primarily perform the process steps internally. Recoveries are high compared to the overall cost of the processes. However, recoveries would be significantly improved with the increased ability to monitor patterns and program expenditures. With the implementation of FADS (Fraud and Detection System), reviewers and investigators have seen some improvements in capabilities, however, the information is still stored in disparate systems, and there are still times when beneficiary medical records need to be requested from the provider, which adds time to the overall investigation.

### **3.6.9 Plan Management**

The Plan Management business area consists of business processes from the former Program Management business area:

- Develop Agency Goals and Objectives
- Maintain Program Policy
- Maintain State Plan
- Manage Health Plan Information
- Manage Performance Measures

- Manage Health Benefit Information
- Manage Reference Information
- Manage Rate Setting

Constraints with data sharing pose the largest issue for this business area. Member-centric care becomes difficult because data for these business processes are in disparate systems.

### **3.6.10 Provider Management**

The Provider Management business area is a collection of business processes involved in communications between the SMA and the prospective or enrolled provider and actions that the Agency encounters on behalf of the provider. Business processes focus on revalidating and terminating providers, communicating with providers, overseeing provider grievances and appeals issues, and performing outreach services to providers. The Provider Management business area is responsible for the provider data store, which incorporates data from both the FFS (Fee for Service) and MCO (Managed Care Organization) network provider groups.

With the implementation of the MMIS and the Provider sub-system, there is greater functionality available for the SMA to manage and monitor the Providers and Provider activity. For example, the MMIS uses a combination of interfaces with the State License Board, Lexis Nexis and the Online Survey Certification and Reporting System (OSCAR), and the Clinical Laboratory Improvement Amendments (CLIA) file to determine if providers are in good standing and meet the requirements of the Medicaid program.

With the new MMIS system, there is the ability to perform provider and member outreach based on monitoring the results of the Medicaid population. The analysis is performed using the inSight analytical tool which allows the State to generate reports based on specific input criteria to determine what is occurring within the Member population.

## **3.7 To Be Environment Vision**

### **3.7.1 Business Relationship Management**

The following table describes the vision for the To Be Business Relationship operational environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 2: BR - To Be Concept of Operations**

COO Business Relationship Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS operations supporting Business Relationship Management processes are streamlined and integrated. Features of the To Be Business Relationship Management COO include:</p> <ul style="list-style-type: none"> <li>• Many As Is operations are automated, streamlined, or no longer necessary so attention shifts to evaluating and improving Member Services</li> <li>• Data exchange agreements require use of national standards to ensure security, accessibility, transparency, and transaction protocols</li> <li>• Information is available to authorized business partners to use at the time it is needed and for the duration of the agreement</li> <li>• Reporting tools with the capabilities for analysis and modeling are in the hands of the business stakeholder</li> <li>• Focus is on decision support and strategic planning activities rather than data maintenance</li> <li>• Business partners are a virtual workforce through online health and human services information management</li> <li>• Agreements that require documentation would be scanned and stored within a centralized document management system</li> </ul>	<p>Filling MITA Maturity Level (MML) gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• DHS establishes and uses a set of standards, services, and policies that enable the secure exchange of health summary and exception information between authorized and authenticated entities</li> <li>• DHS implements a system to track/manage agreement information and communications</li> <li>• DHS implements a centralized document management system</li> <li>• DHS uses established industry standards for common data sharing activities</li> <li>• DHS implements a Data Warehouse (DW)/Business Intelligence (BI) to assist with data management associated with the agreements</li> <li>• Web services and secure messaging are used to exchange data</li> <li>• Reuse resources such as applications, web services, and business rule engines across program areas</li> <li>• HIE is used to exchange health information electronically using national standards such as Direct Secure messaging</li> <li>• While DHS maintains the source of information, the self-service model allows citizens to go into the Citizen Portal to update their information as needed</li> <li>• Information is timely, accurate, and comprehensive</li> <li>• Near real-time communications is delivered to web portal, mobile device, or email address</li> </ul>

### 3.7.2 Care Management

The following table describes the vision for the To Be Care Management environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 3: CM - To Be Concept of Operations**

