Medicaid Information Technology Architecture (MITA) State Self-Assessment

MITA State Self-Assessment for the Medicaid Information Technology Architecture 3.0 Project

Prepared for:

Arkansas Department of Human Services

Version 2.6

June 27, 2019

REVISION HISTORY

Version	Effective Date	Revision Owner	Description of Change
1.0	11/16/2018	MITA Team	Draft
1.1	12/10/2018	MITA Team	Incorporate feedback/comments from Eligibility Team
1.2	12/21/2018	MITA Team	Document updated with feedback and submitted for final approval
2.0	01/14/2019	MITA Team	Incorporated final feedback from Stakeholders
2.1	06/27/2019	MITA Team	Draft to include Phase 2
2.2	08/02/2019	MITA Review	QA/QC Review
2.3	09/03/2019	Stakeholders	Comments from Stakeholder review
2.4	09/06/2019	MITA Team	Update document to address Stakeholder comments
2.5	09/23/2019	MITA Team	Update to address final comments from Stakeholder
2.6	09/30/2019	Stakeholders	Signature Approval

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Executive Summary

The Arkansas Department of Human Services (DHS) tasked NTT DATA State Health Consulting, LLC (NTT DATA), formerly Cognosante Consulting, LLC, to conduct a Medicaid Information Technology Architecture (MITA) Version 3.0 State Self-Assessment (SS-A) for the Arkansas Medicaid Enterprise (AME), which includes a combined assessment of Division of County Operations (DCO) Eligibility (phase 1) and Division of Medical Services (DMS) Medicaid Management Information System (MMIS) (phase 2) systems and processes. This combined DHS MITA SS-A serves as an update to the 2013 MITA 3.0 SS-A.

The Arkansas MITA 3.0 SS-A addresses the results of the business, technical and information architecture assessments conducted as part of the MITA effort. The Arkansas DHS MITA 3.0 SS-A also describes the To Be Roadmap and provides the assessment's conclusion. Within this document the use of the word "Enterprise" refers to the "Medicaid Enterprise" unless otherwise noted.

The Arkansas MITA Business Architecture assessment found that the business processes are in line with the national average in that all processes ranged between MITA Maturity Level (MML) 1 (all manual) and MML 3 (automated to the fullest extent possible within the Medicaid Enterprise). During the assessment, the MITA team looked at 80 different processes, some crossing multiple business units, each with 10 to 15 capabilities. Within each business area, multiple processes had capabilities assessed at MML 1. The maturity level of each process is based on the lowest assessed capability. Business areas look at groups of business processes, which are assessed based on the lowest assessed business process. The As Is for each Business Area is MML 1, meaning the compiled MML for the Business Architecture is also MML 1. The following sections go into more detail about the assessed maturity levels and how they are compiled. The initiatives identified in the To Be Roadmap provide a pathway forward to move the State's eligibility program to an overall MML 2.

The Information Architecture assessment scored an As Is MML 1 and a To Be MML 2 for all 10 MITA business areas. The scores are mainly due to a lack of data governance, standardized data sets and Conceptual Data Models (CDMs), which many systems do not have. However, DHS is currently establishing a data governance team and planning a data initiative that will help standardize data, improve data quality and establish data models. These efforts will improve the MML to a level 2 for all information capabilities and many capabilities to an MML 3.

The Technical Architecture assessment scored an As Is MML 1 for six of the MITA business areas and am MML 2 for four of the business areas, with a To Be MML of 2 for all ten business areas. The As Is score of MML 1 is mainly due to older, legacy systems still being used for eligibility determination and other member-related processes. These systems are planned to be replaced once the Arkansas Integrated Eligibility System (ARIES) becomes fully implemented, which will bring everything up to an MML 2. It is important to note that three systems that were assessed—MMIS, Decision Support System (DSS)/ Management and Administrative Reporting (MAR) and Pharmacy— have higher maturity levels across most technical capabilities, scoring a MML 2 or 3. Only one of the 15 technical service classifications (Configuration Management) is preventing the overall To Be MML score from being a 3.

As DHS moves forward with organizational transformation, there would be a benefit to incorporating other major Health and Human Service entities, such as the Arkansas State Health Alliance for Records Exchange (SHARE) and Department of Health, into future MITA SS-A updates. This will allow DHS to better leverage the existing Health Information Technology (HIT) and Health Information Exchange (HIE) landscape of systems and services available throughout the state. Multi-entity coordination will also open the door to broader governance of data and technical standards, development of longer-term strategies, and streamlining of processes and workflows, and increasing maturity levels of all relevant processes.

1 DHS MITA 3.0 SS-A Overview

This section provides an overview of the DHS SS-A using the MITA 3.0 Framework and methodology. It also describes the approach used and the activities performed to complete the assessment.

1.1 MITA 3.0 SS-A Deliverable Overview

This MITA 3.0 SS-A Deliverable is organized into the following major sections.

Executive Summary: Briefly presents the main topics discussed in the document, including a MITA overview, a MITA SS-A project overview, and a Summary of Findings of the business, information and technical assessments.

1. **DHS MITA 3.0 SS-A Oveview**. Provides an overview of the DHS SS-A using the MITA 3.0 Framework and methodology.

2. **Arkansas DHS Team SS-A Overview**: Describes the overall MITA SS-A project and the methodologies used.

3. **MITA SS-A Business Assessment Results**: Presents the results of the Business Assessment within the 10 Business Areas at the Business Process level. This includes the As Is and To Be maturity assessments for each Business Process.

4. **MITA SS-A Information and Technical Assessment Results**: Presents the results of the As Is information and technical assessments. This includes the identification, definition and diagram of the primary systems supporting the Arkansas DHS Medicaid Enterprise and the presentation of maturity assessments for these systems relative to the seven (7) information capabilities and fifteen (15) technical service classifications.

5. **Seven Conditions and Standards Assessment Results**: Presents the results of the As Is assessment based around the Seven Conditions and Standards and identifies recommendations the State can pursue to increase maturity.

6. **DHS MITA To Be Roadmap**: Discusses the efforts underway within the DHS Medicaid Enterprise, major To Be themes emerging from the SS-A, definition of the overall To Be strategy and the proposed projects that will encompass the MITA transition activities.

7. **Conclusion**: Contains a short summary of the DHS MITA 3.0 SS-A Project.

Appendices: Contain detailed supporting documentation for key assessment findings.

1.2 MITA Overview

MITA is a business initiative of the Centers for Medicare & Medicaid Services (CMS), in cooperation with state programs, intended to stimulate an integrated business and technological transformation of the Medicaid Enterprise in all states. The MITA Framework 3.0 is a consolidation of principles, business and technical models and guidelines that create a template that states may use to develop their individual Enterprise Architectures (EAs). MITA guidelines support states' requests for appropriate Federal Financial Participation (FFP) for Medicaid Enterprise systems such as the Medicaid Management Information System (MMIS).

MITA is intended to provide a Business and Information Architecture that states can use as a framework for improving Medicaid by standardizing processes and exchanging data throughout the Enterprise. Affected stakeholders might include clients, vendors and service providers, State and federal Medicaid agencies, and other agencies and programs that are supported by federal matching funds.

MITA identifies common Medicaid business processes and seeks to automate them into web services. Web services encompass standards that enable automated applications to communicate and exchange data over the internet (or intranet) across many sites and organizations. The development of common data and information standards allows interoperability across different platforms, integration of applications and modular programming so that changes can be introduced incrementally, and existing information assets can be leveraged. MITA entails far more than paying and documenting claims; it envisions significant business processing, information and technical changes including:

- Improvements in monitoring programs and the quality of care through data sharing across the Medicaid Enterprise
- Efficient use of resources through sharing reusable software
- More timely responses to program changes and emerging healthcare needs
- Improved access to high-quality information so patients and providers can make more informed decisions about healthcare

This conceptual transformation entails transitioning to a Service Oriented Architecture (SOA) that is nationally interoperable. Some changes can be made in less than five years. Other transformations will take five-to-ten years, largely because defining scope changes related to longer-term strategies depend on technologies and business processes that do not exist today or have not yet been fully evolved by Arkansas or CMS. Additionally, like many states, Arkansas is facing budget situations that may require State budget and new program initiatives to take priority in the next few years.

1.3 MITA SS-A

1.3.1 Background

This section provides a high-level summary of the key tasks used to develop the Arkansas DHS MITA SS-A Eligibility Update. The 2019 MITA SS-A was conducted in two phases. The first phase assessed the 25 MITA business processes related to the Arkansas Eligibility and Enrollment Framework (EEF) system in support of Medicaid Eligibility and Enrollment under the Affordable Care Act (ACA). This was implemented with the vision of expanding the system to support multiple DHS Health and Human Services programs.

The second phase assessed all 80 MITA business processes related to the implementation of the new MMIS Core System. Critical objectives identified for the new MMIS were to procure:

- A true Service Oriented Architecture (SOA) platform that provides interoperability of service-based modules to support DHS' modernization and continual enterprise evolution without restricting its ever-changing business needs
- A highly configurable and flexible platform that will enable the expansion of technological capabilities to other state and federal agencies

- An enterprise solution that is designed at its core to allow Commercial-Off-The-Shelf (COTS) products to be installed, integrated and upgraded through scheduled releases

- Software modules that are implemented and modified by user configurations, not through constant custom coding

The NTT DATA team performed the following key tasks:

- Reviewed prior MITA 3.0 SS-A documentation

- Reviewed several documents that were developed to document executive visioning for DHS to establish goals for the future

- Worked with the DHS Sponsors and Business Owners to identify Subject Matter Experts (SMEs) for the relevant business processes and systems

- Facilitated of MITA business sessions with SMEs to validate MITA As Is information and gather input for the To Be vision for progression through MITA Maturity Levels (MMLs)

- Conducted technical sessions with system SMEs to gather information on the current system and technical environment for the purposes of the Information and Technical Assessments

- Conducted Visioning Sessions and follow-up meetings to help build the MITA Roadmap.

- Delivered an updated DHS MITA SS-A that includes:

    - Updated MITA As Is and To Be Business Assessment
    - Updated MITA As Is and To Be Information Assessment
    - Updated MITA As Is and To Be Technical Assessment
    - Updated MITA As Is and To Be 7 Conditions and Standards (7C&S) Assessment
    - MITA Gap Analysis
    - MITA Roadmap that documents a blueprint for business and functional improvements to Arkansas's Medicaid Program

Figure 1 presents an overview of the DHS MITA 3.0 SS-A process.

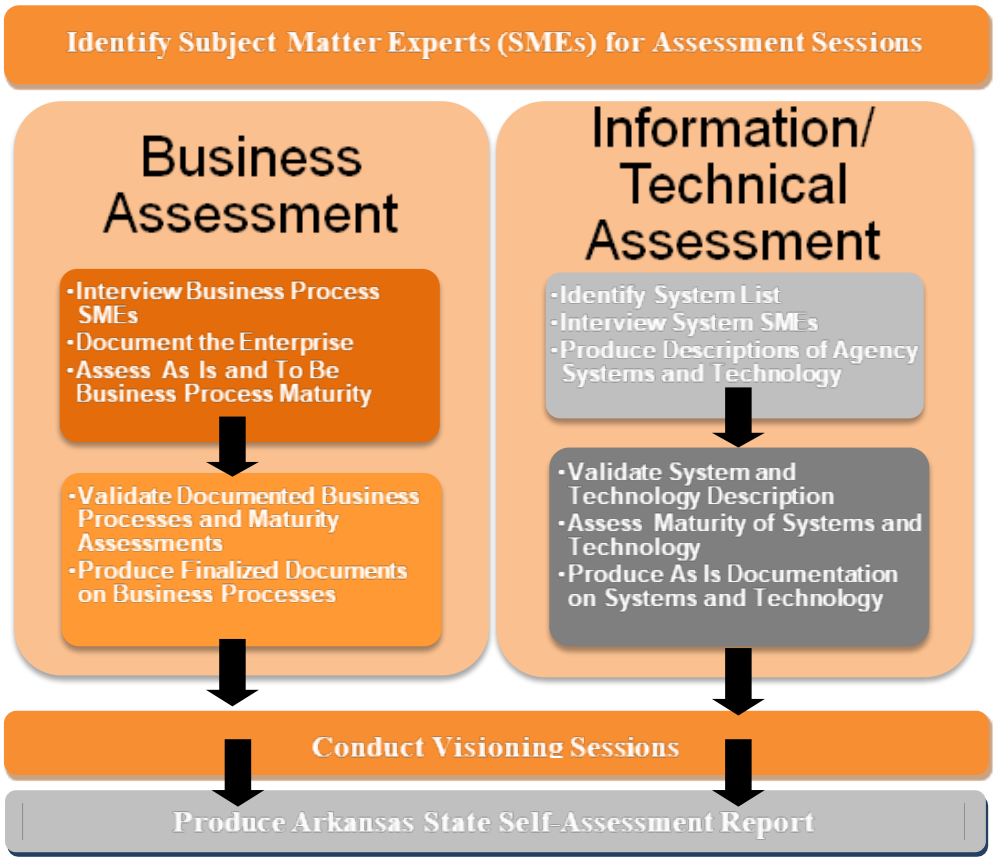


Figure 1: Description of the DHS MITA 3.0 SS-A Process

1.3.2 Description of the MITA SS-A Process

MITA provides an Architecture that states can use as a framework for improving the Medicaid Program and exchanging data throughout the enterprise, including clients, vendors, service providers, state and federal Medicaid agencies, and other agencies and programs supported by federal matching funds. While Medicaid agencies rely substantially on technology to operate, the MITA Framework envisions changes that will enable the Medicaid business processes to drive the technological changes over the next decade. Assuming many business processes might be similar among the various states, some economies of scale may be realized if these processes can be modeled and shared among states.

The CMS MITA vision is articulated as follows:

> "Establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid Enterprise and for stakeholders dedicated to improving healthcare outcomes and administrative procedures for Medicaid clients."

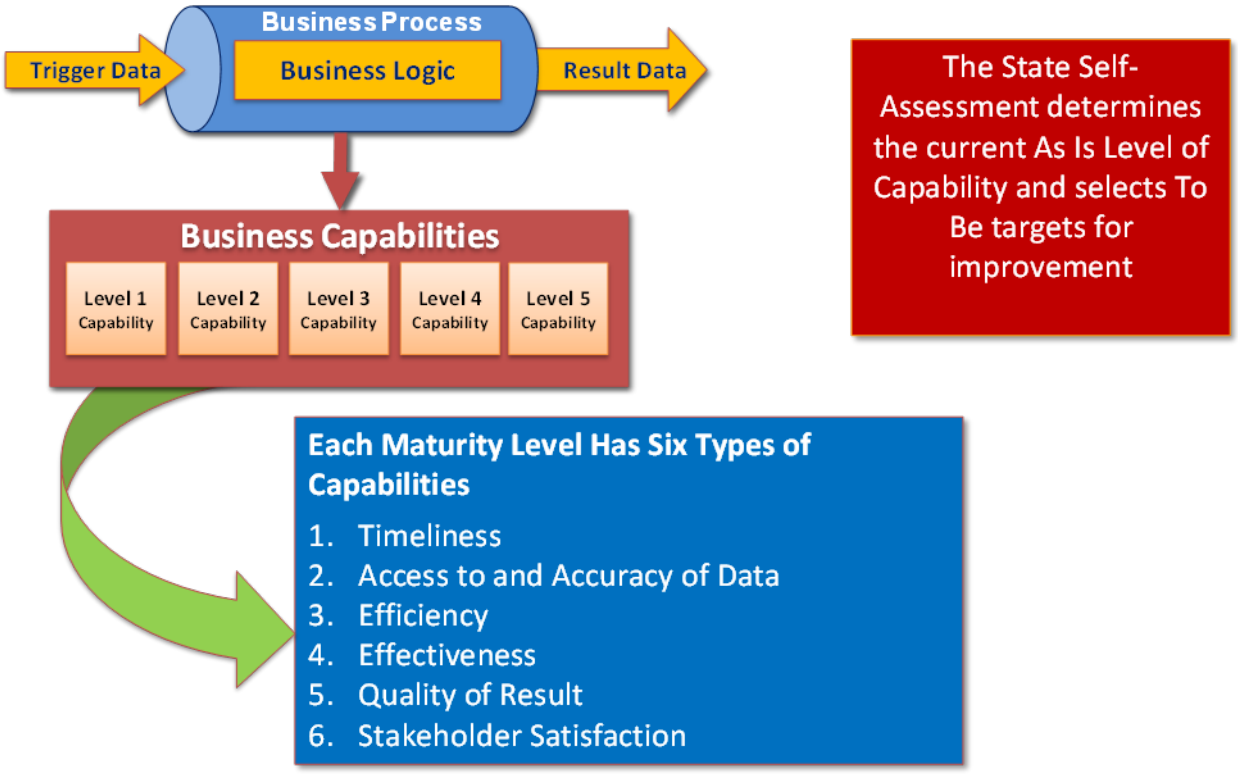
CMS established the MITA Framework, which elaborated on the MITA vision. That framework adopted industry best practices to meet the unique requirements of Medicaid. The MITA Framework details include a Business Architecture (BA), an Information Architecture (IA), and a Technical Architecture (TA) that work in concert to define and improve the administration of Medicaid Enterprises.

- The BA includes all the business processes defined by the Medicaid Agency and their associated MMLs. The BA is the most robust portion of the MITA Framework.

- The IA defines the data and standards necessary to conduct the business operations. The IA structure was improved in the MITA Framework 3.0. All concepts in the framework allow individual Medicaid Agencies the options and flexibility to pursue their own Enterprise Architecture, while still adhering to the basic principles that move the entity forward on the continuum to more mature capabilities that better meet established goals and objectives.

- The TA establishes fundamental concepts of technology, such as interoperability, modularity and flexibility, without naming specific technology or systems.

Fundamental to the implementation of the MITA concept is the requirement for each state to conduct an annual SS-A update. Within the SS-A, each state is to carefully and honestly look at its current business processes to establish which ones pertain to its Medicaid operations and determine an MML for each business process – i.e., the As Is state. The capabilities of a business process at each MML are specific to that process. However, these capabilities can be generalized, as shown in Figure 2.



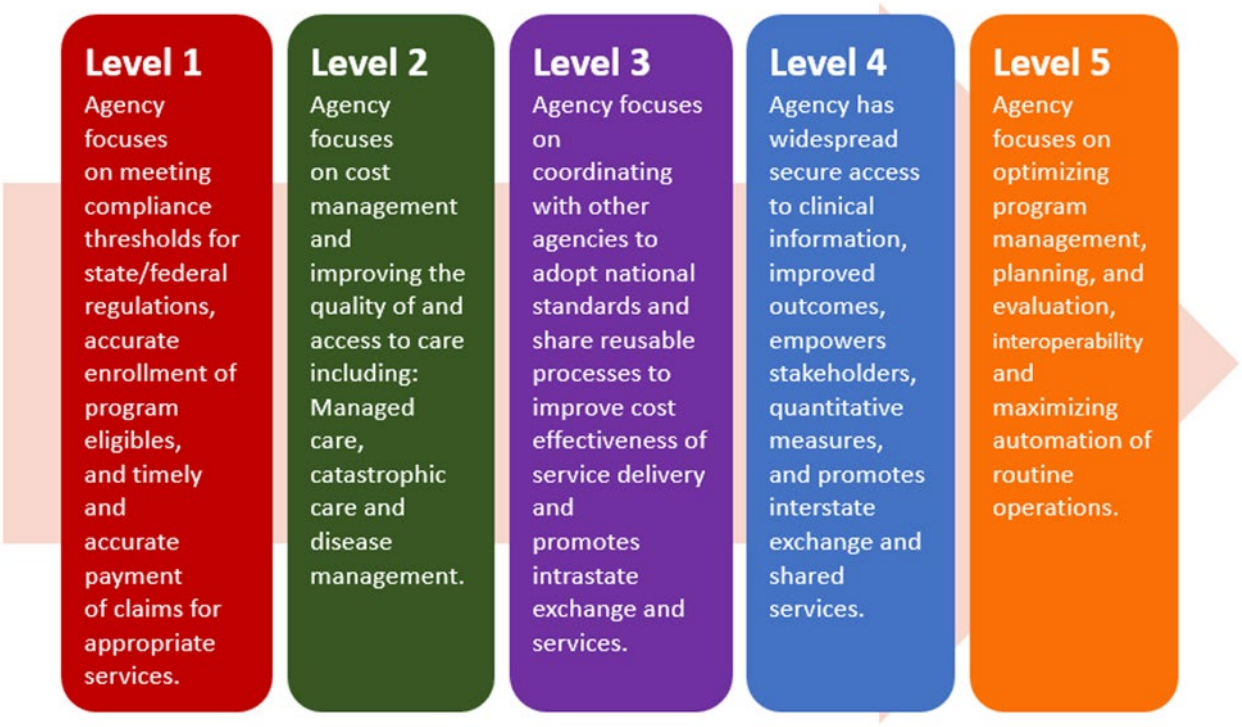


Figure 2: DHS MITA Maturity Level (MML) Summary

Once the As Is Maturity is determined, the SS-A requires the Enterprise to consider where it would like to focus capability improvements. This is the To Be maturity level for each business process. While MITA typically looks at a five to ten-year timeframe, the state determines the period.

Between the As Is and the To Be are capability gaps that must be addressed before the Enterprise can progress to a higher maturity. As a state defines the To Be maturity level, it must also elaborate on the functionality it needs to accomplish that maturity. The functionality can represent both business process requirements and technical requirements to fill the gaps.

1.3.3 Overview of Arkansas' Medicaid Program

The Arkansas Department of Human Services is the State agency responsible for the administration of the Medicaid program in Arkansas and for managing all related federal funding. Figure 3 provides the DHS organization chart.