COO Care Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS operations supporting Care Management processes are streamlined and integrated.</p> <p>Features of the To Be Care Management COO include:</p> <ul style="list-style-type: none"> <li>Arkansas DHS is moving to make numerous enhancements to business processes, along with data and technical architecture. Beginning with eligibility determination, ARIES will collect the information needed to help with the initial assessments with multiple programs across the state</li> <li>There is a desire to access clinical data from SHARE, which would greatly enhance the availability of information about beneficiaries across all programs to enhance treatment and outcomes</li> <li>For programs that still utilize MS Access databases to manage treatment plans, screenings, assessments, and outcomes, DHS is beginning to implement QuickBase solutions, moving the data into the cloud</li> <li>With the DMS development initiative, efforts will be made to inventory the data throughout DHS and identify opportunities to leverage existing and remove duplicative data.</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>The State is requesting the integration of the claims search utility into the Prior Authorization panels.</li> <li>Improve the Prior Authorization letters</li> <li>Create reports in the frequency required to monitor and report Prior Authorization's</li> <li>Process all Prior Authorization requests for personal care services using the new MMIS in-place of some manual processes still used today</li> <li>Establish and implement processes that identify which documents must be archived and then capture those documents for retention</li> <li>Increase automation with the programs, including electronic or web-based forms, to increase the efficiency of establishing a case</li> <li>Upgrade the tools used to manage and track case information from Microsoft® Access to more cloud-based solutions</li> <li>Incorporate more business rules to help with the identification of new cases and manage treatment plans</li> </ul>

### 3.7.3 Contractor Management

The following table describes the vision for the To Be Contractor Management environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.



**Table 4: CO - To Be Concept of Operations**

COO Contractor Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS/DCO operations supporting Contractor Management processes are streamlined and integrated. Features of the To Be Contractor Management COO include:</p> <ul style="list-style-type: none"> <li>• Focus is on assessing delivery system, improving services, provider satisfaction, and patient outcomes</li> <li>• Many As Is operations are no longer necessary, so attention shifts to evaluating and improving Contract Services</li> <li>• There are established procedures under which screenings are conducted</li> <li>• Staff have adequate training/skill sets to participate in the procurement and contract management processes</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• Largely nationally standardized and automated applications and communications</li> <li>• Performance metrics support analytics that rely on attributing providers to clinics and patient outcomes to provider teams</li> <li>• Performance monitoring improves services for patients and provider satisfaction</li> <li>• Operations focus on monitoring provider performance, identifying problems in the delivery system, enhancing program outcomes, and improving provider satisfaction</li> <li>• Training resources are developed to help the staff enhance the relevant skill sets</li> </ul>

### 3.7.4 Eligibility & Enrollment Management

The following table describes the vision for the To Be Eligibility & Enrollment Management environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 5: EE - To Be Concept of Operations**

COO Eligibility and Enrollment Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS/DCO operations supporting Eligibility and Enrollment Management processes are streamlined and integrated. Features of the To Be Eligibility and Enrollment Management COO include:</p> <ul style="list-style-type: none"> <li>• Applicant applies through Web portal using standardized and automated processes</li> <li>• Members can access enrollment and benefit information in a private, secure, and confidential environment</li> <li>• Applicant or member participates in making their own healthcare choices</li> <li>• Members can maintain their personal information directly in a member web portal</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• Use of standardized and automated applications and communications is common</li> <li>• Timely enrollment of member</li> <li>• Information is timely, accurate, and comprehensive</li> <li>• Many As Is operations are automated, streamlined, or no longer necessary so attention shifts to evaluating and improving Member Services</li> </ul>

### 3.7.5 Financial Management

This section provides a description of the To Be COO for the Financial Management business area and a description of the MITA Maturity gaps.

**Table 6: FM - To Be Concept of Operations**

COO Financial Management	
Concept of Operations	Gap Analysis
<p>In the Financial Management To Be environment, DHS/DCO operations supporting Financial Management processes are streamlined and integrated. Features of the To Be Financial Management COO include:</p> <ul style="list-style-type: none"> <li>• Generating prior period adjustment schedules is a part of the report automation.</li> <li>• Remove the quarterly invoicing process and require all invoices to be monthly. There will no longer be an option to pay quarterly, even if paying by check.</li> <li>• Update verbiage of invoices to include additional phone numbers of other call centers.</li> <li>• Any changes to premium amounts (based upon income changes) automatically</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• TPL Email address – Any email requests that come to TPL can be sent to a common TPL email address that will contain a distribution group. This will avoid emails being sent to individuals that can cause bottle necks in accessing and responding to those emails.</li> <li>• Cognos Timing Out - Currently Cognos times outs relatively quickly and causes case workers to resume their research from the start and can be time consuming. Increasing the time out period can reduce time lost on research due to time outs.</li> <li>• Display diagnosis codes in the MMIS - Currently diagnosis codes for clients are not readily available to case workers and can be time</li> </ul>

COO Financial Management	
Concept of Operations	Gap Analysis
<p>generate a notice to the guardian. This will be a new notice/letter to execute deferred compensation payments to enrolled dental providers.</p> <ul style="list-style-type: none"> <li>• Maintains the need for a way to create one-time exception payments that are outside of the normal capitation payment process.</li> <li>• Workflow options- improve or replace existing workflow tool</li> <li>• Electronic Funds Transfer-Move to an all EFT process across the SMA and eliminate the need for paper checks</li> <li>• Dashboard Enhancements- Improve the business dashboards used for budget analysis and financial reporting</li> <li>• Data improvements - Improve the source of the data used across the SMA and require the re-use of data where necessary, such as the use of State and National registry data.</li> </ul>	<p>consuming when matching the codes to the clients being researched.</p> <ul style="list-style-type: none"> <li>• Missing data on Eligibility report – Current Eligibility reports do not provide client date of birth and address. Users must research Cognos and ANSWER to obtain this information and manually add it to report data. Modify these reports to add date of birth and address.</li> <li>• Provide flexible letter template in MMIS – Currently there are no general templates available and at times case workers must generate letters outside the given templates in MS-Word. Create flexible templates to reduce the need to generate letters outside the system, especially for the prior authorization letters.</li> <li>• Workflow options – Currently workflow options are limited, and more workflow options could possibly reduce processing times.</li> <li>• Receive Electronic Funds Transfer (EFT) - All payments are received as checks and handled manually. Receiving EFTs for the Accounts Receivables could reduce time spent due to manual handling of checks.</li> <li>• Document management system – All documents are stored in paper format in a file. A document management system could save storage space and ease retrieval process.</li> <li>• Improve overall data in systems. There is incorrect date of births in systems and case managers must spend additional time correcting the date of death.</li> </ul>

### 3.7.6 Member Management

This section provides a description of the To Be COO for the Member Management business area and a description of the MITA Maturity gaps.

**Table 7: ME - To Be Concept of Operations**

COO Member Management	
Concept of Operations	Gap Analysis
<p>In the Member Management To Be environment, DHS/DCO operations supporting Member Management processes are</p>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p>

COO Member Management	
Concept of Operations	Gap Analysis
<p>streamlined and integrated. Features of the To Be Member Management COO include:</p> <ul style="list-style-type: none"> <li>Members can access enrollment and benefit information in a private, secure, and confidential environment</li> <li>Applicant or member participates in making their own healthcare choices</li> <li>Members can maintain their personal information directly in a member web portal</li> <li>Eligibility and Enrollment data available across all programs</li> <li>Operational focus is on healthcare outcomes, identifying trends, and areas for improvement</li> <li>Staff have time to concentrate on exception cases because the patient has access to their own healthcare information and can make their own choices</li> </ul>	<ul style="list-style-type: none"> <li>Focus is on assessing delivery system and improving services</li> <li>DHS has access to medical history and outcomes to assess impact of benefit plans</li> <li>DHS staff collaborate with other agencies and payers to ensure optimal services for members</li> <li>Information is timely, accurate, and comprehensive</li> <li>DHS operations transform into activities to monitor and assess services received by patients, improvements in health outcomes across the population, and enhancements to benefit plans</li> </ul>

### 3.7.7 Operations Management

The following table describes the vision for the To Be Operations Management operational environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 8: OM - To Be Concept of Operations**

COO Operations Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS/DCO operations supporting Operations Management processes are streamlined and integrated. Features of the To Be Operations Management COO include:</p> <ul style="list-style-type: none"> <li>Focus is on assessing delivery system, improving services, provider satisfaction, and patient outcomes</li> <li>Many As Is manual operations are no longer necessary due to automated processes, so attention shifts to evaluating and improving operations</li> <li>Systems support accurate and timely processing of claims and encounters</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>Standardized and automated applications and communications are used</li> <li>Operations incorporate national standards to ensure security, accessibility, transparency and transaction protocols</li> <li>Information is available to those authorized to use it at the time it is needed</li> <li>Sharing of resources reduces time and expense to implement functionality</li> </ul>

### 3.7.8 Performance Management

The following table describes the vision for the To Be Performance Management operational environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 9: PE - To Be Concept of Operations**

COO Performance Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS/DCO operations supporting Performance Management processes are streamlined and integrated. Features of the To Be Performance Management COO include:</p> <ul style="list-style-type: none"> <li>• Performance Management processes will see an increase in maturity when data is more readily available to reviewers and investigators.</li> <li>• There is also a desire to move to more of a focus on proactive, rather than reactive, program integrity reviews</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• The information is in multiple places and can be hard to decipher. To achieve the next maturity level, they would need to look to improve data quality and provide a single location for the data, such as an enterprise data warehouse, or data lake/hub.</li> <li>• Disparate systems need to collect the most current information, and moving to the data lake/hub with an enterprise landing zone, would provide real-time data</li> <li>• Multiple systems result in discrepancies in information, i.e., demographic information may vary, establishing data standards and a master person index to help unify the information would help</li> <li>• Accessing medical records through SHARE would help reduce wait time associated with obtaining those records</li> <li>• Program Integrity (PI) has trouble when putting edits into the system, and to address this, more user-friendly edits would help.</li> <li>• Required reports run times can be lengthy</li> <li>• Analysis and tasks associated the Investigate Adverse Action Incident business process is time-consuming and requires extensive knowledge of codes and data elements</li> </ul>