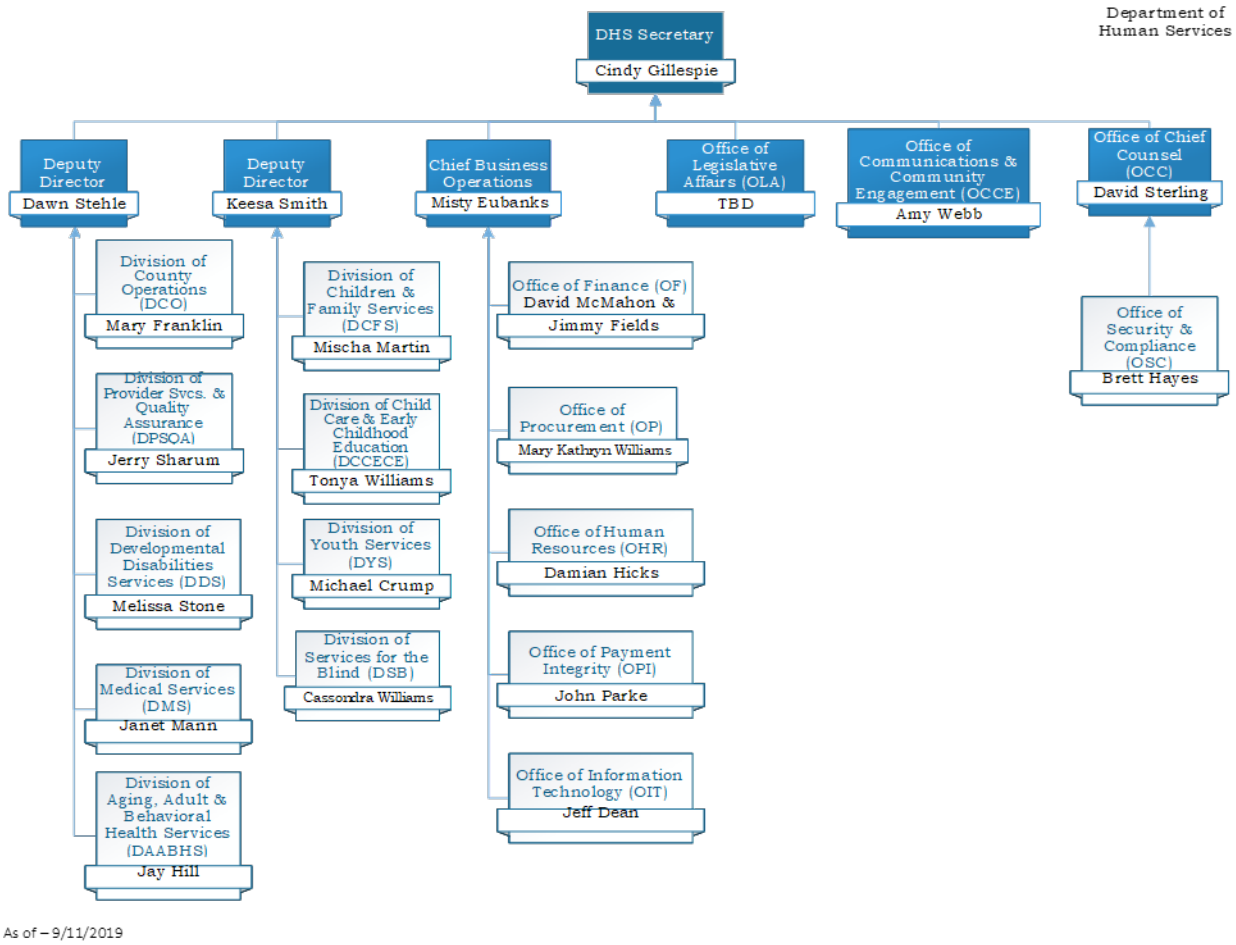


Figure 3: DHS Organization Chart

DHS is the largest department in Arkansas State Government. Services are provided through Divisions that are coordinated from Central Offices in Little Rock. DHS is the largest payer of Medicaid services in Arkansas with more than $8.1 billion in State and federal Medicaid dollars being paid to approximately 12,000 providers across the State in fiscal year 2017[1]. Specific services are provided by programs in one or more of the following nine shared services Offices and nine programmatic Divisions:

- Office of the Secretary
- Office of Finance (OF)
- Office of Procurement (OP)
- Office of Human Resources (OHR)
- Office of Payment Integrity (OPI)
- Office of Internal Controls (OIC)
- Office of Information Technology (OIT)
- Office of Chief Counsel (OCC)
- Office of Legislative Affairs (OLA)

[1] Arkansas Medicaid Overview – SFY 2017: https://medicaid.mmis.arkansas.gov/Download/general/MOBSFY2017.pdf

- Office of Communications and Community Engagement (OCCE)
- Division of Provider Services and Quality Assurance (DPSQA)
- 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 Services for the Blind (DSB)
- Division of Youth Services (DYS)

Other State entities that may interact with the DHS Medicaid Program include but are not limited to:

- Arkansas Board of Workforce Education and Career Opportunities
- Arkansas Correctional School
- Arkansas Department of Career Education
- Arkansas Department of Community Correction
- Arkansas Department of Corrections
- Arkansas Department of Education
- Arkansas Department of Emergency Management
- Arkansas Department of Finance and Administration
- Arkansas Department of Health
- Arkansas Department of Higher Education
- Arkansas Department of Information Systems
- Arkansas Department of Labor
- Arkansas Department of Veteran Affairs
- Arkansas Department of Workforce Services
- Arkansas Economic Development Commission
- Arkansas Health Professional Licensing Boards
- Arkansas Pollution Control and Ecology Commission
- Arkansas State Health Alliance for Records Exchange (SHARE)

Other external entities interacting with the DHS Medicaid Program include but are not limited to the following federal and non-federal entities:

- CMS
- Beneficiaries and Beneficiary Advocates
- Managed Care Organizations (MCO)
- Hospitals
- Providers and Provider Associations
- Federal Social Security Administration (SSA)
- Federal Internal Revenue Service (IRS)
- United States Department of Health and Human Services (DHHS)
- Office of the National Coordinator for Health Information Technology (ONC)
- Regional/Statewide Health Information Exchanges (HIEs)
- Standards Development Organization (SDO)
- Federal Office of Inspector General (OIG)
- Business Partners associated with State Information Technology (IT)Projects
- Centers for Disease Control and Prevention (CDC)
- Drug Enforcement Agency (DEA)

1.3.4 Participants

This section lists DHS management and project leadership, along with the identified subject matter experts (SMEs) from their staff.

Phase 1: MITA SS-A Business and Technical SMEs

Table 1: DHS/DCO Business Area Gap Session Subject Matter Experts

Name	Business or Technical	Division/Unit
Susan Burton	Business	Division of County Operations
Kristie Hayes	Business	Division of County Operations
Ashley Matejka	Business	Division of County Operations
Ken Wass	Technical	Division of County Operations
Ramakrishna Kondapalli	Technical	Division of County Operations

Table 2: DHS/DCO Technical Assessment Subject Matter Experts

Name	Interview/ Survey	System	Interview/ Survey Completion Date
Susan Burton	Interview	Cúram, Citizen Portal	October 1, 2018
Dennis Bailey	Interview	ACES; ANSWER	October 1, 2018
Kristie Hayes	Interview	Cúram, Citizen Portal	October 1, 2018
Ramakrishna Kondapalli	Interview	ACES; ANSWER	October 1, 2018

Phase 2: MITA SS-A Business and Technical SMEs

Table 3: Business Area Gap Session Subject Matter Experts – DHS

Name	Business or Technical	Division/Unit
Pamela Allen	Business	DMS
Letha Bell	Business	DMS
Stephenie Blocker	Business	DAABHS
Cherokee Bradley	Business	DMS
Kevin Brannon	Business	OP
Michael Brechlin	Business	OCC
Lynn Burton	Business	Provider Reimbursement
Anita Castleberry	Business	DMS
Cathy Coffman	Business	DMS
Brandy Cook	Business	OMIG

Name	Business or Technical	Division/Unit
Judy Cunningham	Business	DMS
Suzanne Davenport	Business	OF&A
Jeff Dean	Technical	CIO
Suba Desikan	Business	DMS/Promulgation
Cheryl Freeman	Business	DMS, RN
James Gallaher	Business	DMS/Health Care Innovation
Patricia Gann	Business	DAABHS
Kim Gardner	Technical	Assistant Director IT AME
Debra Garrison	Business	DMS
Portland Gilbert	Business	DDS
Kevin Grace	Technical	Deputy CIO
Kristie Hayes	Business	DCO Program Administrator
Nancy Holder	Business	DDS, Title V
Debra Hope	Business	Claims (CL)
Jessica Johnson	Business	DMS
Kevin Jones	Technical	DMS, IT
William Kattner	Business	DMS
Kathy Kniep-Flowers	Business	DMS, QA
Sherry Koone	Business	MS
Isaac Linam	Business	DCO
Sarah Linam	Business	Office of Policy and Legal Services
Shelby Maldondo	Business	DDS
Trish McClendon	Business	DMS, Audit
Julie McLaughlin	Business	Member (Mem)
Tracy Mitchell	Technical	OIT/DMS
Justin Mizell	Business	DMS, Medical Organized care
Julie Mullins	Business	DCFS
Michael Munnerlyn	Business	DMS
Becky Murphy	Business	DMS
Cynthia Neuhofel	Business	Pharmacy
Margaret Newton	Business	DMS, Contracts
Jeffrey Pardikes	Business	OP
John Parke	Business	Program Integrity Unit
Steven Parkinson	Business	OP
Melody Playford	Technical	Deputy CIO
Matt Rocconi	Technical	IT AME Director

Name	Business or Technical	Division/Unit
Tami Rogers	Business	Independent Choices
Lori Rose	Business	DPSQA, RN
Kim Russell	Business	OF&A
Erin Sanderock	Business	DMS
Amanda Smith	Business	DDS
Elizabeth Smith	Business	OMIG
Steve Sorrows	Business	DCFS
Zabrina Swift	Business	DDS-Children
Kenn Wass	Business	OIT
Mark White	Business	Managed Care (MC), Claims (CL)
Robert Williams (AD)	Business	DCO Assistant Director
Kimberly Wilmot	Business	DMS, RN
Wanda Womack	Business	DMS, Policy
Regina Zimmer	Business	DMS, Medical Assistance

Table 4: Business Area Gap Session Subject Matter Experts – NTT DATA

Name	Business or Technical
Sarah Baker	OCM
Gary Barger	Business/Tech
Chawnte Booker	Business
Tammi Bradley	OCM
Bobby Brogan	Technical
Jennie Carthew	Business
Arlie Cloud	Business
Patricia Darnell	IV&V
Lyle Dutton	IV&V
Mary Easterling	Business/Tech
Rebecca Fitz	Business/Tech
Lisa Goldstein	Business
Paul Gosnell	IV&V
Terri Gregg	Business
Cherie Hamilton	Business
Alicia Hutcherson	Business
Karla Martin	Business
Jeff McDermott	Business

Name	Business or Technical
Kristopher McNaughton	IV&V
Melody Mobley	Business
Robbie Moore	Business
Amber Murphy	Business
Sheila Nix	Business/Tech
Angelia Norris	Business
Jeffrey Parry	Business/Tech
Debbra Schlosser	Business/Tech
Scott Schroeder	IV&V
Rochelle Simon	IV&V
Alicia Stewart	Business

Table 5: DHS Technical Assessment Subject Matter Experts

Name	Interview/Survey	System	Interview/ Survey Completion Date
Matt Rocconi	Interview & Survey	MMIS/DSS/Pharmacy	March 26-28, 2019
Kevin Jones	Interview & Survey	MMIS/DSS/Pharmacy	March 26-28, 2019
Jeff Parry	Interview & Survey	MMIS/DSS/Pharmacy	March 26-28, 2019
Sandra Smith	Interview & Survey	DSS/MAR	March 26-28, 2019
Kim Gardner	Interview & Survey	MMIS/DSS/Pharmacy	March 26-28, 2019

1.3.5 Executive Vision

This section describes the purpose of validating and revising the vision previously established by DHS for the transformation and improvement of the delivery of Medicaid Program services in the State of Arkansas.

Arkansas is pursuing a vision for a transition from a program-centric approach focused on discrete outputs to a person-centric approach, as depicted in Figure 4, that focuses on delivering services across programs to achieve the desired outcomes. Achieving the vision will mean adopting a different way of approaching the HHS organizational structure and the model of practice, modifying policies that constrain the ability to share data and introducing a new way to think about HHS 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 and the recently certified MMIS, along with other proposed enterprise solutions, are written to align to the infrastructure needed to achieve this vision. DHS is also standing up 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 and processes shared across multiple

program areas that are identified as manual. All the work being done to achieve this vision will result in more streamlined efforts and more satisfied stakeholders.

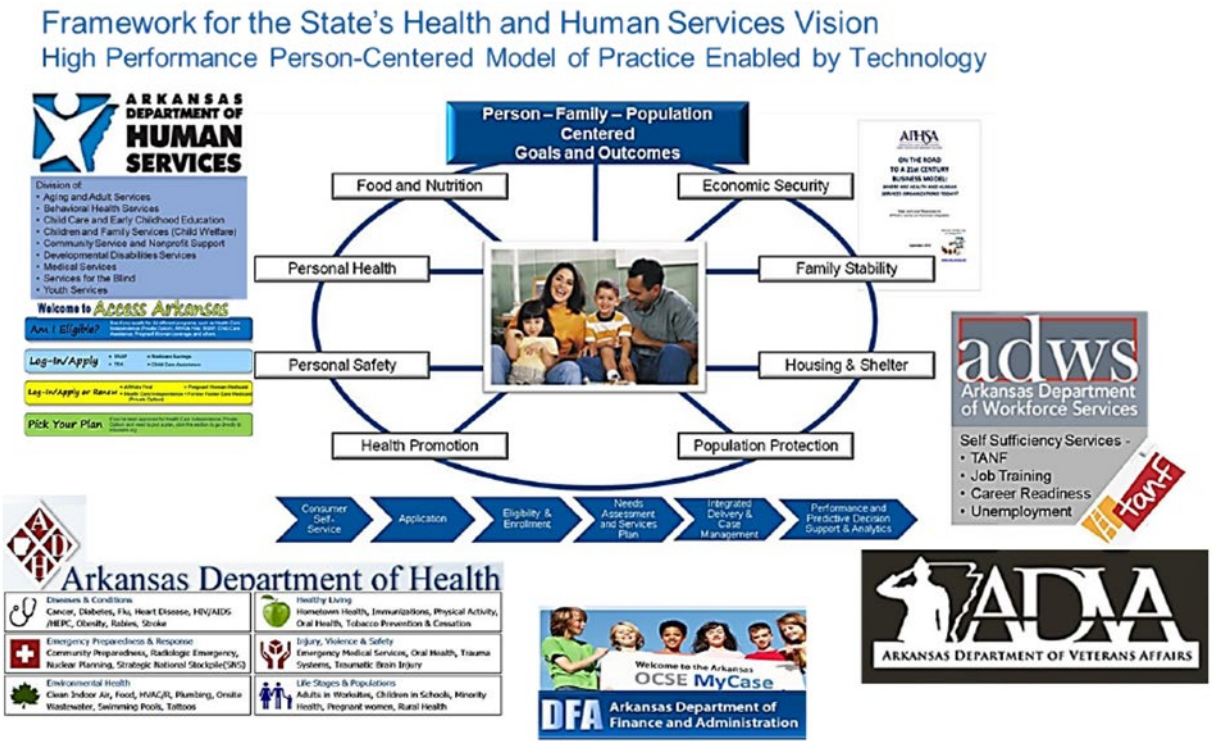


Figure 4: DHS Person-Centric Service Vision

1.4 Executive Guiding Principles

DHS' mission is, "Together we improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence, and promoting better health."

The stated overarching MITA goals for Arkansas Department of Human Services (DHS) are:

- **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 that support the eligibility application process, 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 data have increased substantially throughout the years and cannot be fully satisfied with the current toolsets.

- **Decrease Technology Risk and/or Costs** – Replacing the legacy systems and leveraging the common shared components and services is seen as critical to addressing technology risk and cost concerns.

- **Improve Operational Efficiency and Effectiveness** – Implement a web-enabled, integrated eligibility system to improve operational efficiencies and effectiveness.

- **Establish an Integrated Platform of Components that will Decrease Total Cost of Operations (TCO) and Support Future Needs** – The ARIES project is expected to establish an open-technology architecture of components that can be leveraged to support future State needs.

1.5 DHS MITA Projects Since 2013 MITA SS-A

1.5.1 Completed Projects

DHS, with other State agencies and partners, worked to complete several maintenance and modification projects since the 2013 MITA SS-A. This section includes highlights of the key projects as outlined below:

- Implemented the State Health Alliance for Record Exchange (SHARE), Arkansas' Health Information Exchange

- Launched the ICD-10 project to comply with the mandated date

- Implemented the MMIS Replacement Project, a full replacement of the legacy claims processing system, which also impacted the existing legacy Pharmacy system and Decision Support System

- Implemented an IT PMO to help manage and staff necessary projects

1.6 Summary of Key Findings

The DHS SMEs, with the assistance of the NTT DATA project team, confirmed the As Is and validated the To Be MML of each of the relevant business processes. Maturity Level determination was made after assessing multiple capabilities as defined by MITA for each of the business processes.

1.6.1 Common Themes Emerging from the SS-A

As the sessions progressed as part of the MITA SS-A, several themes began to emerge. These themes align with the first major theme, transformation of the enterprise. To successfully transform how business is done, governance needs to be developed, processes need to be standardized and some systems/infrastructure needs to be modernized. All of these themes tie together and back to the vision.

The themes were organized into the following categories:

- **Enterprise Transformation** – The vision of DHS includes the desire to transform the current enterprise from a siloed series of programs to more person-centric, outcomes-oriented programs. This is being accomplished through the implementation of systems that meet the requirements of federal and DHS Medicaid Enterprise initiatives. This transformation will better satisfy current business needs, such as simplifying rate settings and future business needs of the Medicaid Enterprise by developing flexible and replaceable components with open interfaces.

- **Governance/Policy/Ownership** – DHS leadership has been working to implement both technical and data-related governance at the enterprise level through the Architecture Review Board (ARB) and Data Governance Board (DGB). Both boards are actively operating as of 2019. The establishment of a DHS enterprise-wide governance structure will help to better support the adoption of national standards and SOA, along with the coordination of the impacts of the CMS C&S, Health Information Technology for Economic and Clinical Health (HITECH), Health Insurance Portability and Accountability Act (HIPAA), International Classification of Diseases and Related Health Problems, Information Security and Privacy and ongoing MITA maturity improvements, which would impact the entire Medicaid Enterprise.

- **Modernization** – DHS is working to modernize the aging infrastructure and applications. Leadership will begin an effort to update the infrastructure across the whole agency, beyond Medicaid, leveraging the new systems being implemented and data warehouse. They will be implementing an enterprise service bus (ESB) to reduce the number of point-to-point data exchanges between system and a comprehensive Master Client Index/Master Provider Index (MCI/MPI) to tie the data across systems and programs together. The systems should also take advantage of a separate business rules engine to reduce or eliminate the hard coding of certain system processes and make changes faster and less expensive. Other improvement themes include the need for better workflow and application monitoring, to help optimize day-to-day tasks.

- **Data Management** – Data access and availability were major themes throughout the assessment. DHS will be moving forward with a Data Management Strategy Development initiative to define data standards across the agency. This initiative will also inventory all existing uses of data, define ownership and establish a data dictionary for the programs moving forward. At a minimum, this initiative will be defined minimally by HIPAA and the healthcare industry when possible to ensure proper understanding and exchange of information. Other projects related to data include the implementation of an Enterprise Service Bus (ESB) to allow real-time calling of data to help day-to-day tasks and a consolidated data repository to provide better access to data needed across programs. The improved data can then be used to produce reports and performance information to improve program evaluation.

- **Standardize the Monitoring of Performance Standards** – The ARIES Project has worked to define, implement, collect and report business process–related performance metrics that provide the necessary information to satisfy the MITA capability expectations and help programs meet performance objectives for projects. This could be used as a starting point to help develop standards to incorporate into other program areas across DHS. However, there is no standardized mechanism that would allow for easy tracking of the progress and utilization of a dashboard to better visualize and access the metrics.

- **Standardize the Management of Procurement & Contracts** – 1) Increase standardization of procurement processes related to the Office of State Procurement (OSP) and increase use of electronic storage of proposal materials and electronic communication mechanisms to simplify data access. 2) Implement of a centralized Customer Relationship Management (CRM) to assist program areas with the day-to-day management of contracts and Memorandums of Understanding/Business Associate Agreements (MOU/BAA). 3) Create standardized training to help program area staff enhance their solicitation creation and contract management skills. (The implementation of the eProcurement Solution will address all of these areas.)

- **Stakeholder Satisfaction** – Utilize the data gathered on the MITA Business Process templates to identify and target areas to improve stakeholder satisfaction. Using the feedback provided on the templates will allow DHS to directly link improvements to MITA capability increases. Implement automated tools to collect and analyze stakeholder input. The process of increasing stakeholder satisfaction includes dashboards for monitoring process improvements against stakeholder input,

surveys, collecting metrics and the use of predictive modeling to determine priorities of process improvements and timely communication.

- **System Enhancements** – Numerous enhancements have been identified across the enterprise that would help programs and the vendors in their day-to-day activities. These include enhancements related to providers, member, vendor, data quality and security & disaster recovery domains. Some of the enhancements identified have been assigned Customer Service Requests (CSRs) and will be implemented in the short-term. However, some enhancements require waiting until other systems have been implemented, such as ARIES and the ESB.

1.6.2 Summary of Business Assessment Results

The MITA Framework 3.0 consists of 80 business processes and is 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.

MITA provides the MITA Maturity Model (MMM) as the scale against which a business process is assessed. This scale consists of five Maturity Levels through which a process will evolve over time. The MITA Framework defines the capabilities for each process at each of the five Maturity Levels. For a summary description of the MMM, see Figure 2: MML Summary in Section 1.3.2 Description of the MITA SS-A Process.

Figure 5 shows a summary of where these processes stand in terms of MITA Maturity Level by Business Area. More detail for these processes can be found in Section 3.0 of this document.

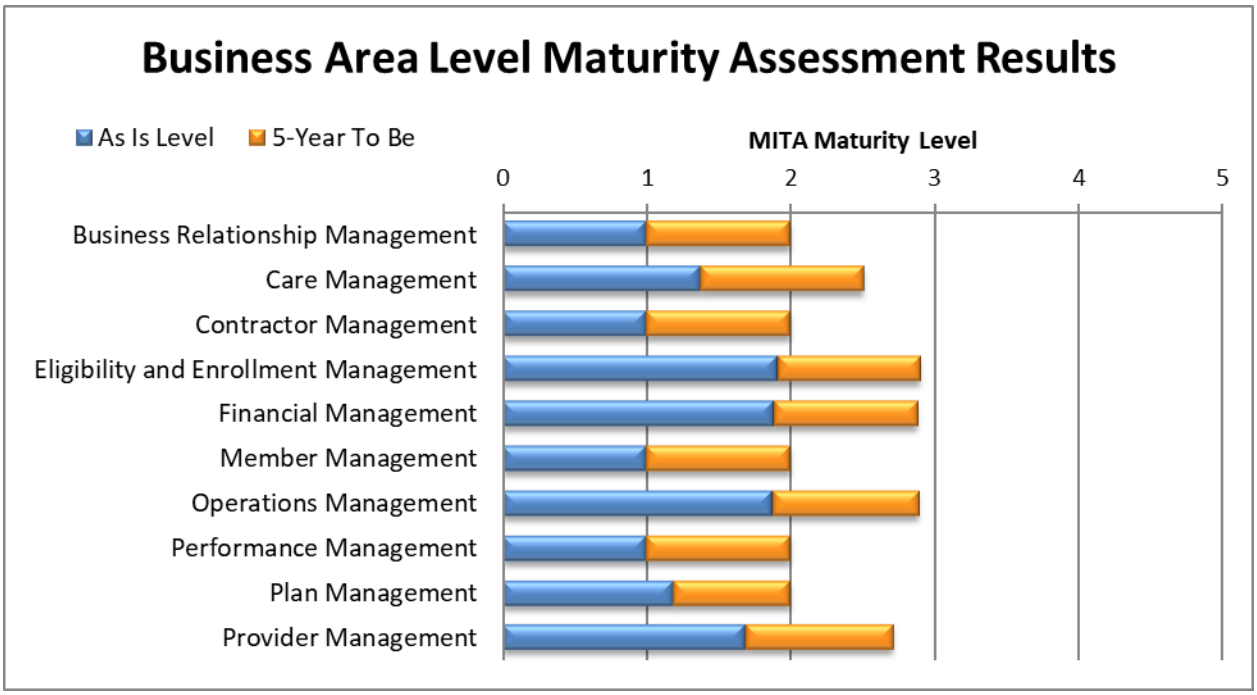


Figure 5: Summary of Maturity Level Findings

Overall, DHS is making progress as it relates to implementing Medicaid Enterprise solutions since the last MITA SS-A was completed in 2013. Some areas, such as Business Relationship Management and

Contractor Management, saw little to no progress. Other areas, such as eligibility and operations, have seen lots of progress. Across the 80 MITA business processes assessed, many rated at MML 2 with a few exceptions as indicated above. However, since some areas remain MML 1, the overall enterprise remains at MML 1.