### 3.7.9 Plan Management

The following table describes the vision for the To Be Plan Management operational environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 10: PL To Be Concept of Operations**

COO Plan Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS/DCO operations supporting Plan Management processes are streamlined and integrated. Features of the To Be Plan Management COO include:</p> <ul style="list-style-type: none"> <li>• DHS/DCO operations transform into activities to monitor and assess services received by patients, improvements in health outcomes across the population, and enhancements to benefit plans</li> <li>• Easy access to reliable information for effective analysis and modeling</li> <li>• Focus is on assessing delivery system, improving services, provider satisfaction, and patient outcomes</li> <li>• Focus is on continued cost management and quality improvements</li> <li>• DHS/DCO staff collaborate with other agencies and payers to ensure optimal services for members</li> <li>• DHS/DCO has access to medical history and outcomes to assess impact of benefit plans</li> <li>• DHS/DCO operations transform into activities to monitor and assess services received by patients, improvements in health outcomes across the population, and enhancements to benefit plans</li> <li>• Performance monitoring improves services for patients and provider satisfaction</li> <li>• Performance metrics support analytics that rely on attributing providers to clinics and patient outcomes to provider team</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• Policy changes are not consistently communicated agency-wide</li> <li>• Provider website is cumbersome for some providers</li> <li>• Interagency policies are not easily accessed by all stakeholders</li> <li>• Contracts used for NET (Newly Eligible Transition) providers are inefficient during the contract change process</li> <li>• Constraints with data sharing pose the largest issue for this business area. Member-centric care becomes difficult because data for these business processes are in disparate systems.</li> <li>• Quality incentive measures validated by the Quality Improvement Organization (QIO) are labor intensive</li> <li>• Plan Management processes are primarily manual</li> <li>• Contract or performance information is not always readily available to key stakeholders</li> </ul>

### 3.7.10 Provider Management

The following table describes the vision for the To Be Provider Management operational environment. The operational changes described in the Gap Analysis column highlight the maturity gaps filled by the transition to the To Be operational environment.

**Table 11: PM - To Be Concept of Operations**

COO Provider Management	
Concept of Operations	Gap Analysis
<p>In the To Be environment, DHS/DCO operations supporting Provider Management processes are streamlined and integrated. Features of the To Be Provider Management COO include:</p> <ul style="list-style-type: none"> <li>• The Provider Data Maintenance functional area maintains comprehensive, current, and historical information about providers eligible to participate in the Arkansas Medicaid Program.</li> <li>• The provider data repository with required provider information supports accurate and timely claims processing, management reporting, utilization review reporting and surveillance activities.</li> <li>• All Arkansas Medicaid providers are housed in the Provider Data Maintenance function, including prescribers and non-health care providers.</li> <li>• The Provider Data Maintenance functional area serves as the control point and central source of information on all providers and provider applicants.</li> <li>• Accessing the Provider sub-system panels allow SMA users the ability to view the data and detail on every Provider within the MMIS.</li> </ul>	<p>Filling MML gaps in the As Is environment and transitioning to the To Be COO result in the following To Be environment improvements.</p> <ul style="list-style-type: none"> <li>• The gap sessions confirmed there has been a great deal of improvements made with the implementation of the MMIS due to the increased automation and ability to monitor and track the Provider activity.</li> <li>• Providers have direct access to the SMA via the Provider Portal for communication and managing their Provider account.</li> <li>• The biggest gap across all the processes is collaboration with other programs/agencies to manage providers.</li> </ul>

### 3.8 Business Improvements

The COO introduces the concept of Business Service Domains, which organizes the business services in Medicaid under ten domains which are represented by the ten MITA Business Areas to provide a logical pathway to group similar data types and assign ownership of the data. The initiatives outlined in the MITA Roadmap will help move the agencies into a future vision that will impact most of the Business Service Domains in some capacity. These initiatives also help identify which agencies will have partial ownership over the information and services being provided with each Business Service Domain.

#### 3.8.1 Business Relationship Management

Opportunities for addressing Maturity Gaps for the Business Relationship Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014, through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

### 3.8.2 Care Management

Opportunities for addressing Maturity Gaps for the Care Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)**

With the certification of the MMIS, there are several enhancements that were identified as part of the implementation.



### **Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)**

Multiple projects have been identified as pertaining to Member eligibility and management processes. These include the implementation of several systems, the first phase of the Master Person Index, and enhancing the member portal functionality.