Progress made in areas such as the implementation of the new MMIS and the increased functionality and automation it provides contributes to higher maturity capabilities in those areas. DHS continues to enhance and improve the MMIS by monitoring the system results and implementing enhancements to improve the efficiency and functionality of the system.

The implementation of the new eligibility solution (ARIES), which is a single application for multiple programs across DHS and other agencies, will increase the MITA capabilities to MITA Maturity Level 2 for most of the Eligibility and Enrollment business processes.

1.6.3 Summary of Information Assessment Results

In conducting the MITA 3.0 SS-A, NTT DATA included an Information Assessment of key enterprise systems that play a role in the Information Architecture (IA). These systems align with the business areas in the Business Architecture. The IA assessment reflects the MITA Maturity Level capability of the data and information supporting the business processes in each Business Area.

A total of seven systems were selected for the IA assessment, as listed in Section 4.1. Information and Technical Subject Matter Experts (SMEs) were identified for each system. The SMEs were invited to participate in a group discussion to gather information regarding each of the seven systems, and the results were entered into an electronic survey for their respective system. The SMEs were asked to provide a current As Is MITA capability rating for the seven components in the IA. Because four of the systems are expected to be retired with the implementation of the ARIES system, the To Be MITA capability ratings for those four systems were derived from the proposed functionality of the ARIES Request for Proposal (RFP) and reflect the maturity gains if implemented as written. The capability scores for each system were compiled to provide an overall MITA maturity rating for each business area.

Overall, the information assessment As Is MITA Maturity Level is assessed at Level 1 for all 10 MITA business areas, with To Be capabilities aimed at Level 2 for all 10 business areas. This is generally due to the current systems having little documented data management strategy, data governance or data architecture development. In some cases, no enterprise modeling exists. This is changing, however, with the development of the Executive Governance Board (EGB), which is designed to manage the vision of the DHS enterprise. The EGB has initiatives underway to establish true data governance that will drive improved data management and data architecture. These initiatives include developing a data catalog and Master Person Index. The implementation of ARIES will also establish a data governance framework, which is currently under development. These efforts will improve the overall IA maturity to MML 2, with many information capabilities reaching MML 3.

1.6.4 Summary of Technical Assessment Results

In conducting the MITA 3.0 SS-A, NTT DATA included a Technical Assessment of key enterprise systems that play a role in the Technical Architecture (TA) assessments. These systems align with the business areas in the Business Architecture. The TA assessment reflects the MITA Maturity Level capability of the technical environment supporting the business processes in each Business Area.

A total of seven systems were selected for the TA assessment, as listed in Section 4.1. Information and Technical Subject Matter Experts (SMEs) were identified for each system. The SMEs were invited to participate in a group discussion to gather information regarding each of the seven systems, and the

results were entered into an electronic survey for their respective system. The SMEs were asked to provide a current As Is MITA capability rating for the seven components in the TA. Because four of the systems are expected to be retired with the implementation of the ARIES system, the To Be MITA capability ratings for those four systems were derived from the proposed functionality of the ARIES Request for Proposal (RFP) and reflect the maturity gains if implemented as written. The capability scores for each system were compiled to provide an overall MITA maturity rating for each business area.

Overall, the technical maturity As Is capabilities are at Level 1 for six of the MITA business areas and a Level 2 for four of the business areas, with a To Be score MML 2 for all 10 business areas. The As Is rating of Level 1 is due to ACES, a legacy mainframe, and ANSWER, an older client/server, being older systems that have difficult coding and outdated interfaces. The ARIES system will consolidate all the eligibility system functionality into a modernized, modular, single-source solution that greatly increases automation in almost every regard and will completely replace the older legacy systems. It is important to note that the MMIS is a newer system that was implemented within the last few years and already has more advanced maturity than the older eligibility systems currently in use. However, because MITA assesses the technical environment as a whole, the older legacy eligibility systems pull down the overall MML to a Level 1 even though the MMIS, as well as the DSS and Pharmacy system, is much more mature.

The overall To Be MML of 2 is due to a single technical service classification (capability) out of the 15 capabilities used in the TA. This capability (Configuration Management) is not expected to increase in maturity beyond a Level 2 for the MMIS and Pharmacy system because the Level 3 description mentions identifying intrastate configuration items. The overall To Be MML would be a Level 3 if it was not for this single capability.

The detailed findings of the TA, IA, and eligibility systems in scope of this SS-A can be found in Section 4.

2 Arkansas DHS Project SS-A Overview

2.1 Project Scope and Approach

The core of the DHS MITA 3.0 SS-A is comprised of the following sections:

- MITA Business Assessment Results with Gap Analysis
- MITA Information Assessment Results
- MITA Technical Assessment Results
- Conditions and Standards
- MITA To Be Roadmap

2.2 Identifying MITA SS-A Outputs

The MITA SS-A is a tool that is designed to play a role in the project planning processes within the scope of the project and procurement life cycle of the Medicaid Enterprise. The core goal of the SS-A is to identify and include, for each business process, a detailed description of its Maturity Level, capabilities, and qualities, along with current and potential measures as they relate to meeting State program management needs. This information is an input to other strategic project planning areas and deliverables such as the Implementation Advance Planning Document (IAPD), Requirements Planning, Unified Modeling Language (UML), Business Process Modeling (BPM), Cost Benefit Analysis (CBA) and the Request for Proposal (RFP) document. For this reason, it is important to identify the primary outputs from the MITA SS-A process:

1. A detailed description of the current As Is state of each business process, its associated capabilities, qualities (what is going right/wrong) and the organizational units responsible for implementing them

2. An MML assessment for each of the current As Is business processes

3. Evaluation of each business process for potential process improvements; when aligned with the prioritized To Be goals and objectives of executive management, the future To Be level of maturity for each business process is established

4. A description of DHS's current Medicaid Information Technology (IT) systems architecture and environment that identifies the technology baseline that will be considered when evaluating which business processes to improve and when the accompanying technological changes will be required. The MITA process workflow, as described above, is shown in Figure 6.

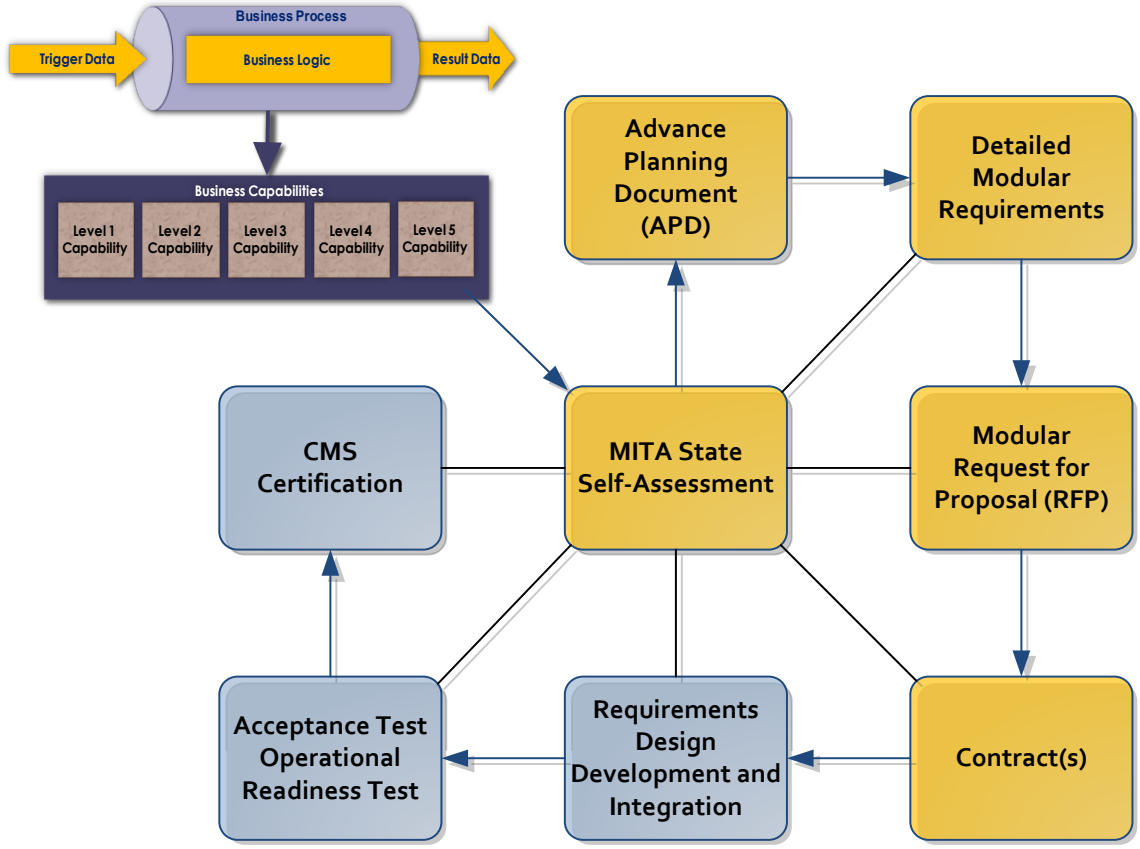


Figure 6: MITA Information Flow

As stated earlier, the MITA SS-A is a living document to be used as a strategic tool throughout the life of the Medicaid Program. The SS-A provides the State a roadmap to future enhancements and will be re-evaluated as business processes progress through the MMLs. The following subsections identify key uses of this MITA SS-A.

MITA Inputs to the Transition and Implementation Plan (MITA Roadmap)

Existing documentation and information collected during the MITA SS-A sessions is leveraged to develop the MITA Roadmap. While the MITA SS-A documents DHS's business processes in their current state (As Is) and potential future state (To Be), the gap analysis makes a clear distinction between existing and future system capabilities. It also defines the enhanced functionality necessary to arrive at the To Be state. The gap analysis identifies the intermediary steps in aligning business processes and system architectures by defining functional specifications and requirements that cumulatively will achieve the next level of maturity in the capabilities matrix when addressed. Other factors used to develop the SS-A and the MITA Roadmap include:

- Projects envisioned as advancing DHS goals and objectives and increasing MMLs based on a set of assumptions (opportunities and constraints)
- Strategic plan of projects and activities required to achieve the projected To Be state – including both BA and IA

- Recommended governance and structure to support future model development throughout the project lifecycle

MITA Inputs to the IAPD

States requesting enhanced FFP for new and ongoing projects must have prior approval through a series of Advance Planning Documents (APDs) before beginning system design and development. In fulfilling this CMS requirement, states are also required to provide the results of their MITA SS-A in a summary attachment to the Implementation Advance Planning Document Update (IAPDU). Appendix D (Business Process Session Report) provides the details associated with specific business process maturity gains that will be accomplished by the State's implementation of projects, including As Is MMLs, target To Be MMLs, and State-specific business processes captured during the assessment to CMS.

The primary component of the IAPD is an explanation of anticipated costs associated with a system Design, Development, and Implementation (DDI) and MMIS ongoing operations. The DHS MITA SS-A and gap analysis provide input for determining viable system options. From these options, a Cost Benefit Analysis (CBA) is developed and presented to CMS staff.

The MITA Assessment and associated MITA Roadmap, in conjunction with future IAPDs, will establish future funding and audit trails as part of a governance structure utilizing a System Development Life Cycle Concept (SDLC). The Summary Business Capability Matrix (BCM) submitted to CMS identifies potential system enhancements and maturity gains for specific processes and process areas over the project lifecycle.

In April 2011, CMS issued guidance on Enhanced Funding Requirement: 7C&S [2]. The purpose of this guidance is to:

- Ensure that enhanced FFP funding is approved only when Medicaid infrastructure and information systems projects meet statutory and regulatory requirements to support efficient and effective operations of the program

- Assist states as they design, develop, implement, and operate technology and systems projects in support of the Medicaid Program

- Allow states to meet the conditions and standards for enhanced federal match for Medicaid technology investments

The guidance outlines 7 Conditions & Standards that CMS is looking for as states develop their APDs:

1. **Modularity Standard** – Requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Program Interfaces (APIs); the separation of business rules from the core programming; and the availability of business rules in both human and machine-readable formats.

2. **MITA Condition** – Requires states to align to and advance increasingly in MITA maturity for business, architecture, and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA Roadmaps.

3. **Industry Standards Condition** – Requires states to align with and incorporate industry standards, specifically standards and protocols adopted in the Affordable Care Act (ACA), Health Insurance

[2] CMS, Medicaid IT Supplement (MITS-11-01-v1.0), April 2011

Portability and Accountability Act (HIPAA) security, privacy, and transactions standards, and the Rehabilitation Act accessibility standards or standards that provide greater accessibility for clients with disabilities, and compliance with federal civil rights laws.

4. **Leverage Condition** – Promotion and implementation of sharing, leverage, and reuse of Medicaid technologies and systems within and among states.

5. **Business Results Condition** – Systems should support accurate and timely processing of claims (including claims of eligibility) and effective communications with providers, beneficiaries, and the public.

6. **Reporting Condition** – Solutions should produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

7. **Interoperability Condition** – Systems must ensure seamless coordination and integration with the Exchange (whether run by the state or federal government) and allow interoperability with Health Information Exchanges (HIE), public health agencies, human services programs, and community organizations providing outreach assistance services.

To see an example of how these seven conditions are used, refer to the link to the Enhanced Funding Requirements: Expedited APD Checklist specifically for Medicaid Eligibility and Enrollment and Information Systems[3] (E&E-APD) in the footnote below.

[3] CMS, Medicaid IT Supplement (MITS-11-02-v1.0), April 2011

2.3 Business Assessment Process

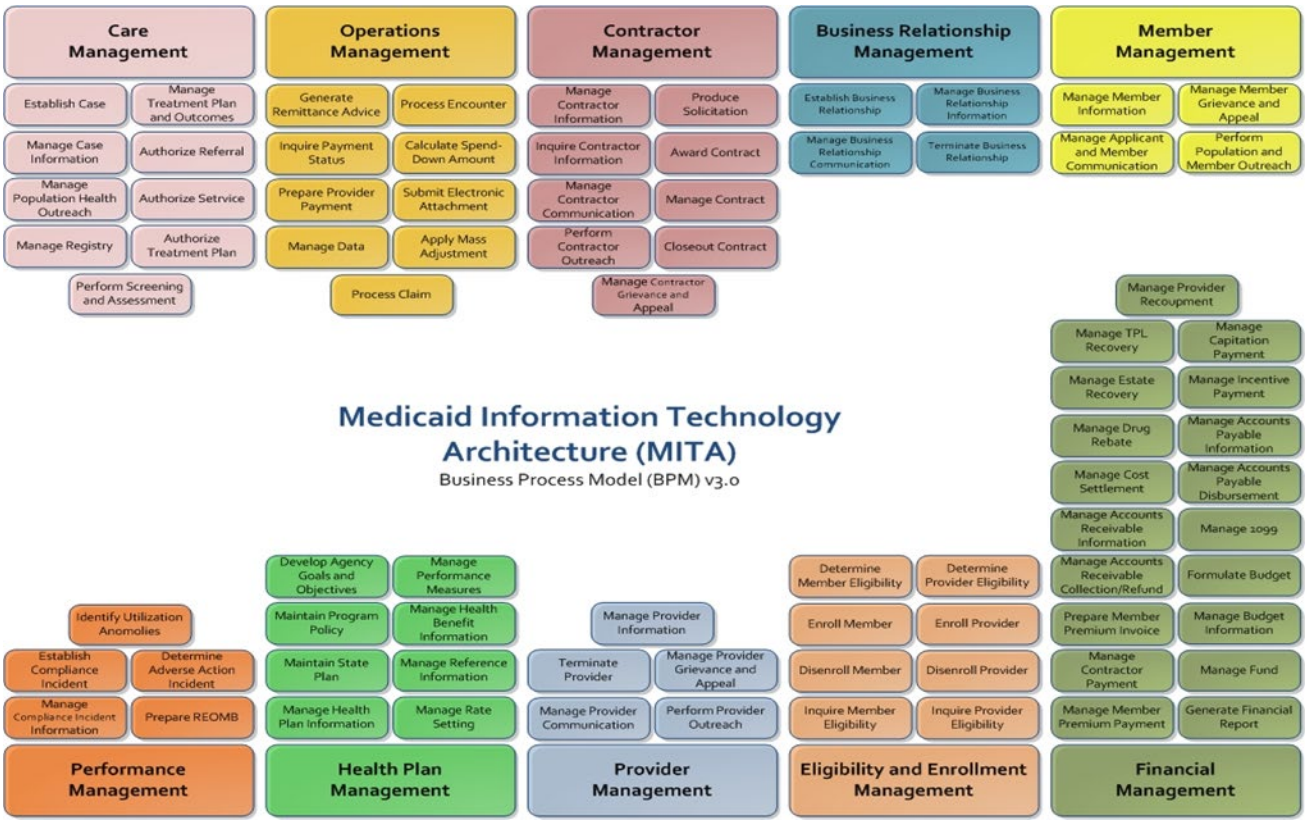


Figure 7: MITA Business Processes

The purpose of this MITA SS-A Update is to document the changes related to the implementation of the new systems, such as MMIS, Pharmacy, and DSS/MAR, and to the strategy of how the vision will be achieved through governance and enterprise platforms.

NTT DATA worked with the IT PMO to establish the project management processes and procedures to support the MITA SS-A. These included the support of key management and SMEs. To begin the project, NTT DATA conducted the MITA SS-A Phase 1 Project Kickoff meeting on September 19, 2018 and Phase 2 Project Kickoff meeting on February 6, 2019 to present to the DCO & DMS leadership and SMEs an overview of the MITA concept and project governance goals and objectives for implementing project processes.

Information gathered from the previous MITA SS-A from 2009 and 2013 was consolidated to facilitate a new set of MITA SS-A Business Process Assessment sessions, titled Focused Gap Sessions. NTT DATA facilitated these sessions where SMEs were interviewed about their current business processes and encouraged to elaborate on constraints, opportunities, current issues and wishes for improved business functionality. This information was captured and documented on the Business Process Model templates. Other individual meetings were held with SMEs for procurement, data exchange agreements, APD management, data management and integrating the HITECH/Health Information Exchange into the Medicaid Vision.

Based on the information gathered in the focused gap sessions, MMLs were assessed for both As Is and To Be and in consideration of the 5-year MITA maturity milestone dates previously discussed. Section 3

provides a table listing the Maturity assessment results for each business process under each of the Business Areas, along with an overall discussion of the As Is and To Be objectives for the Business Area as a whole. The SS-A process culminates in the preparation of MITA documentation to support future activities.

2.4 Information and Technical Assessment Process

As part of the SS-A, the MITA team reviewed technical documentation related to the current and proposed eligibility systems. Four existing systems and one future system were identified to be reviewed for eligibility. The MITA team interviewed the SMEs to review the technical questions for each of the systems.

A MITA 3.0 SS-A Technical Assessment provides Information and Technical capabilities that support Medicaid business processes, as well as two artifacts—a DHS Data Management Strategy (DMS) and Technical Management Strategy (TMS)—that are considerations for the DHS Concept of Operations (COO) and MITA Roadmap.

2.4.1 DHS MITA 3.0 SS-A Information and Technical Assessment

This section describes the process for the development of the DHS MITA SS-A Technical Assessment Plan. DHS Sponsors and NTT DATA met in September 2018 and January 2019 to review the NTT DATA approach to the MITA SS-A 3.0 Technical Assessment Plan.

NTT DATA reviewed historical DHS Medicaid MITA documentation and developed a list of systems that support the DHS Business Architecture and processes. NTT DATA provided an approach to assessing the DHS systems to determine the MITA Information and Technical capabilities that support the MITA Business Architecture. NTT DATA identified a preliminary system list and provided a draft technical training package and schedule of activities, as well as a sample technical survey for the MITA Project Sponsors to review and approve. The Technical Assessment Plan was approved with updated recommendations.

The MITA DHS Technical Assessment approach included evaluating eight systems:

- ACES – As Is only
- ANSWER – As Is only
- Cúram – As Is only
- Citizen Portal – As Is only
- MMIS – As Is and To Be
- DSS/MAR – As Is and To Be
- Pharmacy – As Is and To Be
- ARIES – To Be only

The eighth system, ARIES, was recently awarded and was evaluated as the future To Be only. These evaluations captured the MITA Information and Technical capabilities in accordance with the MITA SS-A Companion Guide. These systems are fully evaluated in compliance with the MITA SS-A 3.0 Framework. The results of this assessment are presented in sections 4.4 and 4.5.

3 MITA SS-A Business Assessment Results

This section provides the results of the Phase one and Phase two MITA business process assessments and represents the body of business assessment findings and summary conclusions. Supporting documentation for this Section is provided in Appendix D, Business Process Session Report.

- Phase one of the MITA 3.0 SS-A involved the assessment of the new Cúram Eligibility and Enrollment (E&E) system and 25 E&E related business processes.
- Phase two of the MITA 3.0 SS-A involved the assessment of the 80 business processes associated with the implementation of the new MMIS.

3.1 Business Architecture Assessment Results by MITA Business Area

This section describes the following for each MITA Business Area:

- Overview of Business Area
- As Is Summary of the Business Area and Business Capabilities Assessment (MITA Maturity Level assessment for each business process)
- To Be Summary of the Business Area and Business Capabilities Assessment (summary of desired MITA Maturity Level for each business process)
- A description of the MITA Maturity gaps
- Opportunities to address Maturity gaps for the business area.

3.2 Business Relationship Management (BR)

3.2.1 BR: Overview

The Business Relationship Management business area is a collection of business processes that facilitate the coordination of interoperability standards. This business area defines the exchange of information and Trading Partner Agreements (TPA) between DHS and its partners, including collaboration among intrastate agencies, interstate agencies and federal agencies. These agreements contain functionality for interoperability, establishment of inter-agency Service Level Agreements (SLAs), identification of the types of information exchanged and security and privacy requirements. The Business Relationship Management business area has a common focus (for example, data exchange standards and SLAs) and is responsible for the business relationship data store.[4]

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 (for example, Arkansas Departments outside of the DHS), inter-state (for example, HIE) and

[4] From the MITA Framework v3.0, Part 1 - Business Architecture, Chapter 4 - Business Process Model, Business Relationship Management, page 8

external (for example, 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 is that it supports standards-driven (for both data and process) automated data exchange throughout a Medicaid Enterprise. Business Relationship Management owns the standards for interoperability between 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.

3.2.2 BR: As Is Summary

Arkansas has established and maintains good business relationships with contractors and other entities through the use of contracts and Memorandums of Agreements (MOAs). However, at this time, the State is unable to fully support the data exchange envisioned by MITA. DCO, along with other divisions within DHS, would like the ability to share data agreements and cooperate across agencies to allow the sharing of data necessary to support the automation of business processes. However, with the implementation of the new Eligibility and Core MMIS systems, the resources to work on this are limited. Each Business Unit manages their data exchange agreements as their own process and with their own method. For example, the business unit that oversees the agreements for Cúram keeps a scanned copy of all agreements as part of a SharePoint list. This list is just for file storage; there is no workflow or automation associated with the tracking of the agreements or management of the agreement data. The policy for management of agreements across the programs is inconsistent. Currently, internal data exchange connections are handled without the use of SLAs and MOUs, while external agreements may include review and sign off from the DHS Privacy Office and Directors from the different Divisions. This lack of consistency hinders the Divisions within DHS in this business area. All four business processes within this area are currently at a MITA Maturity Level 1.

3.2.3 BR: To Be Summary

Business Relationship Management is categorized like Contractor Management and viewed like the Shared Services, which DHS has been working to define and implement over the last few years. Agreements, such as MOUs, BAAs and SLAs, are often managed within the framework of a contract. However, for those that are not, there is a desire to document the existing agreements and house them in a centralized repository. Some of this was prompted by the work around ARIES to identify who all the data exchange partners are, while some of it was identified as a need of the agency.

During phase 1 of the assessment, DCO indicated that more resources have been dedicated to improvements to this area than previously. As the business unit responsible for the ARIES, they will be able help guide the policy for other programs that will be utilizing this system as it relates to documenting and managing Data Exchange Agreements. While the new policies related to Data Exchange Agreements will not necessarily carry over to other areas within the Medicaid Enterprise, DCO will be able to help inform and guide any policies established as the visioning related to the next phase of this assessment.

During phase 2 of the assessment, it was indicated that there is an agency-wide effort to document policies and processes that are shared across multiple programs. The Office of IT wants an accounting of what data is exchanged with which partners and through which systems. Procedures to capture this information will be part of the Shared Services initiative. The mechanism to capture, manage and store this information has not been determined; however, there are several opportunities with upcoming implementations, including the statewide-eProcurement System. An agreement application could also be established within the Quick Base projects or as a project within JIRA.

The Procurement Office welcomes other areas with similar processes to leverage and utilize the technology once it is implemented. Based on the guidance of the Executive Team, the desire is to move all business processes to MITA Maturity Level 2 if they are not already assessed at that level. To move to the MITA Maturity Level 3, a more coordinated approach to improving the governance and policies across the State agencies would need to take place, which would likely be driven from the State-level.

A successful implementation of initiatives related to Business Relationship Management processes would result in following benefits to the organization:

- Standardized processes
- Expanded outreach and communication to business partners
- Reduced use of paper and manual processes
- Increased business process automation and workflow
- Expanded customer self-service capabilities using a portal
- Improved technology and system performance
- Improved information timeliness, accuracy, and customer satisfaction

The maturity ratings were determined during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 8 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

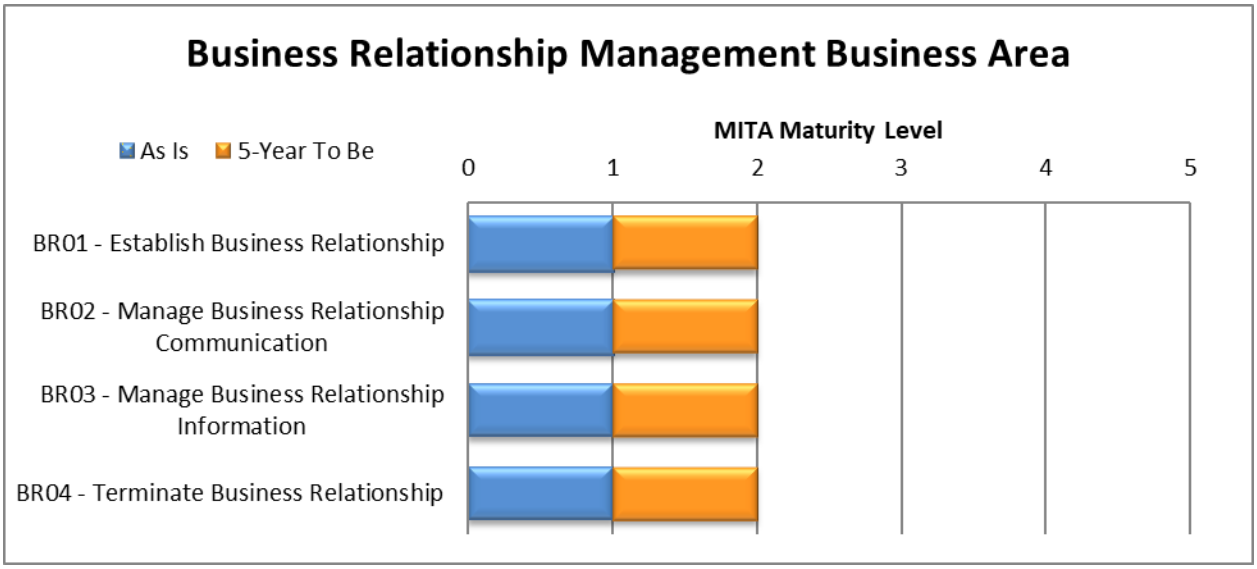


Figure 8: Business Relationship Management Maturity Summary

3.2.4 BR: Gap Analysis

Based on the information provided in the As Is assessment and the desired To Be environment of Business Relationship Management, there are gaps that need to be addressed. Some recommended

actions to improve the maturity of business processes, procedures and systems for consideration by the executive leadership during the next five years include the following:

- Standardize processes and establish governance across program areas
- Once implemented, leverage the eProcurement system to store information, make communication available and manage the agreements
- Create centralized list of agreements to help the various business units across DHS have a better understanding of who the data is being exchanged with
- Create an integrated workflow to achieve maximum resource utilization and improve agreement administration and streamline the content approval process
- Create scheduled/routine communication to business/trading partners
- Develop standard training for processes to help build the skill sets of staff across program areas as it relates to establishing and maintaining agreements with partners
- Improve the DHS web page navigation to improve access
- Scan and electronically store paper agreements and documentation in a centralized document management system so that they are readily available to all appropriate staff.
- Incorporate established industry standards for common data sharing activities in addition to working to standardize data
- Work to implement a self-service model, allowing the owner to maintain information
- Work to improve timeliness and accuracy of information
- Strive to implement near real-time communications delivered to web portal, mobile device or email address

3.2.5 BR: Opportunities for Addressing Maturity Gaps

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 following initiatives and projects identified in the MITA 3.0 Roadmap.

- Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)

3.3 Care Management (CM)

3.3.1 CM: Overview

The Care Management business area illustrates the increased care coordination within the Fee-for-Service (FFS) model of care. Care Management collects information about the needs of the individual member, plan of treatment, targeted outcomes and the individual's health status. It also contains business processes that have a common purpose (for example, identify clients with special needs, assess needs, develop treatment plan, monitor and manage the plan and report outcomes). This business area includes processes that support individual care management and population management. Population management targets groups of clients with similar characteristics to promote health education and awareness. The Electronic Health Record (EHR), Electronic Medical Record (EMR) and Personal Health Record (PHR) are primary sources of individual health information from the HIE.

The MITA Care Management business area is broken into two sub-categories: Case Management, and Authorization Determination. The Case Management category includes Disease Management; Catastrophic Case Management; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Population Management; Patient Self-Directed Care Management; national health registries; and Waiver Program Case Management. The Authorization Determination subcategory contains business processes for authorizing referrals, service and treatment plans. The Care Management business area is responsible for data stores related to the case management, authorization, referrals, and treatment plan.

3.3.2 CM: As Is Summary

The MITA Care Management success factors require that the State ensure qualified providers are available to serve all its Medicaid population enrolled in the managed care and waiver programs and there are tools to support the provider data maintenance. Several types of typical and atypical providers are certified for the managed care and waiver programs in Arkansas. Some highlights are:

- 250 providers are certified to serve the Arkansas waiver population. Most atypical providers are in this category to provide home and community-based services, such as attendant or personal care and respite.
- 1,900 Primary Care Providers (PCPs) are enrolled in Primary Care Case Management (PCCM). 1,100 of these PCPs participate in the 200 Patient-Centered Medical Home (PCMH) groups.
- Arkansas contracts with six private insurance companies, called "Qualified Health Plans" or QHPs, to serve the Arkansas Medicaid population.
- The Independent Choices program contracts with an organization to coordinate health care and other services that increase disabled participants' independence.
- Provider-led Arkansas Shared Savings Entity (PASSE) improves the health of Arkansans who have a need for intensive levels of specialized care due to mental health, intellectual or developmental disabilities and coordinates care for all community-based services.

The State of Arkansas currently administers 16 care management programs that provide coordinated care to the Medicaid population, ensuring access, quality of care and cost efficiency. Arkansas has nine managed care, one medical home and six waiver programs. Of the six waiver programs, there are four 1915(c) waiver programs that serve a range of ages and disability levels and two 1115 waiver programs. These waivers have approximately 14,500 total participants.

Case Management

Case management throughout the Medicaid Enterprise is complex and involves multiple partners and organizations. Beneficiary information is collected at multiple points, through claims or EHR transmissions, via paper and/or during in-person interviews. The eligibility and assessment information may be stored in the multiple program offices that determine eligibility, which may or may not be shared among programs. Providers develop and maintain Treatment Plans, which may be accessible via the MCO portal to which beneficiary belongs. Other providers may or may not have access to this information. If the beneficiary moves between programs/organizations, the information would need to be transferred from one program to the next. This could include paper records, a data disk or transfer of information via data exchange, depending upon the agreements of the various programs. None of this information, however, is readily available to State staff unless it is received via claim or encounter.

After the last MITA SS-A was conducted, the Arkansas Office of Health Information Technology (OHIT) implemented a statewide HIE named the State Health Alliance for Records Exchange (SHARE). This exchange was developed to improve episode of care management by providing a method for PCPs, related health services professionals and public health authorities, such as DHS, to have real-time access to patient information in a secure and protected environment. Ideally, DHS programs would begin accessing the health data information as well. The newly implemented MMIS core system does not currently receive information from SHARE. The opportunity, however, with the implementation of the Data Lake and enterprise data warehouse (EDW); would be to capture beneficiary information to utilize across the different program areas for case management processes.

PASSE is a new system implementation, which is a model of patient-centric care, giving a team of providers resources and access to patient information to help with treatment. This model allows for the data collected pertaining to the assessment, enrollment and financial information to be shared through interChange (the MMIS core) to the DSS/MAR, pharmacy system and PASSE/provider systems. This allows the provider to manage the treatment program, submit the necessary information for treatment and pharmacy and receive payment back. This implementation has already begun, and the multiple phases should be completed within 2019.

Authorization Determination

The Authorize Treatment Plan business process encompasses both a pre-approved and post-approved service request. This business process begins upon receipt of a service authorization request through mediums including but not limited to paper, phone, fax or the 278 Health Care Services Review Inbound Transaction process. Requests are evaluated based on State rules for prioritization, data validation and medical appropriateness. After review, a service request is approved, modified, denied or pended for additional information. This business process ends with notification to all impacted stakeholders and the tracking of the action in the MMIS.

Service authorizations can be submitted electronically by providers through Healthcare Portal or 278 transaction formats. The appropriate State business unit will review these electronically submitted services authorization requests. When service authorization is approved, the information is transferred through an interface to the MMIS.

The State will accept and process non-electronic service authorization submissions. The non-electronic prior authorization request will be manually entered into the MMIS system. Approved service authorization information is transferred through an interface to the MMIS. The State will also accept authorization approved by outside contractors submitted in batch format.

Overall Score

Arkansas currently has 16 programs serving the beneficiaries across the State. A common theme across the care management processes is that several of the waiver programs have their own systems, which they may not interface with other systems, such as eligibility, MMIS, DSS or Pharmacy. This leads to duplication of member- and care-related data across multiple systems, and manual entry is involved when transferred between systems or input via paper document. Instances exist where data may also be received and stored in hardcopy or scanned to one of multiple document repositories, limiting the access to the information. With the enhancements over the last five years, including the new MMIS core, DSS/MAR, Pharmacy, SHARE, and PASSE, Arkansas is increasing the maturity levels of several capabilities among Care Management processes. However, there are still programs with siloed data that is not easily shared with case managers and/or providers. To access medical records, State staff may need to reach out to the provider or MCO to request information to be directly sent to them, rather than having access to it through a portal, DSS or the fraud prevention tool. Since some of the process capabilities remain at MML 1, so does the overall MML score for the business area.

3.3.3 CM: To Be Summary

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 to the relevant programs via interface or ESB. 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 through MMIS into the PASSE solution, which will then maintain treatment plans and outcomes for that population. The providers will be able to bill for services and submit encounter data to both MMIS and Pharmacy. The relevant member care and claims data will also be stored in DSS, making the data available for other programs.

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. For programs that still utilize MS Access databases to manage treatment plans, screenings, assessments and outcomes, DHS is beginning to implement Quick Base solutions, moving the data into the cloud. With the DMS development initiative, efforts will be made to automatically inventory and continuously update the data throughout DHS and identify opportunities to leverage existing and remove duplicative data.

The maturity ratings were determined during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 9 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

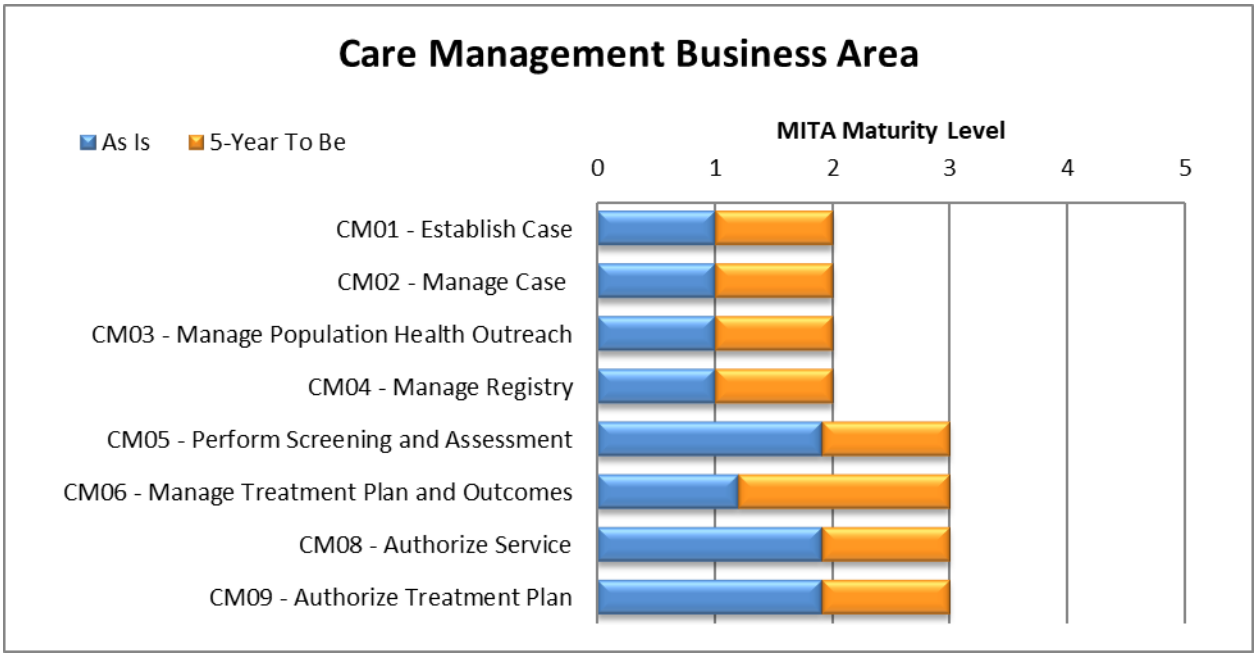


Figure 9: Care Management Maturity Summary

3.3.4 CM: Gap Analysis

The Gap sessions confirmed that although many Care Management improvements were gained with the implementation of the MMIS, DHS identified areas for improvement in an ongoing effort to modify existing functionality and fully utilize the new MMIS. Examples for improvement include:

- Integrate the claims search utility into the Prior Authorization panels
- Improve the Prior Authorization letters
- Create reports in the frequency required to monitor and report Prior Authorizations
- Process all Prior Authorization requests for personal care services using the new MMIS in place of some manual processes still used today
- Establish and implement processes that identify which documents must be archived and capture those documents for retention
- Increase automation with the programs, including electronic or web-based forms, to increase the efficiency of establishing a case
- Upgrade the tools used to manage and/track case information from Microsoft® Access to more cloud-based solutions
- Incorporate more business rules to help with the identification of new cases and manage treatment plans
- Consolidate care management activities located in disparate systems into the MMIS or DSS with the same applicability of rules and decision support functions

- Ensure that care management considers Program Integrity (PI) processes regarding member utilization, such as excessive charges and charges for unapproved services
- Implement programmable alerts within the system that notify program units of issues, such as hospitalization of members and excessive costs
- Automate creation of provider communications, such as letters or notices to providers or nursing facilities, relating to care management requirements
- Automate report creation for federal and State reporting needs, for example, Minimum Data Set (MDS)
- Improve decision support tools that enable user defined, standardized reporting as well as ad hoc reporting opportunities
- Collect and manage member information for improved accuracy and consistency from all sources across the agency
- Ensure care management processes allow PA attachments that are in an appropriate format for submission into the Data Warehouse (DW) electronic file
- Establish interfaces with external entities, as well as interfaces to existing registries such as birth, death, cancer, immunization, and others to improve the care management process in Arkansas
- Enable clinical administrative data to be supplied to providers for their internal creation of registries in a Medical Home environment
- Scan and store all applicable documentation in a central repository
- Provide member data to support case identification, tracking and reporting for EPSDT services
- Maintain clinical, utilization and other indicators of special populations, special needs status for programs such as lock-in, disease management, outcomes and high-dollar case management files
- Produce and mail site-specific outreach notifications for all members who are due for rescreening
- Develop and update a parameters file to classify treatment into peer groups by diagnosis or range of diagnosis codes, levels of care or other methodology for the purpose of developing statistical profiles
- Ensure the capability to store and access treatment plans in real-time through the MMIS
- Enable a flexible system that allows for the entire treatment plan to be approved and carried in the MMIS for use in adjudication
- Create ability to accept treatment plan request in an electronic format
- Implement the use of electronic transactions to request and receive additional information as is necessary to approve the treatment plans

3.3.5 CM: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)
- Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)

3.4 Contractor Management (CO)

3.4.1 CO: Overview

The Contractor Management business area contains nine business processes and accommodates states that have managed care contracts or a variety of outsourced contracts. Some states may, for example, group provider and contractor in one business area. The Contractor Management business area in Arkansas has a common focus (for example, manage outsourced contracts), owns and uses a specific set of data (for example, information about the contractor or the contract), and uses business processes that have a common purpose (for example, solicitation, procurement, award, monitoring, management and closeout of a variety of contract types). For this business area, the many types of healthcare service delivery contracts (for example, managed care, at-risk mental health or dental care, PCP) and the many types of administrative services (for example, fiscal agent (FA), enrollment broker, surveillance and utilization review (UR), and third-party recovery) are treated as single business processes because the business process activities are the same, even though the input and output data and the business rules may differ.

3.4.2 CO: As Is Summary

To effectively manage the Medicaid programs and changes to Enterprise systems, DHS depends on several contractors. These contractors supply the necessary expertise and personnel to perform key functions, such as call center support, system management and Quality Assurance (QA). Contracts and RFPs include standard boiler plate language; however, a standardized format is not used across multiple vendors or multiple business units. Business Units may have the ability to utilize electronic signatures through the use of 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 increased the possibility that separate contracts for very similar services could be generated by different parts of the DHS without either entity having knowledge of the contractor or contractor performance. However, changes from approximately five years ago instituted more standardization to the internal procurement process, which allows for a centralized knowledge of contracts across the Divisions. Through the Shared Services initiative, a DHS procurement office was established to help consolidate and manage contracts. 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 retaining contractor documentation or a web retrieval of publicly viewable information. Additionally, only the current amendment is available to view in CAS. Users must search to obtain multi-year contract information, which may include searching paper documents and

SharePoint lists. The execution and performance measures of contracts are still managed primarily by individual business units, without the use of a centralized repository or database. 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.

Based on multiple conversations related to the Grievance and Appeals processes, this is still fairly manual. The Office of Procurement manages appeals to a contract awarding process (bid protests) through emails, letters, phone calls and hearings, if needed. The communications are tracked within the Office of Procurement. Once the contract is awarded, any grievances are handled within the business unit with a more informal basis. Situations have arisen when a more formal process has been needed, but it seems this is done on an ad-hoc basis, if/when needed.

The following are examples of the strengths identified for the Contractor Management business processes:

- Personal interaction with the agency contract administrators' benefits contractors is achieved by having one point of contact.
- All contracts are closely monitored.
- Medicaid Eligibility-specific policies related to RFPs are written to reduce confusion and enable more accuracy and less confusion when RFPs must be reissued.
- The publication, communication regarding updates and the RFP status update to potential respondents is automated.
- The ability to see contracts in CAS allows the contract support team to easily access the finalized contract specific data.
- The CAP system allows the contract administrators and Department of Finance and Accounting (DF&A) easy access to contract amendments awaiting signatures and final approval and makes the amendment approval process very efficient.
- Most appeals are dealt with on an informal basis by negotiating the issue and amending the contract if necessary, which allows flexibility and helps to ensure timely resolution to disputes and prevents a disruption in service.