## **3.8.3 Contractor Management**

Opportunities for addressing Maturity Gaps for the Contractor Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

### **Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

### **Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

### **Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

## **3.8.4 Eligibility & Enrollment Management**

Opportunities for addressing Maturity Gaps for the Eligibility and Enrollment Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

### **Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

### **Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

### **Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)**

With the certification of the MMIS, there are several enhancements that were identified as part of the implementation.

**Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)**

Multiple projects have been identified as pertaining to Member eligibility and management processes. These include the implementation of several systems, the first phase of the Master Person Index and enhancing the member portal functionality.

**Initiative 8: Provider Management Initiative (Roadmap Section 6.4.8)**

Multiple projects have been identified as pertaining to Provider eligibility and management processes. These include improving the background check process, implementing the EVV, and enhancing the provider portal functionality.

### 3.8.5 Financial Management

Opportunities for addressing Maturity Gaps for the Financial Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)**

With the certification of the MMIS, there are several enhancements that were identified as part of the implementation.

**Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)**

Multiple projects have been identified as pertaining to Member eligibility and management processes. These include the implementation of several systems, the first phase of the Master Person Index and enhancing the member portal functionality.

**Initiative 8: Provider Management Initiative (Roadmap Section 6.4.8)**

Multiple projects have been identified as pertaining to Provider eligibility and management processes. These include improving the background check process, implementing the Electronic Visit Verification (EVV) process, and enhancing the provider portal functionality.

### **3.8.6 Member Management**

Opportunities for addressing Maturity Gaps for the Member Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)**

With the certification of the MMIS, there are several enhancements that were identified as part of the implementation.

**Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)**

Multiple projects have been identified as pertaining to Member eligibility and management processes. These include the implementation of several systems, the first phase of the Master Person Index and enhancing the member portal functionality.

### **3.8.7 Operations Management**

Opportunities for addressing Maturity Gaps for the Operations Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)**

With the certification of the MMIS, there are several enhancements that were identified as part of the implementation.

### 3.8.8 Performance Management

Opportunities for addressing Maturity Gaps for the Performance Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014

through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 7: Program Integrity (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

### **3.8.9 Plan Management**

Opportunities for addressing Maturity Gaps for the Plan Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)**

With the certification of the MMIS, there are several enhancements that were identified as part of the implementation.

**Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)**

Multiple projects have been identified as pertaining to Member eligibility and management processes. These include the implementation of several systems, the first phase of the Master Person Index and enhancing the member portal functionality.

### **3.8.10 Provider Management**

Opportunities for addressing Maturity Gaps for the Provider Management business area as determined during the executive visioning and business assessment are supported by the projects listed in the following initiatives in the MITA 3.0 Roadmap.

**Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)**

The DHS vision is to create a unified Data Management Strategy across the agency. This initiative will include developing the strategy for managing data across systems and programs, along with the relevant activities to achieve the vision.

**Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)**

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative will include developing the strategy for managing systems and infrastructure across the agency, along with the relevant activities to achieve the vision. These projects include looking at the existing systems to optimize infrastructure and rationalize and modernize applications. All of this would be done under the guidance of the newly established Enterprise Architecture Board (EAB).

**Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)**

The HIT/HITECH Integration Initiative would focus on connecting with the HIE and capturing data relevant to DHS programs. This initiative would move the Medicaid enterprise up in maturity, as clinical data would become available to perform relevant processes.

**Initiative 4: Shared Services (Roadmap Section 6.4.4)**

The DHS vision is to establish and enhance shared services across the agency to streamline and better manage the processes associated with these services. The shared services efforts began in 2014 through the centralization of the management of contracts and information technology, among other things. DHS would like to continue to expand the shared services.

**Initiative 8: Provider Management Initiative (Roadmap Section 6.4.8)**

Multiple projects have been identified as pertaining to Provider eligibility and management processes. These include improving the background check process, implementing the EVV, and enhancing the provider portal functionality.

## 4 MITA COO Summary

The ARIES and MMIS solutions will be a transformational accomplishment for the Medicaid Enterprise and programs beyond Medicaid. This can serve as a jumping point as DHS starts discussions with MMIS to further the larger Medicaid Enterprise vision. As that process moves forward, updates will be made to the 4 MITA documents (SS-A, COO, TMS, and DMS).

This MITA COO illustrates the ongoing transformation planning to continue to implement improvements that align with State and MITA goals and objectives. The interviews with stakeholders and documentation review throughout the duration of the MITA SS-A highlighted the vision to increase collaboration across the Enterprise and continue to evolve the recently implemented governance structure that can work with an enterprise approach for sharing project activities and priorities. Establishment of the governance structure provides the opportunity to stand up a Medicaid Continual Service Improvement lifecycle to establish a formal, standardized framework to follow to achieve the visions of the Enterprise.

This MITA COO illustrates how the Medicaid Enterprise is working towards realizing goals and objectives through increased collaboration with business partners, careful planning, and approaching transformation through integration and knowledge from prior successes.

DHS/DCO has several planned projects to support state-wide Enterprise goals in addition to Medicaid Enterprise transformation efforts. The DHS/DCO MITA Roadmap is the basis for developing a Transition Plan to support improvements to move to higher maturity levels. Appendix B provides a description of a sample High-Level Transition Plan which would be created from an approved MITA Roadmap.

## 5 State Initiatives Summary

The initiatives and their respective projects in the following diagram represent the planned implementations and enhancements over the next five (5) years. Some of the projects may have already been submitted by DHS to CMS as part of a recent PAPD (Planning Advance Planning Document) or APD (Advance Planning Document), while others may need to be incorporated into new APDs for CMS approval.

Initiative #	Initiative Name	Proposed/Associated Projects
1.0	Data Management Initiative	11
2.0	Technical Management Initiative	3
3.0	HIT/HITECH Integration Initiative	TBD
4.0	Shared Services Initiative	24
5.0	Operations & Systems Enhancements	9
6.0	Member Eligibility & Management Initiative	14
7.0	Program Integrity Initiative	2
8.0	Provider Eligibility & Management Initiative	6



## 6 State Project Descriptions

The following diagram provides the project name and brief description of the projects that are planned implementations and enhancements over the next five (5) years. Greater detail on each of these projects to include the timeline, goals, and objectives can be found in the roadmap under Appendix G of the SS-A document.

Project #	Project Name
5.7	Enterprise Business Case Management System Implementation
5.8	Statewide e-Procurement Solution
5.16	Enterprise Process Improvement Initiatives
7.1	Arkansas Integrated Eligibility System (ARIES) Solution Implementation Initiative
7.2	Master Person Index (MPI)
7.3	Comprehensive Child Welfare Information System Implementation
7.7	Juvenile Justice Information System Implementation

### Project 5.7- Enterprise Business Case Management System

The purpose of this system is to utilize current information management technologies and workflow practices that are specifically tailored to meet the operational unit's unique needs and requirements, while providing enough flexibility to be utilized by multiple functional areas throughout the organization

### Project 5.8- Statewide e-Procurement Solution

Arkansas Office of State Procurement (OSP) issued a Request for Proposal (RFP) on behalf of the Department of Finance and Administration (DFA) to obtain proposals and a contract for a cloud Software as a Service (SaaS) e-Procurement Solution that can be configured to meet the State's needs

### Project 5.16- Enterprise Process Improvement Initiatives

DHS continues to identify programs and process improvements that allow DHS to achieve greater levels of MITA maturity as defined by the Centers for Medicaid and Medicare Services (CMS). These efforts require analysis of the current business processes to effectively identify enterprise initiatives that improve the business, information, and technical areas of DHS and the divisions that impact the identified solution.

There are multiple components to the process improvement effort, of which the first steps are to identify the department processes and needs. DHS can then build performance metrics and dashboards to measure the process improvements and drive an improvement plan that covers the next three to five years.

### Project 7.1- Arkansas Integrated Eligibility System (ARIES) Solution Implementation Initiative

DHS' vision of the ARIES initiative is to build a forward-looking solution on a highly configurable, re-usable, and scalable platform that is fully service-oriented in its architectural design and capable of fully integrating all current and future DHS programs as well as relevant programs from other departments.

The current eligibility infrastructure is comprised of multiple systems, many of which are over twenty-five (25) years old and are unable to meet new federal requirements. This aging infrastructure has become increasingly expensive to enhance and maintain.

The new ARIES solution will integrate the eligibility functions of various programs, including Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), and will utilize a single application to determine eligibility for multiple programs. The solution will retire the multiple program-specific legacy eligibility determination systems and migrate their functions into

modern, improved, and modular system(s). With the single application approach, once the initial determination is made through the ARIES Solution, the system will then hand off the application information to the respective program systems for program enrollment and case management.

### **Project 7.2- Master Person Index (MPI)**

DHS created a data catalog as part of the statewide initiative established through SB983 and implemented in Act 1282. Department heads from all the major agencies sit on the task force. The catalog establishes data sources, as well as owners/custodians (stewards) for the various DHS systems. The legislation also established the Chief Privacy and Chief Data Officer positions. Act 1282:

1. Provides transparency and open access to public records and data
2. Establishes the open data and transparency task force to determine the best practices for the state to achieve the most efficient system for maintaining and delivering the state's public records and data
3. Makes recommendations for legislation to achieve a comprehensive open data and transparency act

As part of the next phase of the statewide data management initiative, DHS will work with the new SI to implement a Master Client Index (MCI) and Master Provider Index (MPI) to coordinate account name and demographic information across DHS systems.