Technology used in the Contractor Management Business Area include:

- Contract Automation Platform (CAP) system
- SharePoint lists (document storage, decisions)
- JIRA (logs for risks and issues)
- Excel spreadsheets (performance management)
- Arkansas Administrative Statewide Information System (AASIS)
- Contract Archival System (CAS)

3.4.3 CO: To Be Summary

The To Be maturity goals for Contractor Management are at a MITA maturity level 2 for all nine business processes. This means a focus on contract standards, automation of solicitation and management processes, as well as improved data sharing across programs within DHS, is needed to achieve these

goals. However, the Arkansas Office of State Procurement (OSP) is working to implement a new eProcurement system with several modules, which would include procurement and management of contracts. This will be a centralized system that manages the RFP. The implementation of this system would also be an opportunity to help the DHS divisions and agencies across the State to standardize how related information is stored and contracts are managed.

The goals of implementing the new eProcurement System include:

- Customer Service: Provide professional, responsive and innovative services to our customers.
- Management: Lead State Government in the pursuit of efficient and accountable State agency operations
- Support: Deliver timely and accurate research and reporting to policymakers
- Efficiencies and Responsiveness: Leverage State resources to deliver results for Arkansas taxpayers
- Safety: Protect the public's safety and welfare

While the current DHS goal related to the Contractor Management process is MML 2, a successful implementation of the eProcurement System across all Arkansas agencies, along with the proposed changes to procurement law/rules and staff training, could increase the capabilities related to procurement and contractor management beyond this goal. However, the implementation of the eProcurement System is currently on hold.

The maturity ratings were made based on discussions with procurement/contract SMEs and during the business process session. The maturity ratings were determined during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 10 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

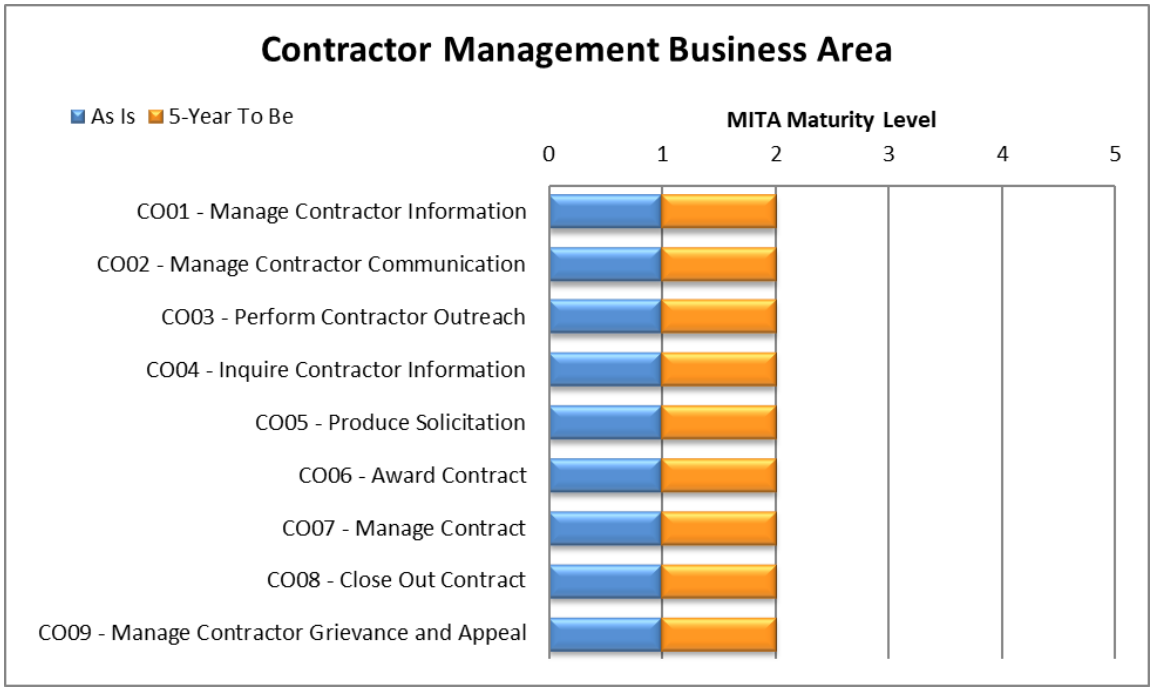


Figure 10: Contractor Management Maturity Summary

3.4.4 CO: Gap Analysis

As part of the Shared Services initiative, DHS is working to identify processes to streamline, centralize documentation and automate where possible. This effort, along with the DCO review of current processes related to managing the contracts related to Eligibility systems, will allow the business units to work on addressing gaps. Several of the gaps would be addressed with the implementation of the eProcurement system. However, other areas still need to be addressed, such as the Contractor Grievance and Appeals process. Recommendations related to the Contractor Management gaps include:

- Develop standard training to help build the skill sets of staff across program areas for the Procurement and Contract Management processes
- Increase standardization where possible, identifying opportunities for using additional standard transactions and streamlining the content approval process and workflow
- Work with other State agencies to share contractor information, since each agency has their own procurement process
- Implement Document Management System and Workflow
- Increase transparency as to where to find information
- Create scheduled/routine communication with contractors
- Conduct performance monitoring to improve services for patients and provider satisfaction

During the SME gap sessions, it became clear that a disconnect exists between the DHS Procurement Office and the Medicaid SMEs about the new contract procedures. It would be valuable to address these gaps in knowledge to help reduce the frustration expressed by SMEs as they are working to manage their contracts.

3.4.5 CO: Opportunities for Addressing Maturity Gaps

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

- Initiative 1: Data Management Initiative (Roadmap Section 6.4.1)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)

3.5 Eligibility and Enrollment Management (EE)

3.5.1 EE: Overview

The Eligibility and Enrollment Management business area is a collection of business processes involved in the activity of eligibility determination and enrollment for both clients and providers and for the member and provider data store.

The Member Eligibility and Enrollment business processes are addressed in the Eligibility Phase of the MITA SS-A. The Provider Eligibility and Enrollment business processes are addressed as part of the MMIS Phase of the MITA assessment.

In 2015 DHS performed an assessment of the Eligibility and Enrollment implementation process to evaluate the best way to advance toward the agency's goals. One of the key recommendations from that assessment was for DHS to contract with a single vendor to establish the Arkansas Integrated Eligibility System (ARIES) solution.

In 2015 as part of this Eligibility and Enrollment Phase, DHS invested the IEBM system by implementing an eligibility determination solution that supports the Modified Adjusted Gross Income (MAGI) clients. This solution leverages the Cúram platform Health Care Reform (HCR) module.

The MITA SS-A for the Eligibility and Enrollment Phase focuses Member Eligibility and Enrollment business processes and covers the business activity and data store for the Medicaid MAGI clients enrolled using the Cúram system and the Non-MAGI clients enrolled using the ANSWER system:

3.5.2 EE: As Is Summary

Member Eligibility and Enrollment

Prior to accepting applications from the MAGI population in 2013, all applications were manually input into the Arkansas Networked System for Welfare Eligibility and Reporting (ANSWER). They were received by paper, mail and in person and keyed by DCO Eligibility workers. In 2013, the Cúram eligibility determination solution was implemented to support the AR MAGI Medicaid clients. As of 10/1/2013, MAGI applications were received through all CMS-mandated avenues, including online, paper, mail and in person. With this implementation the Medicaid application process became more automated.

Once Cúram was implemented and the MAGI clients were enrolled, DCO required the Non-MAGI clients during eligibility redetermination to reapply using the automated Cúram system. In 2015, the conversion from the legacy eligibility system in to Cúram/EEF was complete and accounted for 80% of the enrolled clients. The remaining 20% Medicaid Non-MAGI clients remained in the paper-based ANSWER enrollment system process.

It is important to note that interfaces between ANSWER, the DHS mainframe and the MMIS are still needed. Therefore, the 20% of the DHS clients enrolled using the ANSWER system still require 24 to 48 hours to update the member's data in the MMIS. The data upload process still contains approximately 2.5% errors and requires manual intervention to resolve the errors. The 80% MAGI membership data load to the MMIS occurs as a nightly process and completes within 24 hours with very few errors.

The Eligibility and Enrollment Phase assessed the MAGI and Non-MAGI Medicaid membership based on the following four Member Eligibility and Enrollment Business processes.

- Determine Member Eligibility
- Enroll Member
- Disenroll Member
- Inquire Member Eligibility

The automated Cúram system process was developed based on the MAGI clients only, which is currently at 80%. MAGI clients can enroll and apply for Medicaid using the online Citizen Portal.

The online application process first performs a verification of the applicant's data using the applicant's Social Security Number (SSN), Citizenship, Date of Birth (DOB) and Immigration and Incarceration status. This process first verifies and validates an applicant's essential data for the eligibility determination process to function accurately and effectively.

The eligibility and enrollment process occurs simultaneously, resulting in a 50% no-touch application process, meaning that these eligibility determinations are made without human intervention.

When a member meets all financial and non-financial criteria to be eligible for Medicaid, the system sends a corresponding Medicaid category to the Medicaid Management Information System (MMIS) based on the member's coverage group.

The business rules in the Eligibility and Enrollment system establish the guidelines for household composition, income and resource criteria and categorical requirements for Medicaid enrollment. A hierarchy is designed to allow the system to take the verified evidence provided by the applicant and cascade their eligibility to the appropriate Medicaid categories.

When a member is determined ineligible at review or redetermination, the system will look at all evidence to determine if the member is eligible in any other MAGI coverage group. If not eligible in any other MAGI group, the client is notified to apply for a Non-MAGI group.

The eligibility and enrollment process accesses and shares data and information with the Federal Marketplace. The data load to the MMIS occurs nightly or within 24 hours to update the MAGI membership data and results in very few errors.

The MAGI clients have access to the Citizen Portal to view their application or eligibility status or inquire into all activity related to their account. The Citizen portal is available to clients from 7 AM to 9 PM seven days a week. The automated inquiry into the Member Eligibility is handled via the MMIS. The MMIS has implemented the 270/271 HIPAA standard transactions, which allow providers the ability to submit and receive automated responses regarding member's eligibility.

The remaining 20% of the AR Medicaid membership are considered Non-MAGI clients and manually enrolled using the ANSWER system. The eligibility determination process related to the ANSWER system has not changed since the last MITA SS-A conducted in 2013. It is still a fully manual process. Non-MAGI clients submit a paper application or request changes by calling or visiting their caseworker at their local eligibility office. The caseworker then enters the application into the ANSWER system on their behalf. The member's eligibility is manually determined based on the data submitted to the MMIS. It can take up to 45 days to determine the client's eligibility. Once a client is deemed eligible, the information is sent to the MMIS for enrollment as part of a batch file and can take 24-48 hours to process. Uploading the information to MMIS from ANSWER/ACES may throw errors, which can lengthen the process. A decision was made to combine ANSWER/ACES batch files with Cúram batch files to try to reduce the number of sources of information, resulting in fewer errors with the MMIS upload. For the month of August 2018, the average number of errors resulting in the daily data load to the MMIS was approximately 400 or a 2.5% error rate.

Clients receiving Medicaid benefits in ANSWER will be required to renew their eligibility, based on the new Health Care Reform rules. These clients must be added to Cúram prior to the renewal process. These include ANSWER cases where no clients are currently in Cúram, as well as ANSWER children that might be known to Cúram but still receive benefits in ANSWER.

Provider Eligibility and Enrollment

The Provider Eligibility and Enrollment was assessed in Phase two with the implementation of the MMIS system and included the following four Provider business processes.

- Inquire Provider Information
- Determine Provider Eligibility
- Enroll Provider
- Disenroll Provider

The Arkansas 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.

The Enroll business process begins upon receipt of an electronic enrollment application that has been submitted by the Provider. The submitted application enters the Provider Enrollment Worklist. The application is validated and processed, and an enrollment decision is made. The business process ends with either a welcome letter or denial letter, as appropriate, sent to the submitting Provider along with enrollment data being made available to all authorized stakeholders and affiliated business processes.

Providers can use the HealthCare Portal as a self-service tool to check on the status of their Provider Enrollment application. Users enter the Application Tracking Number (ATN) assigned to their application to find the current status.

If an application is incomplete, the provider enrollment specialist uses the Return to Provider (RTP) Letter panel in the MMIS to create a letter identifying the information that is needed to complete the application. The letters include a cover sheet that is returned with the information requested that links it to the original application tracking number. For approved applications, the provider is sent a welcome letter that includes their assigned Medicaid Provider Identification number.

The MMIS Provider sub-system uses multiple panels to display Provider-specific information required for determining eligibility, including benefit rates, inpatient rates, outpatient rates and nursing home level of care rates. Each rate has effective and end dates, as well as active and inactive dates.

The Provider enrolls through the HealthCare Portal, attaching any documentation applicable to the application. The Provider Enrollment Landing panel allows the applicant to access a new enrollment application, resume a previously started but not submitted enrollment application or check the status of a submitted enrollment application. Once the document is saved and the application is submitted, the Portal makes a call to the backend MMIS where the provider enrollment and credentialing Workflow performs the required enrollment and attestation confirmations or routes an application for user review based on State policy before finalizing the Provider application.

The Workflow subsystem routes provider applications from the Portal and the MMIS to and between provider enrollment analysts. Tasks are assigned based upon established rules as the application is processed. The current status of a Provider application can be viewed on the Base Information panel. This panel is used to finalize the application into an enrolled status. The system generates notices to Providers of expiring Medicaid agreements and/or State licenses.

The MMIS uses the end dates on licenses and certifications to determine when a provider should submit an updated license. Letters are generated reminding Providers to submit updated credentials or revalidate their Medicaid enrollment. Different notifications are sent for pharmacy and non-pharmacy Providers. End dates can be viewed on the license and credential panels for each provider. A monthly report is generated that identifies each provider who will be mailed a revalidation notice indicating they need to revalidate in the next 30/60/90 days.

Providers can be enrolled to provide services under multiple contracts. Each contract identifies the payment methodology, such as fee-for-service. The Provider Contract panel is used to add, update or view provider program eligibility information. To be eligible to receive reimbursement in a program, the provider must first enroll in each program for which the provider intends to render services and request reimbursement. If the provider renders services for a program without first enrolling in the program, the claims submitted for those services are denied. In addition, the services must be rendered within the effective and end date range of the program to be eligible for reimbursement.

Although the Provider Eligibility and Enrollment business processes are automated as much as possible with the new MMIS and are at MML 2, there is currently no cross divisional sharing of data within the agencies leaving the current overall score a MML 1. The design for the Enterprise Master Provider Index (EMPI) solution includes input from the integration partners across the agency. This solution is being implemented in the ARIES R2 and the ARIES/MMIS 1.5 projects. The implementation and integration of the EMPI as an enterprise solution will help to increase the MML going forward.

3.5.3 EE: To Be Summary

Member Eligibility and Enrollment

Cúram Solution Status

Since the Cúram Eligibility and Enrollment Framework (EEF) solution went live in 2013, DHS has continually upgraded the system to address the critical issues that were not addressed during the initial implementation. Currently DHS considers the solution as stable. However, DHS is enhancing the solution to address future state and federal eligibility and enrollment requirements as well as the additional issues found with the current implementation. The scope of the current release is still being finalized, but it will primarily include:

- Support for new state and federal requirements that includes:
    - Changing the income eligibility requirement from 133% of Federal Poverty Level (FPL) to the revised FPL when approved.
    - Supporting work requirements. This includes functionality such as identifying those who are exempt from the requirement, providing a user interface to allow clients to provide specific information, and allowing DHS to review/approve information received, track who has submitted information and apply rules to disqualified clients based on business rules.
    - Migrating Arkansas to an Assessment State
- Improved interfacing between ANSWER, EEF, and MMIS to minimize the potential for duplicate records to be created in the MMIS. This includes a feed from ANSWER to EEF and a single feed to the MMIS from EEF.
- Additional back-end enhancements to improve integration between systems and data management (for example, support a family identifier and create error files to support reconciliation)

Arkansas Integrated Eligibility System (ARIES)

DHS' business strategy is driving the migration to an enterprise approach. DHS has commenced the ARIES project to enable the business strategy and defined the business objectives of the ARIES project as:

- Migrate to a Person/Family-Centric Model of Practice, supported by a single, streamlined application and a single source of truth for all DHS benefits
- Leverage technology to improve consumer satisfaction and deliver robust self-service and access to benefits
- Increase access to data and information for clients and staff
- Decrease technology risk and/or costs
- Improve operational efficiency and effectiveness
- Establish an Integrated Platform of reusable components that will decrease Total Cost of Ownership (TCO) and support future needs

With the implementation of the ARIES solution which includes the Enterprise Master Client Index (EMCI) all the DHS Medicaid clients will be converted and combined into a single, new integrated automated eligibility and enrollment system.

Provider Eligibility and Enrollment

The Gap sessions confirmed that, although many Provider Eligibility and Enrollment improvements were gained with the implementation of the MMIS, DHS has identified areas for improvement in an ongoing effort to modify existing functionality and fully utilize the MMIS.

Examples of these improvements include:

- Require DEA Licensure Proof for Provider Enrollment
- Implement an Enterprise Master Provider Index (EMPI) solution
- Provide a long-term solution for increasing the number of available provider types
- Improve the reporting formats for posting and retrieval of reports on the provider portal
- Create batch letters for providers when updates to their provider enrollment profile are completed
- Add a display of all the providers affiliated with the group on the group's portal page; all providers associated with a group need to be able to see their revalidation date on the portal
- Automatically update a provider's data when a revalidation or re-enrollment is submitted in the portal or when any changes are made to the existing data to reduce the analysis work required to manually compare and make the changes
- Improve the information returned on the 271 response so that the providers receive more inclusive detailed information on the services that are available for the member

The maturity ratings were determined during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure11 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

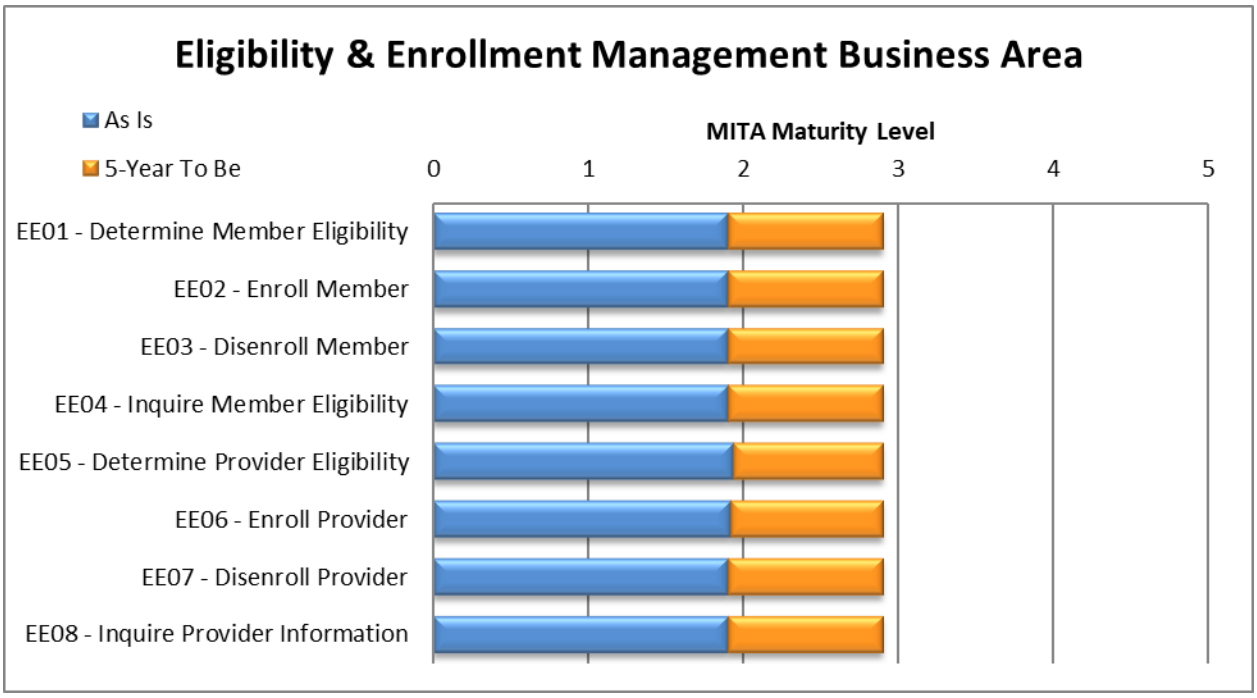


Figure 11: Eligibility and Enrollment Management Business Area

3.5.4 EE: Gap Analysis

Member Eligibility and Enrollment

Based on the information provided in the As Is assessment and the desired To Be environment of Member Eligibility & Enrollment Management, gaps exist that need to be addressed. However, many of these gaps were previously identified as part of the Phase Two requirements and should be addressed through the implementation. Examples of improvements include:

- Improve timeliness of updating member eligibility information to the Health Plan record
- Use of standardized and automated applications and communications
- Ensure information is timely, accurate, and comprehensive
- Improve overall data quality and validation in systems. There are incorrect dates of births in systems, and case managers must spend additional time correcting the date of death.
- Shift attention to evaluating and improving Member Services, due to automation and streamlining of current manual processes

- Development of the Master Client Index/ Medicaid ID card issuance is seen as a cost savings initiative
- Create one single card design for all Arkansans to use for Medicaid, ARKids, SSIMA, foster care MA, etc.
- Display one ID card type to reduce confusion for providers
- Display only the member's name and ID on the front of the card
- Only reissue if the member's name or ID changes or if lost or damaged
- Providers use the ID to verify eligibility. No need to print more information on the front of the card
- Have a signature field on the back of the card for adult members to sign for additional identity verification when receiving services, if needed
- Move the ID card issuance to the MMIS instead of outsourcing the process as the MMIS has a fully automated ID card process and is seen as a cost savings initiative. Allow members to request a replacement through the Beneficiary Portal (new functionality)
- Letters are also available to send out after so many replacements are requested.

Provider Eligibility and Enrollment

Based on the gap and validation sessions, the results determined the Provider eligibility and the enrollment processes are automated to the extent possible. The Provider starts the process using the Provider Portal, which edits the data entered and informs the Provider what is needed or still missing. The process allows the attachments to be submitted and uploaded via the portal. Electronic signatures are used in the process. Providers communicate and receive responses and answers to their questions via the portal, Interactive Voice Response (IVR) and the Document Management system. Some manual processes remain and require human intervention, such as the Provider Appeals process.