### **Project 7.3- Comprehensive Child Welfare Information System**

The Comprehensive Child Welfare Information System (CCWIS) is a case management information system that state and tribal title IV-E agencies may develop to support their child welfare program needs. If a title IV-E agency elects to build a CCWIS, the federal government will provide a more favorable reimbursement than is provided for non-CCWIS systems if the system meets federal requirements and is designed to support social workers' needs to organize and record quality case information about the children and families receiving child welfare services.

### **Project 7.7- Juvenile Justice Information System**

This project anticipates improving the system to meet the current needs of Arkansas's Juvenile Justice System to increase efficiency and streamline processes allowing information to be more accessible.

## Appendix A. Acronyms

This appendix will contain the acronyms used throughout the document and their corresponding definitions.

Acronym	Definition
AASIS	Arkansas Administrative Statewide Information System
ACA	Affordable Care Act
ADH	Arkansas Department of Health
ADVA	Department of Veteran's Administration
AME	Arkansas Medicaid Enterprise
ANSWER	Arkansas Networked System for Welfare Eligibility and Reporting
APD	Advance Planning Document
AR	Arkansas
ARIES	Arkansas Integrated Eligibility System
BPM	Business Process Model
CAP	Contract Automation Platform
CAS	Contract Archival System
CCWIS	Child Welfare Information System
CDC	Centers for Disease Control and Prevention
CFO	Office of Finance
CHRO	Office of Human Resources
CIO	Chief Information Officer
CLO	Office of Legislative and Intergovernmental Affairs
CMS	Center for Medicare and Medicaid Services
COO	Concept of Operations
COTS	Commercial Off-the-Shelf
CPO	Office of Procurement
CRM	Customer Relationship Management
DAABHS	Division of Aging, Adult and Behavioral Health Services
DCCECE	Division of Child Care & Early Childhood Education
DCFS	Division of Children and Family Services
DCO	Division of County Operations
DDI	Design, Development, Implementation
DDS	Division of Developmental Disabilities Services
DEA	Drug Enforcement Administration
DED	Deliverable Expectation Document
DFA	Department of Finance and Administration
DHHS	United States Department of Health and Human Services
DHS	Department of Human Services

Acronym	Definition
DIS	Department of Information Systems
DMS	Division of Medical Services
DSB	Division of Services for the Blind
DDS	Division of Developmental Disabilities Services
DW/BI	Data Warehouse/Business Intelligence
DWS	Department of Workforce Services
DYS	Division of Youth Services
E&E	Eligibility & Enrollment
EAB	Enterprise Architecture Board
EEF	Arkansas Eligibility and Enrollment Framework
EFT	Electronic Funds Transfer
EGB	Enterprise Governance Board
EPMO	Enterprise Project Management Office
ESB	Enterprise Service Bus
EVV	Electronic Visit Verification
FADS	Fraud and Detection System
FFS	Fee- for-Service
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
IE-BM	Integrated Eligibility-Benefits Management
IRS	Federal Internal Revenue Service
IT	Information Technology
ITC	DHS IT Council
MAGI	Modified Adjusted Gross Income
MAR	Management and Administrative Reporting
MCI	Master Client Index
MCO	Managed Care Organization
MITA	Medicaid Information Technology Architecture
MITA DMS	MITA Data Management Strategy
MMIS	Medicaid Management Information System
MML	MITA Maturity Level
MOA	Memorandums of Agreement
MPI	Master Provider Index
NCCI	National Correct Coding Initiative
NET	Newly Eligible Transition
NPI	National Provider Identifier
NTT Data	Nippon Telegraph and Telephone Data

Acronym	Definition
OCC	Office of Chief Council
OFA	Office of Finance & Administration
OIG	Federal Office of the Inspector General
ONC	Office of the National Coordinator for Health Information Technology
OSCAR	Online Survey Certification and Reporting System
OSP	Office of State Procurement
PAPD	Planning Advance Planning Document
PASSE	Provider-led Arkansas Shared Savings Entity
PMO	Project Management Office
QIO	Quality Improvement Organization
RFP	Request for Proposal
SHARE	State Health Alliance for Records Exchange
SMA	State Medicaid Agency
SNAP	Supplemental Nutrition Assistance Program
SOA	Service Oriented Architecture
SS-A	State Self-Assessment
TANF	Temporary Assistance for Needy Families
TBD	To Be Determined
TCO	Total Cost of Operations
TMS	Technical Management Strategy
TMSIS	Transformed Medicaid Statistical Information System
TPL	Third-Party Liability

## Appendix B. Sample High-level Transition Plan

The MITA Roadmap describes the initiatives and projects for the next 5 years and it is the starting point for developing an in-depth Transition Plan that moves DHS/DCO from the current to the target To Be operations and architecture. In this section the first steps for transition to the To Be state are described for the first five years as defined in the MITA SS-A.

The graphic in Figure 7 shows a sample of schedule estimates and project dependencies from the MITA Roadmap. The graphic also provides an overview of the transition from the current state to the future state as described in this MITA Concept of Operations document. The transition plan will be managed and maintained based on assessments of accomplishments, lessons learned, and input from the Medicaid Enterprise stakeholders. The full Transition Plan will be developed during procurement planning; The Plan will be refined as needed in the future to incorporate additional projects and changes in business, information, and technical needs. It will also be updated based on availability of new technology and funding.

The following is a CMS example graphic. A transition plan would utilize this type of graphic to illustrate the transition of the finalized Roadmap. When the document is ready to submit to CMS, the transition plan would include a graphic that illustrates the MITA Roadmap from the SS-A and the current and target architecture high-level description.

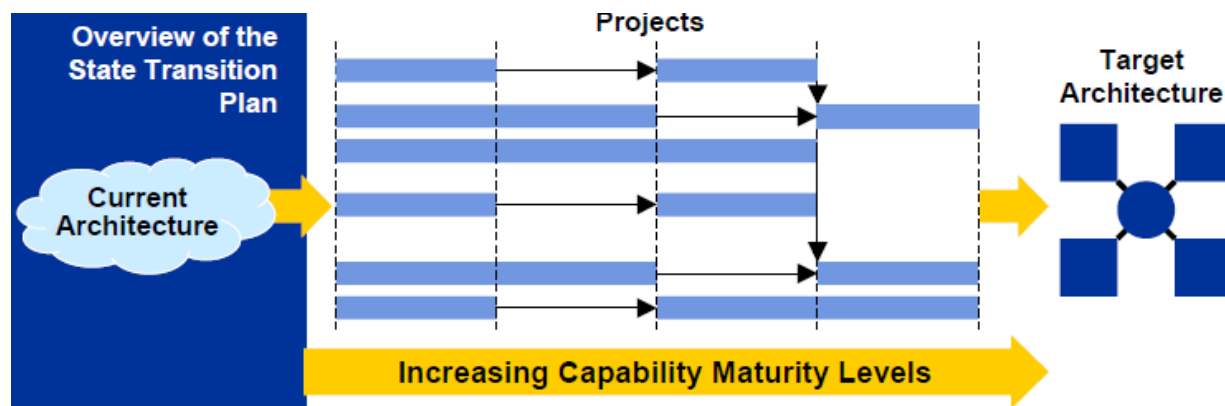


Figure 6: Sample Transition Plan Graphic

## Appendix C. Approvals

We, the undersigned, have reviewed and approved this document as the official MITA SS-A deliverable, including all revisions as documented in the Revision History table, above.


Business Owner or Designee	Signature	Date
<i>Mary Franklin</i>	 Recoverable Signature   <hr/> <p>Mary Franklin Director Signed by: mary.franklin@dhs.arkansas.gov</p>	

<p><i>Aaron Karjala</i></p>	<p> Recoverable Signature</p> <hr/> <p><b>X</b> Aaron Karjala</p> <hr/> <p>Aaron Karjala        NTT Data - PMO        Signed by: 31c39546-9e69-41e6-b58a-8c67baef34cf</p>	
<p><i>Gary Barger</i></p>	<p> Recoverable Signature</p> <hr/> <p><b>X</b> Gary Barger</p> <hr/> <p>Gary Barger        NTT Data - PMO        Signed by: gary.barger@dhs.arkansas.gov</p>	
<p><i>JJ Dunn</i></p>	<p> Recoverable Signature</p> <hr/> <p><b>X</b> JJ Dunn</p> <hr/> <p>JJ Dunn        NTT Data - PMO        Signed by: f5062b1c-d213-4ae0-b88e-821c53a76027</p>	
<p><b>Chief &amp; Deputy Chief        Information Officer</b></p>		<p><b>Date</b></p>
<p><i>Melody Playford</i></p>	<p> Recoverable Signature</p> <hr/> <p><b>X</b> Melody Playford</p> <hr/> <p>Melody Playford        Deputy CIO        Signed by: Lilliemarie Melody Playford</p>	
<p><i>Kevin Grace</i></p>	<p> Recoverable Signature</p> <hr/> <p><b>X</b> Kevin Grace</p> <hr/> <p>Kevin Grace        Deputy CIO        Signed by: kevin.grace@dhs.arkansas.gov</p>	



*Jeff Dean*

 Recoverable Signature

  
**X**

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Jeff Dean  
CIO  
Signed by: Jeff Dean