The Gap sessions also confirmed that, although many Provider Eligibility and Enrollment improvements were gained with the implementation of the MMIS, DHS has identified improvements that are being made in an ongoing effort to fully utilize the MMIS functionality. Some of the improvements are listed below:

- Improve the document attachment process
- Enhance the Provider enrollment page on the Provider portal
- Require DEA Licensure Proof for Provider Enrollment
- Provide a long-term solution for increasing the number of available provider types
- Create batch letters for providers when updates to their provider enrollment profile are completed
- Create a new role that will provide State users production access to the Eligibility and Treatment History functionality in the Provider Portal
- Allow all providers associated with a group to see their revalidation date on the portal

- Update Fingerprint Background check message in MMIS to reflect facility ownership requirements
- Implement provider email notifications during the enrollment and verification processes
- Enhance MMIS portal with additional validations to support the upload of required documents and field entry by provider type
- Enhance MMIS to support additional application requirement tracking
- Make business rules easier to change and automating where possible with the National Correct Coding Initiative (NCCI) Business Rules Initiative
- Ensure timely enrollment of provider with NPI and taxonomy assigned

EE: Opportunities for Addressing Maturity Gaps

Opportunities for addressing Maturity Gaps for the Eligibility & 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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)
- Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)
- Initiative 8: Provider Eligibility & Management Initiative (Roadmap Section 6.4.8)

3.6 Financial Management (FM)

3.6.1 FM: Overview

The Financial Management business area is a collection of business processes that support the finance, accounting, budgeting and reporting functions of the DHS Medicaid Enterprise. The core accounting functions, accounts receivable and accounts payable business processes, are initiated and performed by multiple business units throughout the DHS Medicaid Enterprise. The accounts receivable process supports the collection and receipt of payments related to provider recoupments, estate and Third-Party Liability (TPL) recoveries, pharmacy drug rebates, cost settlements, member cost-sharing premiums payments and FFP. The accounts payable business process supports the recognition and disbursement of payments related to providers and other enterprise contracted vendor services, managed care capitation, services performed by other agencies insurers and Medicaid premiums. The budgeting business processes support planning, analysis and decision-making activities related to operational performance, cost management, and information management. These processes all share a common set of financial-related data with the financial management business area responsible for the DHS Medicaid Enterprise financial data store.

3.6.2 FM: As Is Summary

The Arkansas MMIS Financial subsystem function encompasses claim payment processing, accounts receivable and payable processing, cost settlement tracking, State and federal reporting 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. The overall score for the Financial MMIS business processes is MML 2.

DXC is DHS's fiscal agent responsible for the Financial Management business processing. They perform the accounting functions for the State, including generation of the reports required for State and federal reporting and managing the State budget.

The Perform Accounting Function business process begins upon receipt of an electronic or paper request from DHS or as a result of transactions processed automatically within the MMIS. The business process ends when the required accounting data is made available to all authorized stakeholders and affiliated business areas. Tracking the activity and results is available online and via many financial reports and retained in the DSS and other repositories.

The Financial sub-system within the MMIS consists of multiple submenu panels that are accessible via the main menu. DHS users can review all related financial activity by entity, such as Provider and Member, and by transaction type, such as accounts receivables and payables.

The MMIS allows DHS to establish specific settlement dates by daily, weekly and monthly processing cycles. The reports produced out of each financial cycle are easily accessible online to authorized users and contain the required information for federal and State reporting, as well as for managing the State's budget.

The State contracts with a Third-Party Liability (TPL) vendor to perform the TPL business processing. The Third-Party Liability component is responsible for:

- Avoid paying for claims with potential third-party coverage, thus ensuring that Medicaid is the payer of last resort
- Identify and maintain third-party resources available to Medicaid members
- Recover funds from third parties when resources are identified retroactively or for mandated "pay-and-chase" payments
- Recover funds from other entities when liability insurance is determined, or real assets can be liquidated
- Pay the premiums for health insurance for members when it is deemed cost-effective to do so as part of the Health Insurance Premium Payment (HIPP) program
- Meet federal and State TPL reporting requirements

The MMIS supports recovery from an estate or designated trust and allows State DHS users to update member Third Party Liability (TPL) Case information. State DHS users can access panels to view and update case tracking information, view recoveries and settlements, and generate case letter tracking on specific casualty cases for an estate or designated trust. Users can also view the weekly reports that lists all the collections and information for the reporting period. When necessary, payments are made to estates or designated trusts by the State.

The Drug Rebate process is also vender outsourced. The vendor handles all drug rebate processing, which includes drug rebate invoicing to the drug companies and processing the drug rebates. Interface files between the DXC and Pharmacy vendor, Magellan, occur daily to expediently update and process the data and transactions.

This MITA 3.0 SS-A assessed only the interface and data files processed between DHS and the TPL vendor. The TPL vendor system was not assessed.

3.6.3 FM: To Be Summary

The Gap sessions confirmed there have been improvements to the Financial Management business processes with the implementation of the MMIS, resulting in MML 2. However, to increase to MML 3 DHS has identified areas for improvement in an ongoing effort to modify existing functionality and fully utilize the MMIS. Some of the areas for improvements include:

- Generate prior period adjustment schedules as part of the report automation
- 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
- Update verbiage of invoices to include additional phone numbers of other call centers
- Automatically generate a notice to the guardian for any changes to premium amounts (based upon income changes); this will be a new notice/letter to execute deferred compensation payments to enrolled dental providers
- Maintain the need for a way to create one-time exception payments that are outside of the normal capitation payment process
- The DMS Financial Unit – balance the CMS 64 and CMS 21 reports to the payout produced by DXC; add new fund codes to report expenditures accurately on the payout report
- DXC – provide research assistance, additional tables, etc. for the CMS 64 reporting
- Workflow options – improve or replace existing workflow tool
- Electronic Funds Transfer-Move to an all EFT process across DHS and eliminate the need for paper checks
- Dashboard Enhancements – Improve the business dashboards used for budget analysis and financial reporting
- Data improvements – Improve the source of the data used across DHS and require the re-use of data where necessary, such as the use of State and National registry data

The maturity ratings were determined during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 12 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

Figure 12: Financial Management Business Area

3.6.4 FM: Gap Analysis

A major initiative underway within DHS is to perform in-depth reviews of the Medicaid business processes and map the processing steps to identify areas for improvement. The Financial Management TPL business processes were mapped, which resulted in identifying areas for improvement:

- Cognos Timing Out - Currently Cognos times outs relatively quickly, which 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.

- Display diagnosis codes in the MMIS - Currently diagnosis codes for clients are not readily available to case workers and can be time consuming when matching the codes to the clients being researched.

- Missing data on Category 11 report – Current Category 11 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.

- 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.

- Workflow options – Currently workflow options are limited, and more workflow options could possibly reduce processing times.

- Receive Electronic Funds Transfer (EFT) - All payments are received as checks and handled manually. Receiving EFTs could reduce time spent due to manual handling of checks.

- 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.

- Other data sources - Case managers need to investigate other sources of data for reuse and ease of retrieval to reduce research time.

3.6.5 FM: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)
- Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)
- Initiative 8: Provider Eligibility & Management Initiative (Roadmap Section 6.4.8)

3.7 Member Management (ME)

3.7.1 ME: Overview

The Member Management business area is a collection of business processes involved in communications between DHS and the enrolled clients and actions that the Agency takes on behalf of clients. Clients include any Title 19 and Title 21 beneficiaries, which includes managed care, Fee-For-Service, Long-Term Care and Waiver programs. Arkansas refers to Medicaid Program enrollees as clients. This business area is responsible for managing the client data store, coordinating communications with both prospective and current clients, outreach to current and potential clients, and managing client grievance and appeals issues.

Client information needs to be shared with the appropriate service provider or contractor, as member outreach and communication are key processes to ensuring the clients' needs are identified and met.

3.7.2 ME: As Is Summary

The MITA SS-A for the Eligibility and Enrollment Phase focused on the following four Member Management business processes that relate to the business activity and data store for the Medicaid MAGI clients enrolled using the Cúram system and the Non-MAGI clients enrolled using the ANSWER system.

- Manage Member Information
- Manage Applicant and Member Communication
- Perform Population and Member Outreach
- Manage Member Grievance and Appeal

In 2015, DHS implemented the Cúram eligibility determination solution to support the Arkansas MAGI membership. With this implementation, 80% of the 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.

As the Non-MAGI clients are annually re-enrolled or when their eligibility changes, these clients are required to reapply using the automated Cúram system application and enrollment process.

The following subsections describe the Manage Member business processes that were analyzed as impacts to the MITA SS-A Eligibility and Enrollment Phase.

Manage Member Information

Cúram consists of a daily batch load to the MMIS. The MMIS Daily Export batch is an Informatica batch process, which is used to extract the eligibility data from EEF and send it to MMIS. This batch process sends the member eligibility segment changes, such as benefit approval, change in eligibility category, change in eligibility period, change in person demographics, benefit reinstatement and any eligibility indicator changes, to the MMIS.

The export batch sends one change/segment per day per person. As a first step, the batch validates all the pending records to check if there are any data errors (for example, missing mandatory fields and overlaps) and skip those segments from actual processing.

The processing of eligibility changes for Negations, Closures, New Segments and Person/Evidence details changes (for example, change in Name or SSN) coming from EEF are implemented in four separate sessions.

The eligibility segment changes processing hierarchy is:

- Negations
- Closures
- New enrollments
- Person demographic changes

All the records processed through the above sessions are inserted into a staging table, which is used as an input for further processing. The last step generates the files to send to the MMIS and populate the audit tables.

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

Cúram provides the following Eligibility and Enrollment reports for the State to monitor the member information and activity:

- Applications Received Report
- Electronic Accounts Transferred Report
- Renewals Report
- Total Enrollments Report
- Individuals Determined Ineligible Report
- Pending Applications/Renewals Report

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

Manage Applicant and Member Communication

For reaching out directly to the Arkansas Medicaid clients and providers, there are the State Government Medicaid portal links. Clients can learn what benefits are available to them, how to enroll and who to contact for additional information. Providers can learn what is new in Medicaid and how to obtain additional State Medicaid information pertaining to member eligibility and enrollment.

Specific to the Eligibility and Enrollment system, the MAGI and Non-MAGI clients enroll in Medicaid using the Cúram and ANSWER systems. The MAGI clients obtain information specific to the Medicaid program eligibility and enrollment using the Citizen Portal. The client must first create an account using the Citizen Portal. They can then:

- Submit an application for Medicaid for themselves and dependents
- Check eligibility status
- Submit e-mail messages to DHS

The Cúram system generates and submits notifications, which involves sending a communication to an individual regarding the status of their application/ongoing case. This can include approval, denial, closure, change of circumstance notices, checklists indicating outstanding verifications and notifications of appeals and fair hearings. Medicaid notices are a statutory-required communication of an action that must be sent to the participant and archived for future retrieval.

All notices are required to be delivered by postal mail; however, with the Citizen Portal, the MAGI clients can elect and agree to receive notifications electronically via the portal and will also receive the copy via postal mail. These notices are stored as PDF files in the DocuShare.

With ANSWER, there is no communication between the systems. The caseworker communicates manually with the Non-MAGI clients by phone, in person and by mail.

Perform Population and Member Outreach

Within the current Eligibility and Enrollment systems (Cúram and ANSWER), there is no business process that performs an outreach function. The population and member outreach business processes are a function performed within the new MMIS. The MMIS provides the ability for DHS to analyze member data and information to determine what type of member outreach is required. The inSight analytical tool allows DHS to perform detailed analysis of the clients by specific population and or programs, which the State can use to create and publish outreach materials for targeted Providers, MCOs, and clients.

Manage Member Grievance and Appeal

The Grievance Appeal Process is not handled within the current Eligibility and Enrollment business processes. It is handled by the Office of Chief Council (OCC). If a client submits a request for an appeal to the Eligibility and Enrollment caseworker, the caseworker completes the forms and sends the packet of information to the OCC via e-mail. Communication is relayed back to Eligibility and Enrollment with the results. If the appeals result in the decision to be overturned, the information in the relevant system is updated. If the appeal does not overturn the initial decision, such as a person remains ineligible for the program, no further action is taken.

3.7.3 ME: To Be Summary

Based on the enhancements for the new ARIES system, the capability to provide improved Member Management business processes appears to be attainable.

DHS has assessed its current environment and established the following objectives:

- Leverage technology to improve consumer satisfaction, and deliver robust Self-Service and access to benefits
- Migrate to a Person/Family-Centric Model of Practice, supported by a single, streamlined application and a single source of truth for all DHS benefits
- Increase access to data and information for clients and staff
- Decrease technology risk and/or costs
- Improve operational efficiency and effectiveness
- Establish an Integrated Platform of reusable components
- Total Cost of Ownership (TCO) and support future needs

The following requirements were identified to incorporate the appeals tracking process into the new eligibility and enrollment system and Member Management business processes.

- The System will allow authorized users to record that an appeal has been filed upon notification by the Appeals Staff. The information to be recorded will include, but not be limited to:
    - The Client submitting the appeal
    - The action being appealed
    - The program under which the action occurred
    - The date and time of the appeal hearing

  - Others, as defined by the State

- The System will allow authorized users to record that an appeal has been filed with State Court.
- The System will provide the authorized DHS Staff all information/documents relevant to the appeal (based on the checklist available in the System) in order to defend the Appeal.
- The System will allow authorized DHS Staff to enter the ruling into the System, including scanning the ruling and identifying where action is required (e.g., to reinstate, increase benefits, or lower benefits).
- The System will alert the Eligibility Worker to take the action specified in the decision if the decision is against DHS.
- The System will track all actions specified in the decision until completed.
- The System will provide a report of the status of each Appeal.
- The System will track attributes about the Appeal to allow for analysis by authorized users.
- The System will support multiple eligibility actions resulting from an Appeal ruling.
- The System will limit access to each Appeal to only those assigned to the Appeal.
- The System will provide checklists to the DHS Staff of the information/documentation to be gathered and provided to the Office of Appeals, based on Appeal type and Program.

The maturity ratings were made during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 13provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

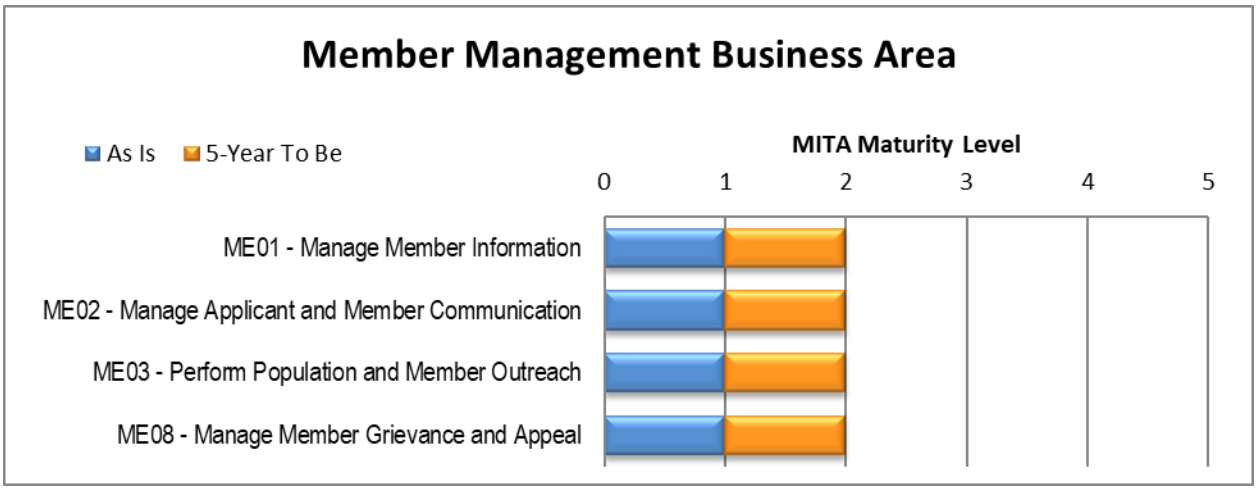


Figure 13: Member Management Business Area

3.7.4 ME: Gap Analysis

Based on the MITA SS-A for the Eligibility and Enrollment Phase information provided in the As Is assessment and the desired To Be environment, the following gaps related to the Member Management business processes need to be addressed. The list outlines current process areas where opportunities exist for Member Management business process improvements.

- ANSWER system has not been updated since 2013; all eligibility determinations (approvals and denials) are still calculated manually.
- Single Streaming data from ANSWER is not updated to MMIS automatically and still throws errors.
- Citizen Portal is for MAGI clients only.
- Information is not shared across ANSWER and Cúram systems. ANSWER does not perform any handshake.

Filling the Eligibility and Enrollment gaps in the As Is environment and transitioning to the To Be result in the following To Be improvements.

- With the implementation of the future ARIES solution, all the DHS MAGI and Non-MAGI Medicaid clients will be converted and combined into a single, new integrated automated eligibility and enrollment system.
- Migrate to a Person/Family-Centric Model of Practice, supported by a single, streamlined application and a single source of truth for all DHS benefits
- Leverage technology to improve consumer satisfaction and deliver robust self-service and access to benefits
- Increase access to data and information for clients and staff
- Decrease technology risk and/or costs
- Improve operational efficiency and effectiveness
- Establish an Integrated Platform of reusable components that will decrease Total Cost of Ownership (TCO) and support future needs

3.7.5 ME: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)
- Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)

3.8 Operations Management (OM)

3.8.1 OM: Overview

The Operations Management business area is a collection of business processes that manage claims and prepare premium payments. This business area uses a specific set of claims-related data and includes processing (i.e., editing, auditing, and pricing) a variety of claim forms, including professional, dental, institutional, drug and encounters, as well as sending payment information to the provider. Several systems currently support this business area as system limitations have resulted in short-term fixes.

3.8.2 OM: As Is Summary

Not all processes were assessed as part of the Eligibility Phase—only Calculate Spend Down Amount and Manage Data were looked at for Phase 1 as they relate to the current Cúram and ANSWER enrollment systems. The MML remains at MML 1 for these business processes within the current EE system, with the goal to increase to MML 3 with the implementation of the ARIES system.

For Phase 2 all Operations Management processes were assessed and/or updated. With the implementation of the MMIS, numerous improvements have been 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 was also an improvement in the Calculate Spend Down process within the MMIS. Once the spend down amount has been manually calculated by the EE area, the information is added to the member's record within the MMIS. From this point forward the MMIS automatically tracks the member's spenddown amounts. The overall score for the business processes performed by the MMIS is MML2.

Calculate Spend-Down Amount

Calculating Spend Down Amount is performed for clients who have medical bills for three months and unmet liability. This is done quarterly and is calculated based on their income. Clients must demonstrate their spend down amounts by providing copies of their medical bills. This is a manual process to go through the individual's medical bills to verify the bills paid and to whom.

The calculation of spend down within the Eligibility and Enrollment business processing was noted as a manual process in the 2013 assessment and is still a manual process today. With the implementation of the new CORE MMIS, the process of tracking and managing the initial member's spend down amount has been automated. Once the manual spend down amount is determined by the Eligibility and Enrollment systems, the information is then passed to the MMIS. The MMIS CORE system further tracks and reports the amount the member has paid based on each claim processed and paid. The MMIS continues to track the ongoing total spend down amount paid by the client and when they have met their spend down liability amount. The amounts owed by the clients are applied to each claim payment and the data retained in the DSS.

Manage Data

The Manage Data business process is responsible for the preparation of the data sets and delivery to federal agencies such as CMS and the Social Security Administration (SSA). Information exchange may include extraction of Medicaid and Children's Health Insurance Program (CHIP) Business Information and Solutions (MACBIS) information needs fee-for-services, managed care, eligibility and provider

information), which includes activity to extract the information, transform to the required format, encrypt for security and load the electronic file to the target destination.

For the EE phase depending on the data required, it may be extracted from a system, the data warehouse, or a spreadsheet. This information is often tracked by those who oversee that program and may be provided on an ad-hoc basis. The management of data for reporting purposes varies from program to program and is inconsistently managed.

With the implementation of the MMIS, numerous improvements have been seen with the automation of the business processes performed within Operations Management and the use, reuse and storing of the data. Claims are automatically submitted, priced, and determined to be paid or adjusted by the MMIS and Claims sub-system. Data accessed in the process is re-used within the Medicaid systems to ensure accuracy and timeliness of the data. The data is stored within the DSS and reused in the generation of reports used across the Medicaid agency. On-line panels within the system allow real-time access to the data for validation and reporting purposes.

At the time of the MMIS implementation in November 2017, the claims sub-system was processing approximately 2.5 million claims per month. This includes a payment rate of approximately 83% of all claims and a denial rate of approximately 17%.

The State has embraced the full functionality of the claims processing system within the MMIS. The new MMIS is proving to allow more flexibility, timeliness, and accuracy in its claims processing. Some enhancements and features gained with the new MMIS are:

- Once a suspended claim is worked by staff, the claim recycles within minutes or hours now as opposed to once a week in the old system.
- Reference data associated with a claim can be easily accessed by clicking the @ symbol, or One Touch symbol as it is called, next to a data field, for example, the procedure code. When clicked a new tab will open, allowing the user to toggle back and forth quickly and easily.
- Related history claims associated with claims that post audits are more easily accessed and allow for quicker and easier research of the audits and associated claims.
- For claims that follow the Arkansas policy, the system is sophisticated enough to automatically deny, and process claims without user intervention.
- Attachments and other materials related to claims and other transactions are accepted as required for review and approval. There are no limits to the number of attachments that can be submitted.

The overall MML for the Operations Management business processes is MML 2

3.8.3 OM: To Be Summary

Calculate Spend-Down Amount

The To Be MML for the Calculate Spend Down Amount within the Operations Management business area will be improved with the automated spend down calculation process performed within the eligibility system. The Eligibility and Enrollment business area identified the following improvements:

These improvements will be implemented with the new ARIES solution for all the DHS Medicaid clients.

- The System will determine the spend-down amount by calculating the difference between the client's countable income and the Medicaid countable income threshold upon determination of categorical eligibility with the exception of the countable income threshold for Medicaid (categorically eligible—Medicare/over 65, disabled, elderly, pregnant, U18) by the System.

- The System will notify the Case Worker that there is a client with a spend-down determination.

- With the implementation of the (Enterprise Master Client Index (EMCI) as part of the ARIES R1 and ARIES/MMIS 1.5 projects, there will be the ability to Link/Unlink the member ID's automatically across the Enterprise systems and provide real-time access to the MMIS system and eligibility data for determining eligibility and sharing of data across the Enterprise.

- Manage Data

As the Eligibility team moves forward with the implementation of the ARIES, the idea is to centralize where data is stored, making more analysis capabilities available to those who need access to the data. As the Governor's statewide data initiative moves forward, there is the need to have an overarching data governance that also has a more centralized reporting mechanism. This is particularly needed with the passing of legislation requiring better data accessibility. In order to address the lack of data governance within the agency, DHS will begin its implementation of the Data Governance Board (DGB) during the ARIES R1 phase, which includes integration partners. The DGB will continue to expand but will not be completed until DHS has integrated and automation capabilities through tools. Other activities in the Data Management Strategy development initiative will also address these gaps.

The maturity ratings were made during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 14provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA eSS-A Scorecards located in Appendix C.

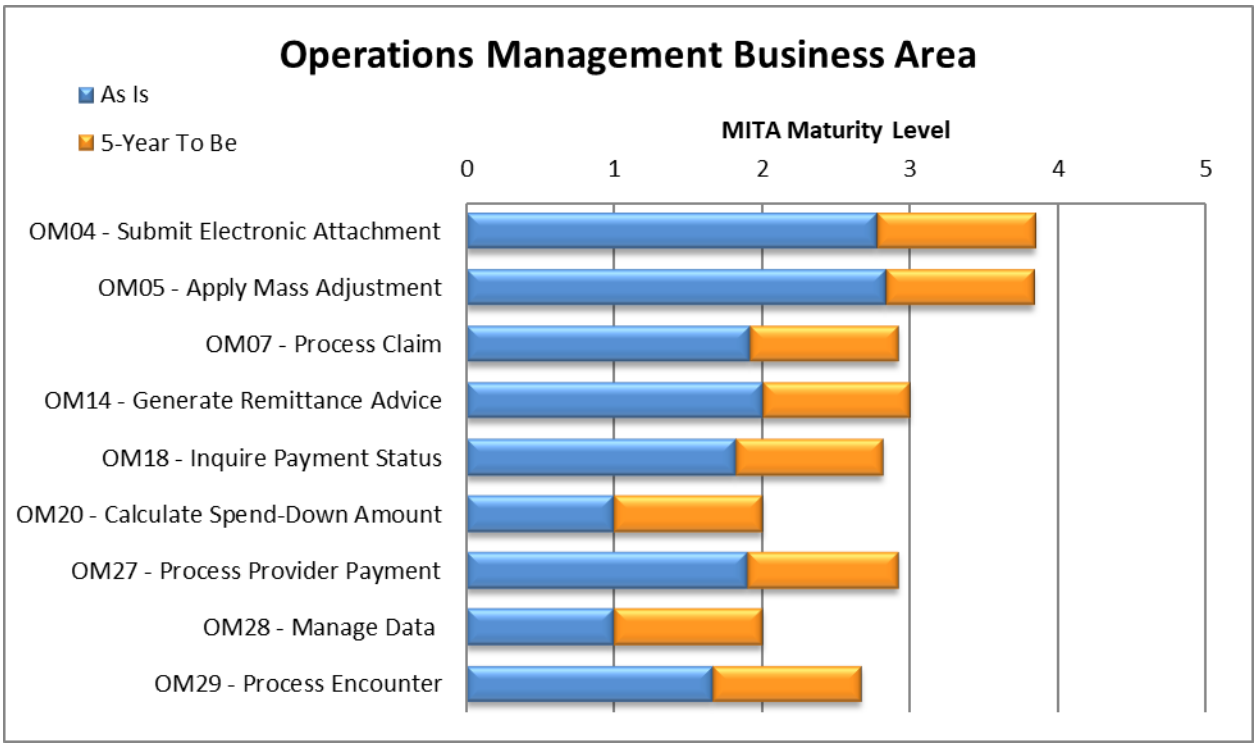


Figure 14: Operations Management Business Area

3.8.4 OM: Gap Analysis

Based on the information provided in the As Is assessment and the desired To Be environment of Operations Management as it relates to the MITA SSA Eligibility and Enrollment Phase, the following gaps for the Calculate Spend Down business process need to be addressed.

- Automatically determine the spend-down amount
- Systematically determine and apply amounts when multiple providers bill in the same month
- Provide the ability to track spend-down amounts within a family unit

3.8.5 OM: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)

3.9 Performance Management (PE)

3.9.1 PE: Overview

The Performance Management business area is a collection of five business processes. These processed involve the assessment of program compliance—auditing and tracking medical necessity and appropriateness of care, quality of care, patient safety, fraud and abuse, erroneous payments and administrative anomalies. This business area uses information about an individual provider or member, such as demographics; information about the case itself such as case manager ID, dates, actions, and status; and information about parties associated with the case, to perform functions related to utilization and performance. The Performance Management business area is responsible for the business activity and compliance data stores.

3.9.2 PE: As Is Summary

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 performs 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 the Fraud and Detection System (FADS), reviewers and investigators have seen some improvements in capabilities. However, the information is still stored in disparate systems, and beneficiary medical records sometimes need to be requested from the provider, which adds time to the overall investigation.

3.9.3 PE: To Be Summary

Performance Management processes will see an increase in maturity when data is more readily available to reviewers and investigators. There is also a desire to focus more on proactive, rather than reactive, program integrity reviews. The desire is for a To Be score of MML 2.

The MITA Maturity ratings were made during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 15 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

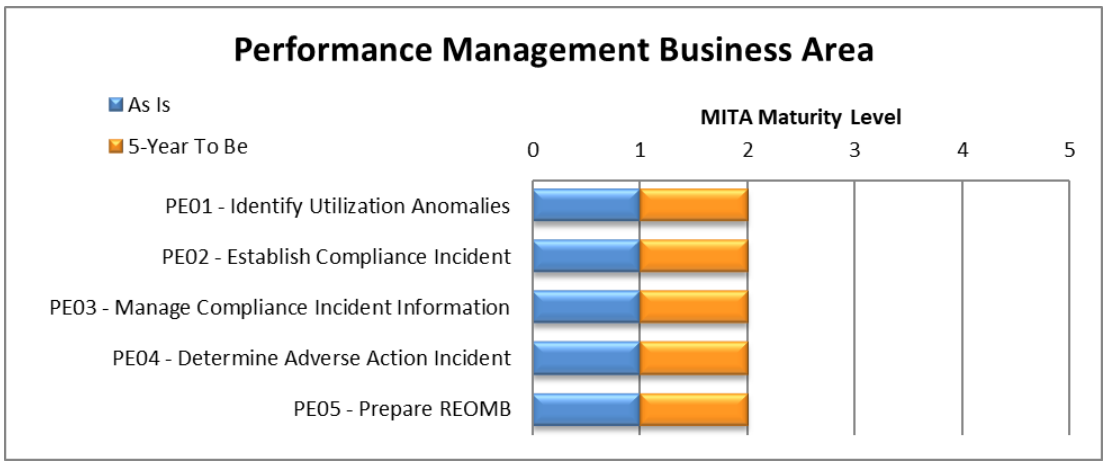


Figure 15: Performance Management Maturity Summary

3.9.4 PE: Gap Analysis

Gaps related to performance management processes include:

- Information is located in multiple places and can be hard to decipher. Improving data quality and providing a single location for the data, such as an enterprise data warehouse or data lake/hub, would help achieve the next maturity level.
- Disparate systems need to collect relevant data in a timely manner and moving to a data hub that encompasses Enterprise Service Bus, Data Lake, and Data Warehouse enabling real-time data, data sharing, insights, research, and analytics, analysis, and operationalizing data science capabilities
- Multiple systems result in discrepancies in information, i.e., demographic information may vary, and establishing data standards and a master person index would help unify the information.
- Accessing medical records through SHARE would help reduce wait time associated with obtaining those records.
- PI has trouble when putting edits into the system; to address this, more user-friendly edits would help.
- Required reports run times can be lengthy.
- Analysis and tasks associated with the Investigate Adverse Action Incident business process are time-consuming and require extensive knowledge of codes and data elements.

3.9.5 PE: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 7: Program Integrity (Roadmap Section 6.4.7)

3.10 Plan Management (PL)

3.10.1 PL: Overview

The Plan Management (PL) business area includes three categories of planning: Medicaid Program-level strategic planning, health plan administration and health benefit development. The business area contains business processes that have a common purpose of managing and planning for the Medicaid Program to achieve the agency's goals and objectives, such as strategic planning, policymaking, monitoring, oversight activities meeting, budget objectives, improving customer satisfaction and improving quality and health outcomes. The different processes include a wide range of analysis and decision-making activities to determine service needs and goals, healthcare outcome targets, quality assessment, performance and outcome analysis, information management, benefit plan design, rate setting, healthcare outcome targets and cost-management decisions. Due to all the planning and strategic activities, Plan Management is seen by CMS as the main component of the Medicaid Enterprise and the control center for all operations.

DHS is working to mature the Plan Management business processes to realize real-time access to information, add clinical records and implement emerging recognized standards that allow for interoperable systems. The Medicaid program is moving from a focus on daily operations (for example, number of claims paid) to a strategic focus on how to meet the needs of the population with a prescribed budget. The PL business processes depend heavily on access to timely and accurate data and the use of analytical tools for a specific set of data, for example, information about the benefit plans covered, services rendered, expenditures, performance outcomes and goals and objectives. Improving access to data and enhancing data quality will be among the priorities over the next five years.

3.10.2 PL: As Is Summary

The Plan Management business area consists of a majority 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 and 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 located in disparate systems.

The Arkansas Medicaid population is high, and the need is great. Economic pressures and higher rates of unemployment contribute to increasing pressure on the Medicaid agency to carefully manage recourses.

Strengths

The following are examples of the strengths identified for the Plan Management business processes:

- Coordination exists between UR and other divisions when coverage changes are deemed necessary.
- The reference data store ensures proper and timely processing and payment of claims.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement. Many of these opportunities were identified in the prior MITA SS-A and continue to be an issue for Arkansas DHS today. Some of the more pertinent examples include:

- Policy changes are not consistently communicated agency-wide.
- Interagency policies are not easily accessed by all stakeholders.
- 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.
- Quality incentive measures validated by the Quality Improvement Organization (QIO) are labor intensive.
- Plan Management processes are primarily manual.
- Create a centralized repository for management of contracts, including performance measures or KPIs, that can aggregate information as needed, and allow for auditors and investigators to review information as needed.
- Detailed waiver information is difficult to identify resulting in duplicate benefits.

Policy & Program Processes

Maintaining Program Policy is not a standardized process, nor are the program policies typically maintained in an information system. Program Policies may be documented as part of federal or State requirements or program requirements. Managing and updating these policies would vary by the need of the various programs. There are no centralized mechanisms for tracking the various policies; this is often done in SharePoint lists or Excel spreadsheets. The ability to roll up performance measures across programs to a dashboard-type reporting is limited.

Manage Performance Measures

Similar to reporting, Manage Performance Measures is not a standardized process, nor are the performance measures typically maintained in an information system. Performance measures vary from program to program. Performance measures may be documented as part of a federal or State requirements or program requirements. Managing and reporting these measures would vary by the need of the various programs. There are no centralized mechanisms for tracking the performance measures; this is often done in SharePoint lists or Excel spreadsheets. The ability to roll up performance measures across programs to a dashboard-type reporting is limited.

Justification for the Plan Management As-Is Assessment MML ratings include:

- Most PL business processes are manually intensive with little or no automation.
- Processes are paper-based with no electronic data stores.
- Process timeliness does not meet State guidelines.
- Most PL processes use disparate data storage methods such as Excel
- Accuracy and timeliness are only obtained through manually intensive activities.

The maturity level for most of the Plan Management process capabilities is an As IS MML 1.

3.10.3 PL: To Be Summary

While components of some processes will remain manual due to the nature of those components, CMS asks states to look to automate to the fullest extent possible. Some of the processes would benefit from the introduction of automated processing tools such as document sharing and workflow applications to assist with Plan Development, managing performance measures and program policies. The implementation of an enterprise data warehouse, a business rules engine and connectivity to the Health Information Exchange to obtain clinical/EHR data will significantly impact several of the processes. Through workflows, document sharing, Quick Base implementations and other projects, several of these business processes will achieve MITA Maturity Level 2 if they are not already assessed at that level.

Targeted improvements related to the Plan Management processes include:

- Use the meaningful data to strategically manage programs, health plans, and benefit packages
- Support contractor performance improvement through proactive reporting prior to measurement period
- Improve technology and system performance
- Increase business process automation
- Implement systems solution supporting DHS executive vision and program plans

The maturity ratings were made during the business process sessions and detailed in the business process templates delivered with this deliverable. Figure 16 provides an illustrated summary of the As Is (blue bar) and 5-year MITA To Be (orange bar) maturity goals for this business area. For the MML summary, please refer to the MITA SS-A Scorecards located in Appendix C.

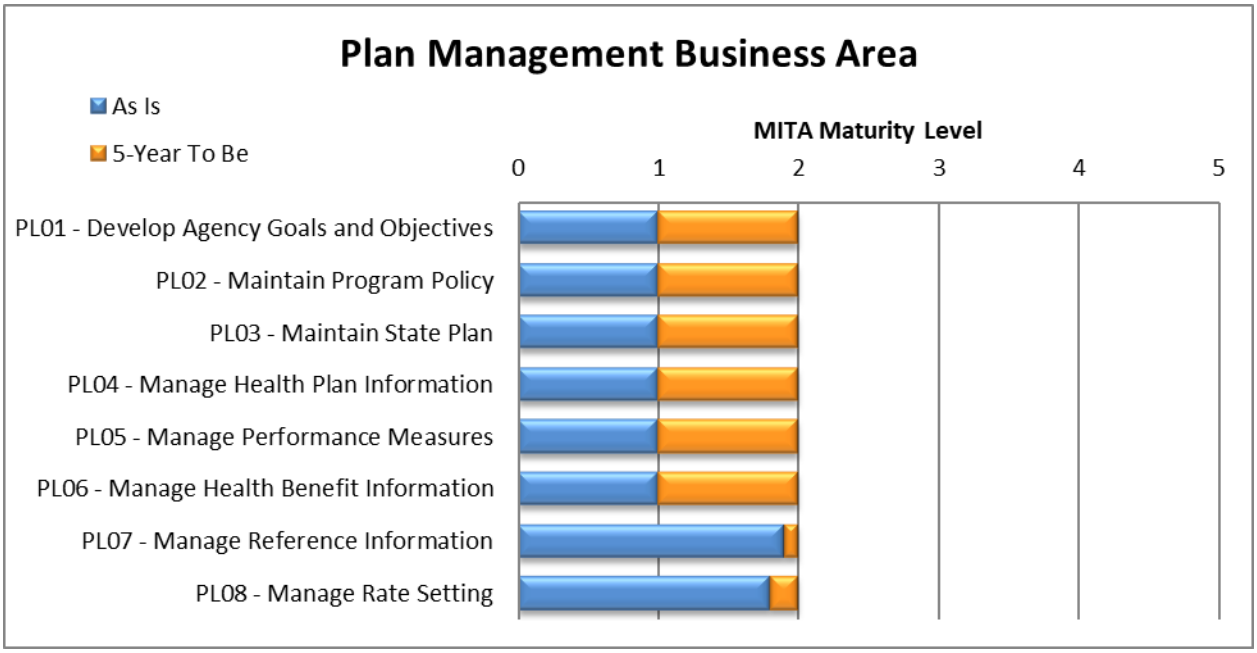


Figure 16: Plan Management Maturity Summary

3.10.4 PL: Gap Analysis

Filling MML gaps in the As Is environment and transitioning to the To Be environment results in the following To Be environment improvements:

- DHS staff collaborate with other agencies and payers to ensure optimal services for clients
- DHS has access to medical history and outcomes to assess impact of benefit plans
- Clients directly access information on benefits
- 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
- Performance monitoring improves services for patients and provider satisfaction
- Performance metrics support analytics that rely on attributing providers to clinics and patient outcomes to the provider team

3.10.5 PL: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)

- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 5: Operations & Systems Enhancements (Roadmap Section 6.4.5)
- Initiative 6: Member Eligibility & Management Initiative (Roadmap Section 6.4.6)
- Initiative 7: Program Integrity (Roadmap Section 6.4.7)
- Initiative 8: Provider Eligibility & Management Initiative (Roadmap Section 6.4.8)

3.11 Provider Management (PM)

3.11.1 PM: Overview

The Provider Management business area is a collection of business processes involved in communications between DHS and the prospective or enrolled provider and actions that the Agency takes 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 and MCO network provider groups.

DHS has many different types of healthcare providers. Some providers provide services in multiple locations, and many have more than one healthcare specialty. Accurate documentation and management of this provider information is required to best utilize the resources available and to monitor provider accessibility for clients across the State. One of Arkansas's goals is to provide clients the ability to go to one place, such as website, where they can search for available services and find providers that provide those services closest to them. This "one-stop shopping" capability will require that the currently siloed provider registries and databases be integrated or incorporated into a single provider information repository so that information can be easily exchanged and maintained.

3.11.2 PM: As Is Summary

Providers or someone designated on their behalf can perform inquires and business processing via the Provider Portal. All information submitted via the Provider Portal is automatically validated within the State's MMIS prior to displaying the information being requested and or submitted to the State.

A delegate is an individual who can perform clerical functions via the portal for legitimate business reasons. Only a registered provider can register a delegate. Providers must first be registered in the System themselves before they can register a delegate. There are Job aids provided on the portal that inform and direct providers how to perform these and multiple functions electronically.

The Provider portal allows providers to access their information, review notices of system or policy changes, submit claims, as well as view and download their Remittance Advices (RAs) at no cost to the provider. If a provider does not have the ability to receive Remittance Advices (RAs) or manual updates electronically via the portal, this information can be sent via US mail.

DXC is the State Fiscal Agent for Arkansas Medicaid and handles provider management functions with DHS as the overseer of the processes. The Provider Enrollment team is responsible for the enrollment of new providers in addition to provider revalidations, deactivations and terminations. This team also maintains provider information to meet claim submission and other compliance requirements and manages provider communication and outreach efforts.

With the implementation of the MMIS and the Provider sub-system there is greater functionality available for DHS 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 Clinical Laboratory Improvement Amendments (CLIA) file to determine if providers are in good standing and meet the requirements of the Medicaid program.

Lexis Nexis is used to perform background checks and validate each provider prior to enrollment with updated reports generated monthly. The monthly reports identify active providers who are deceased or whose license, Drug Enforcement Administration (DEA), CLIA or National Provider Identifier (NPI) numbers or end dates do not match what is in the MMIS. Providers who are delinquent on taxes or whose licenses are set to expire are sent notifications. Providers that do not respond appropriately are terminated or their applications are denied.

DXC responds to verbal or written inquiries from providers needing billing assistance or requesting information. The AVAYA phone system provides the ability to review phone calls for quality assurance and the Contact Tracking Management System (CTMS) contains call notes and resolutions.

The provider communication process is handled the same way as the Provider Outreach. Communication is handled via the Provider Portal and includes direct communication with individual providers who request and receive individual communications with the State. The portal allows providers to contact the State and receive secure messaging.

The new MMIS system provides the ability to perform population 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.

The inSight tool allows the State to perform detailed analysis of the members by specific population and or programs. which the State can use to create and publish outreach materials for targeted providers, MCOs and Members. For reaching out directly to the AR Medicaid Members and Providers, State Government Medicaid portal links allow members to learn what benefits are available to them, how to enroll, and where and who to contact for additional information, and providers can learn what is new in Medicaid and how to obtain additional State Medicaid information.

The following identifies additional functionality that has improved the Provider Management business processes since the MMIS implementation:

- The Provider Data Maintenance functional area maintains comprehensive, current, and historical information about providers eligible to participate in the Arkansas Medicaid Program.
- The provider data repository with required provider information supports accurate and timely claims processing, management reporting, utilization review reporting and surveillance activities.
- All Arkansas Medicaid providers are housed in the Provider Data Maintenance function, including prescribers and non-health care providers.
- Pharmacy provider data is stored and maintained in the same provider data repository.
- The Provider Data Maintenance functional area serves as the control point and central source of information on all providers and provider applicants.
- Accessing the Provider sub-system panels allows DHS users the ability to view the data and detail on every Provider within the MMIS.

Within the Provider Management business processes, the capability MITA Maturity Level (MML) scores increased from Level 1 in 2013 to most of the capabilities reaching scores of MML of 2 for 2019. However, due to some lower capabilities scores, the overall score is MML 1.

3.11.3 PM: To Be Summary

DMS will continue to work on provider functionality within the MMIS and related systems through smaller enhancements and improving the provider portal. Conversations have started across DHS to begin working to align provider management across the programs and develop a Master Provider Index that would be referenced across all systems. As part of the ARIES project, DHS is working to implement an Enterprise Master Person Index and developing the structure for MDM Enterprise Provider Management. While the intent is that the EMPI and EPM is not to replace the provider application, as these both mature, they will provide additional information for data sharing, visibility of providers across divisions and data science/analytics.

These improvements will mature capabilities across all the processes. The To Be goal for most processes is to attain MML 2 if it has not already been reached.

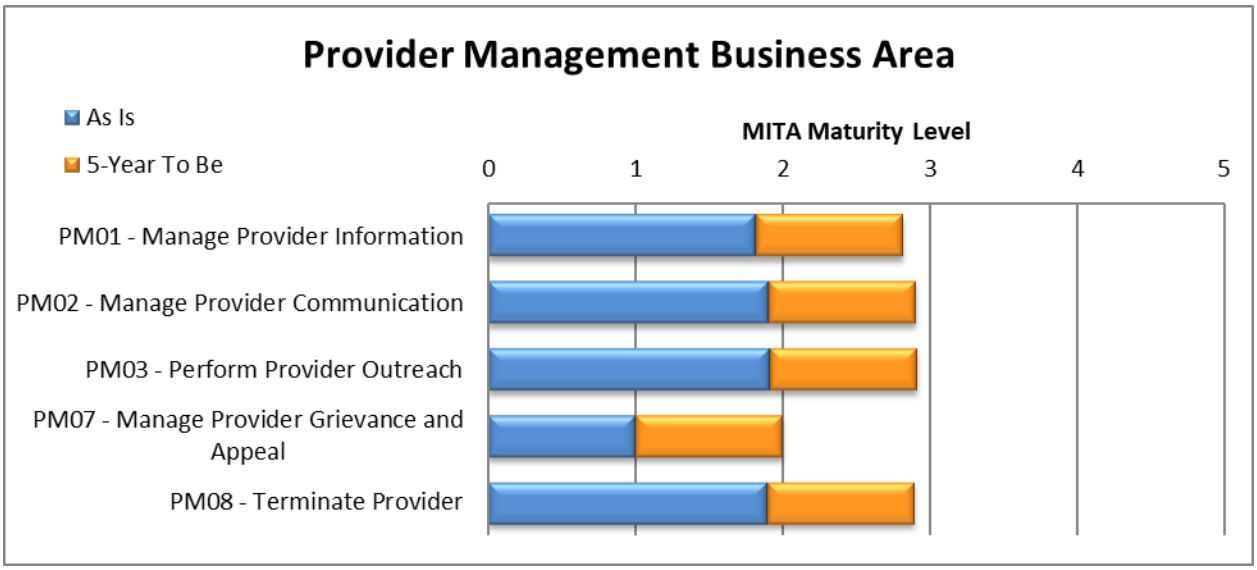


Figure 17: Provider Management Business Area

3.11.4 PM: Gap Analysis

The gap sessions confirmed many improvements made with the implementation of the MMIS due to the increased automation and ability to monitor and track the Provider activity. In addition, the Providers have direct access to DHS via the Provider Portal for communication and managing their Provider account.

The biggest gap across all the processes is collaboration with other programs/agencies to manage providers. This capability is keeping 4 of the 5 processes at MML 1. However, with several initiatives planned to improve integration across the agencies, moving forward, this gap can be addressed and improve the future maturity levels for all 5 processes.

An area that Medicaid programs can focus on is automating the Provider Grievance and Appeals process. Based on conversations this process, it is still manual, and DHS elected not to automate the

Grievance and Appeal process with the implementation of the MMIS. Going forward this functionality may benefit by from automation, which would improve the overall Business Area To Be score from MML 1 to MML 2.

3.11.5 PM: Opportunities for Addressing Maturity Gaps

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)
- Initiative 2: Technical Management Initiative (Roadmap Section 6.4.2)
- Initiative 3: HIT/HITECH Integration (Roadmap Section 6.4.3)
- Initiative 4: Shared Services (Roadmap Section 6.4.4)
- Initiative 8: Provider Eligibility & Management Initiative (Roadmap Section 6.4.8)

3.12 MITA Concept of Operations (COO)

The objective of the MITA Concept of Operations (COO) is to:

- Describe the Medicaid Enterprise from a business perspective
- Identify the primary external entities (for example, providers, beneficiaries and other payers), their roles and the information they exchange
- Depict the primary business processes (for example, Member Management and Provider Management) performed by the Medicaid Enterprise in support of its interactions with external entities

This is a strategic document designed to help the State Medicaid Agency to document the vision for future business operations. The information in the MITA COO is designed to inform the DMS and TMS documents (sections 4.6 and 4.7).

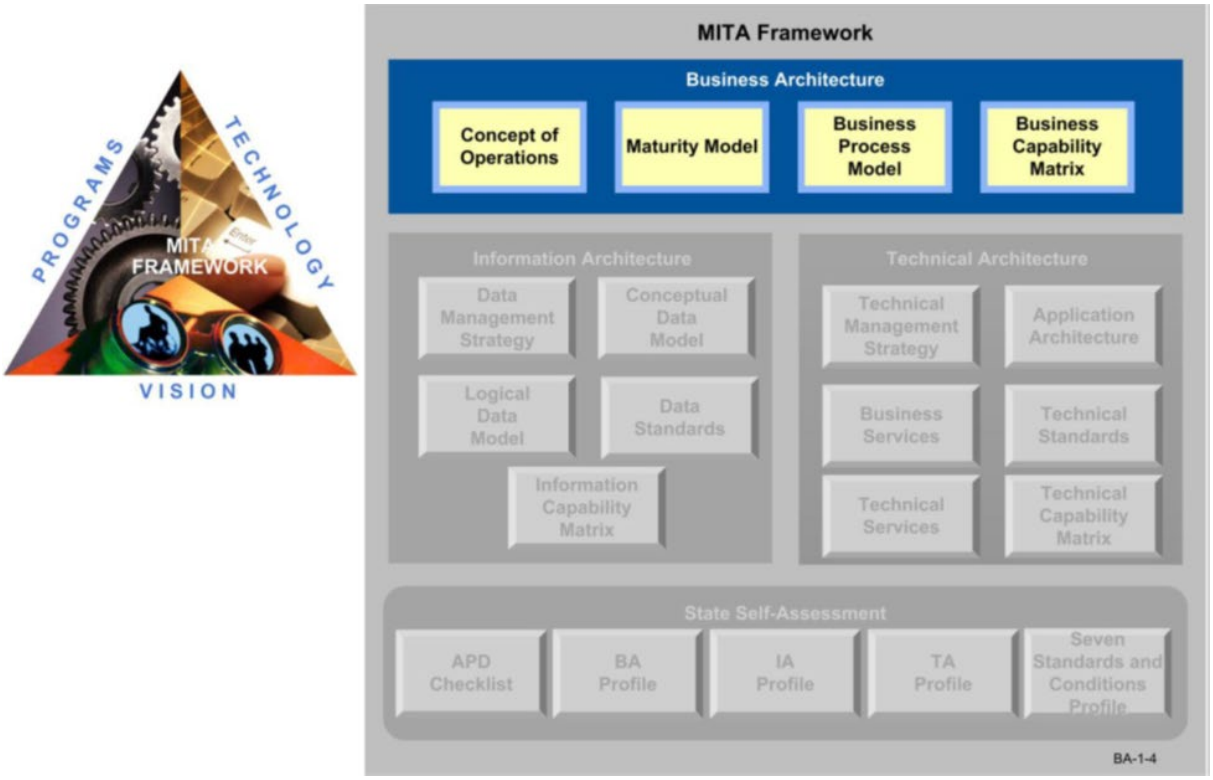


Figure 18: MITA 3.0 Framework – Business Architecture

The main components included in the COO are:

- Vision for Medicaid Enterprise
- Stakeholders
- Information & Data
- Drivers & Enablers
- As-Is Operations
- To-Be Operations
- Business Improvement Impacts

DHS is working with its various partners to manage the vision through establishing governance of data and technology across the agency. The DHS Executive Governance Board (EGB) oversees and links all IT projects and planned IT changes to the 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. Figure 19 depicts the collaborative enterprise governance functions of vision, guidance, delivery and services used to attain the business strategy.

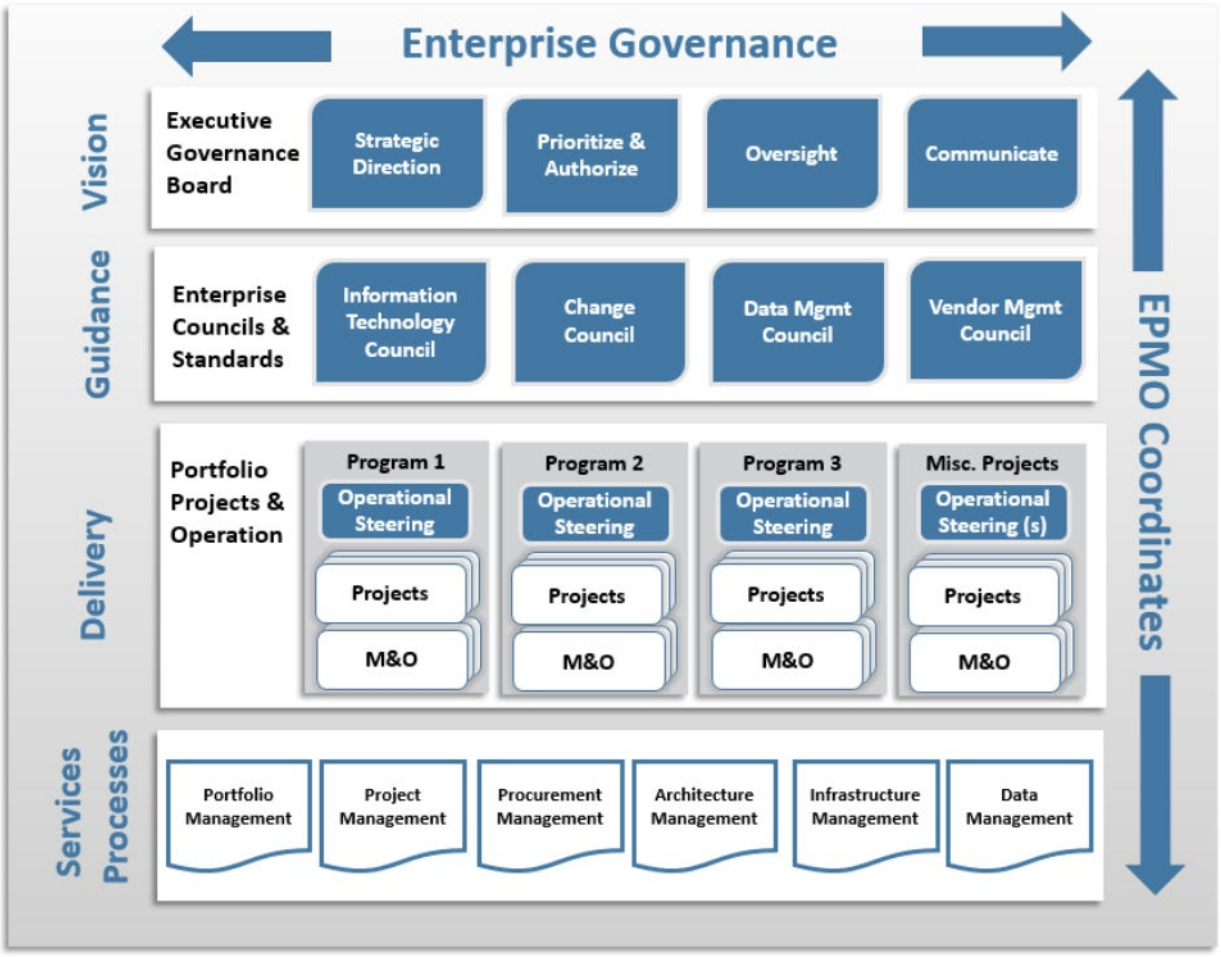


Figure 19: DHS Enterprise Governance Model

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 MITA framework is a good starting point to help organize the various components of the transformation. Figure 19 above illustrates MITA SS-A Inputs to Project Development Lifecycle where the three major inputs, the MITA BPMs, Data Management Strategy, and the Technical Management strategy, feed into and influence the development of the IT service initiatives outlined in the MITA Roadmap.

4 MITA SS-A Information AND Technical Assessment Results

The Medicaid IT Architecture (MITA) Framework contains three interrelated architectures as shown in Figure 20: DHS Business Architecture (BA, previously described in Section 3.0), Information Architecture (IA), and Technical Architecture (TA). The business capabilities from BA define the data strategy of IA and design the business and technical services of TA. MITA uses all three architectures to develop a business-driven enterprise to provide consistency across the State Medicaid Enterprise.

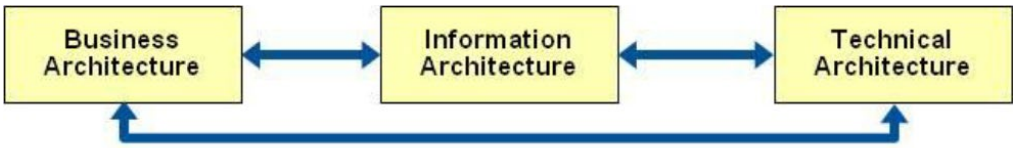


Figure 20: MITA Framework Relationship Diagram

CMS expects all states to prepare and submit a MITA Roadmap. CMS expects the state to complete and continue to make measurable progress in implementing its MITA roadmap. States should demonstrate how they plan to improve in MITA maturity over the 5-year period and their anticipated timing for full MITA maturity. Sections 4.3 and 4.4 provide the DHS As Is Information and Technical Architecture capabilities.

As Is and To Be assessments are conducted as part of the IA and TA. The As Is looks at the current Information and Technical environment as it stands today, while the To Be assessment looks at what the Information and Technical environment should look like in a five-year timespan.

4.1 Current Systems

The following seven systems were determined to be in scope for the IA and TA portion of the eligibility phase of the MITA SS-A:

- ACES
- ANSWER
- Cúram
- Citizen Portal
- DSS/MAR
- MMIS
- Pharmacy

NOTE: An eighth system, ARIES, is included in this assessment as a To Be only. This is a system currently in proposal that is intended to eventually replace the other four eligibility systems and provide a true, enterprise-wide eligibility solution. This system does not have an As Is assessment since it does not exist today. Since it is intended to replace the other systems, it will serve as the To Be for the eligibility phase of this MITA SS-A.

Table 6 includes brief descriptions of the systems, which were provided by DHS Technical SMEs or other documentation.

Table 6: DHS MITA SS-A System Survey List and Description

DHS System	System Description
ACES	The Arkansas Client Eligibility System (ACES) is software developed by the Department of Human Services (DHS) to determine client eligibility and provide case management and reporting. ACES was developed in-house by the Office of Program, Planning, and Development in 1986. ACES receives input from vendors who capture the data from the county offices. This data is warehoused and used to pay claims and report to the State. ACES will be replaced by the proposed ARIES system.
ANSWER	The Arkansas Networked System for Welfare Eligibility and Reporting (ANSWER) is an integrated system used by DHS and is the Graphical User Interface (GUI) front end for the ACES, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) mainframe legacy systems. It has some business rules and does some eligibility determination before sending the information to ACES. ANSWER will be replaced by the proposed ARIES system.
Cúram	Cúram is an Eligibility & Enrollment Framework (EEF) COTS product. It supports eligibility determination for MAGI Medicaid and includes MAGI Medicaid, Citizen Portal, and Cúram Rules Engine (CRE). Cúram will be replaced by the proposed ARIES system.
Citizen Portal	The Citizen Portal is a front-end to the Cúram system that allows citizens an access point to apply for Medicaid services. It is a COTS product with State-specific modifications. The Citizen Portal will be replaced by the proposed ARIES system.
DSS/MAR	The Decision Support System (DSS) is a data warehouse that contains Medicaid claims and enrollment data for each Arkansas beneficiary and provider. It contains two Unix-based servers and two Windows 2003 servers for Business Objects interaction. The Management and Administrative Reporting System (MARS) generates and distributes reports to the State to assist with executive decision-making and program management. MARS meets all CMS certification requirements for MAR reporting, including the ability to generate federally required reports and T-MSIS extract files. Additionally, the system supports administration and management of budget, financials, service trends, utilization, and performance measures.
MMIS	The AME MMIS (interChange) is a DXC system implemented in 2017 and is primarily used for processing claims. It also maintains the State's compliance with federal regulations, provides Medicaid data for program management and research purposes, and supports federal reporting.
Pharmacy	FirstRx™ is the point-of-sale claims processing system around which the Magellan Medicaid Administration pharmacy solution is built. FirstTrax™ is the Call Center and prior authorization System in the Magellan Medicaid Administration pharmacy solution.

In addition to identifying the systems to be assessed in this MITA SS-A, the systems were mapped to the 10 MITA business areas to determine the MML ratings for the TA and IA capabilities for each Business Area. Each system was mapped to the MITA business areas based on the results of the Technical Architecture assessment surveys. The system-to-business-area mapping is listed in Table 7.

Table 7: DHS Survey System to MITA Business Area

Arkansas Medicaid SS-A Systems by MITA Business Area	
MITA Business Area	**Systems**
Business Relationship Management	ACES, ANSWER, Cúram, DSS/MAR, MMIS
Care Management	ACES, ANSWER, Cúram, DSS/MAR, MMIS, Pharmacy
Contractor Management	ACES, ANSWER, Cúram, DSS/MAR, MMIS
Eligibility and Enrollment Management	ACES, ANSWER, Cúram, Citizen Portal, DSS/MAR, MMIS, Pharmacy
Financial Management	DSS/MAR, MMIS
Member Management	ACES, ANSWER, Cúram, Citizen Portal, DSS/MAR, MMIS, Pharmacy
Operations Management	ACES, ANSWER, Cúram, MMIS, DSS/MAR, Pharmacy
Performance Management	DSS/MAR, MMIS, Pharmacy
Plan Management	MMIS, Pharmacy
Provider Management	DSS/MAR, MMIS, Pharmacy

4.2 As Is Assessment Findings

As part of the assessment of the seven identified systems determined to be in scope for the eligibility phase of the MITA SS-A, a technical survey was used to gather a standardized set of information for each of the four eligibility systems—ACES, ANSWER, Cúram, and Citizen Portal. Technical SMEs were identified for each system to participate in the information gathering, and the system surveys were completed with the SMEs in multiple real-time session meetings.

Some high-level results from the technical surveys include:

- **MITA Business Areas**. Of the 10 MITA Business Areas, Eligibility & Enrollment and Member Management had the most systems support, with all seven systems providing support in these areas. Care Management and Operations Management were next with six systems each.

- **Programs/Services**. Not surprisingly, Medicaid was the program/service most represented by the seven systems, with all seven supporting it. Other major programs/services supported by at least five of the seven systems include CHIP, Long-Term Care, Aging & Disability, and Behavioral Health.

- **DHS Business Units**. Many different business units are involved with the four eligibility systems, with all seven being used by DHS and DCFS. At least five systems are used by DCO, Division of Developmental Disabilities Services (DDS), and DMS.

- **Data Types**. All seven systems support the use of member data, either storing it directly or using it for preforming business functions. Six of the seven systems use business activity data and client case

management data. After that, many different data types are spread out throughout the rest of the systems, suggesting that there is not a lot of duplication of data.

- **System Support**. All seven systems are supported by a mixture of vendor and State staff. ACES and ANSWER are supported by Deloitte, Cúram and Citizen Portal are supported by systems, DSS/MAR is supported by Optum, MMIS is supported by DXC, and the Pharmacy system is supported by Magellan.

- **System Users**. The highest numbers of system users tend to be users that have direct access to the systems, such as State staff workers, IT support staff, and the vendors that developed the system. Members and the general public have lower access rates to the systems, as they only interact with the front-end systems (for example, Citizen Portal). Of all the users, ANSWER, Cúram, and Citizen Portal have a relatively high number of total users, with more than 2,500 users able to access the systems. ACES is accessed by less than 100 users since most user's access information through ANSWER, which is the front-end system for ACES.

- **Data Transaction Timeframes**. Most of the systems have a mix of real-time and nightly batch transactions, with ACES and, ANSWER, and DSS being primarily batch. The MMIS and Pharmacy systems have a mix of batch and real-time transactions. ANSWER processes business rules in real-time and Citizen Portal sends eligibility information to CÚRAM in real-time.

- **Transaction Volume**. Six of the seven systems process a large volume of transactions each month, with the monthly estimate exceeding 500,000 transactions. The DSS/MAR is the only one with transactions under this amount.

- **System Platform**. ACES is a legacy mainframe application, with ANSWER being a client/server front-end system. Cúram and Citizen Portal are web-based, while the other systems are some combination of client/server and/or web-based.

- **Data Formats**. The most common data formats used by the systems are pipe-delimited and comma-delimited formats. Cúram and Citizen Portal use XML as well since they are web-based.

To see the entire system survey results, see Appendix E: Technical Survey Results.

4.3 As Is Enterprise Diagram

During the assessment of the seven systems in scope for the MITA SS-A, an IT asset diagram was developed to visually represent how the systems interface. The diagram illustrates at a high level the various systems and other entities, both internal and external, that the systems connect with regarding their eligibility functionality.

Figure 21 provides an illustration of the current enterprise systems included in this assessment. The diagram includes the data flows between each system, and the interface type for data exchanges, as well as any external entity that was identified during the assessment.

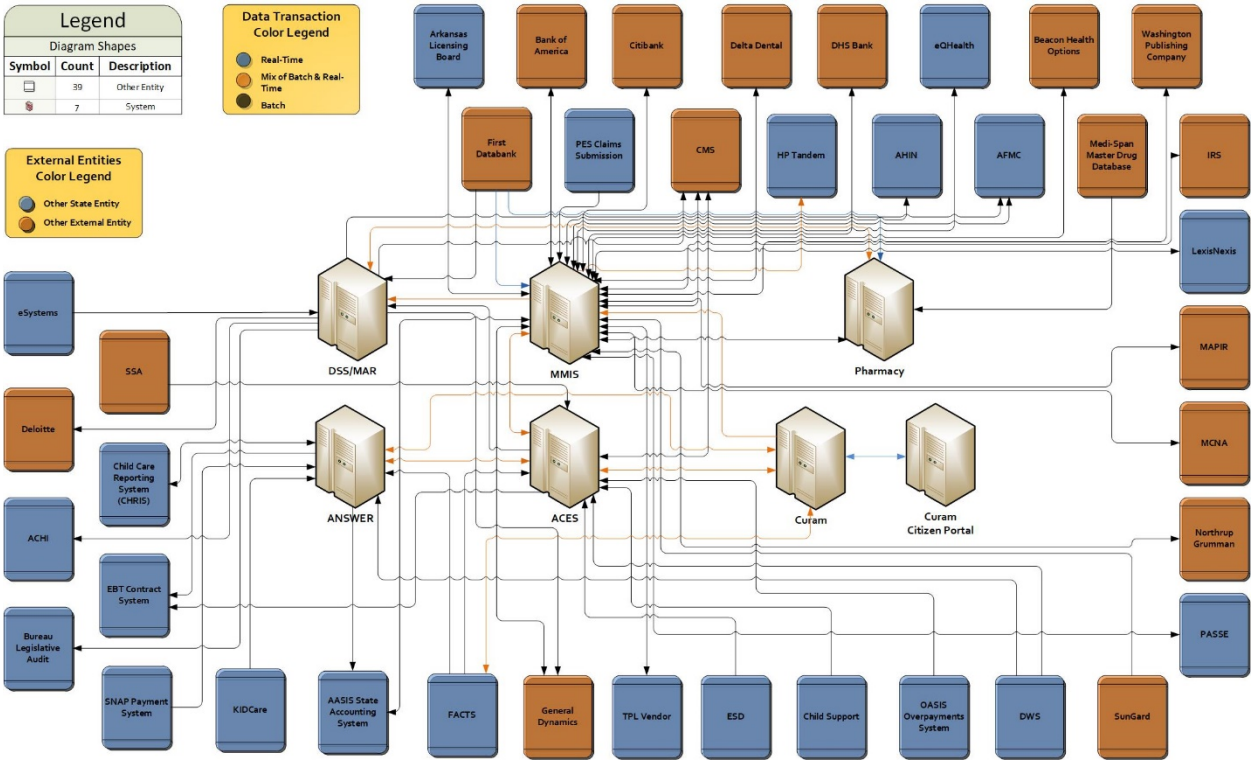


Figure 21: As Is Enterprise Diagram

4.4 Information Assessment Results by Information Area

This section summarizes the results of the assessment of the As Is Information Architecture (IA). The MITA IA is focused on the information and data management capabilities of the DHS Medicaid Enterprise. The primary area of focus for this architecture includes the data management strategy as well as data modeling.

MITA divides the IA capabilities into seven information components, with four of them grouped together under a Data Management Strategy category. These information components include:

- **Data Management Strategy**. This grouping of information components provides a structure to facilitate the development of information and data shared across the Enterprise.
    - Data Governance
    - Data Architecture
    - Enterprise Modeling
    - Data Sharing
- **Other Information Components**. The other three information components are not grouped together and stand alone.
    - Conceptual Data Model
    - Logical Data Model
    - Data Standards

Seven systems were assessed against these seven information components for the purposes of the eligibility phase of the MITA SS-A. The overall scores for the seven information components are a mix of Level 1 and Level 2, with ACES being the only system to score a Level 1 in six of the seven capabilities (it scored a Level 2 in Data Sharing).

Overall, the information assessment As Is MITA Maturity Level is assessed at Level 1 for all 10 MITA business areas, with To Be capabilities aimed at Level 2 for all 10 business areas. This is generally due to the current systems having little documented data management strategy, data governance, or data architecture development. In some cases, no enterprise modeling exists. This is changing, however, with the development of the Executive Governance Board (EGB), which is designed to manage the vision of the DHS enterprise. The EGB has initiatives underway to establish true data governance that will drive improved data management and data architecture. These initiatives include developing a data catalog and Master Person Index. The implementation of ARIES will also establish a data governance framework, which is currently under development. These efforts will improve the overall IA maturity to MML 2, with many information capabilities reaching MML 3 as well.

The following sections provide more detail about each technical service classification and how each of the systems scored in maturity.

4.4.1 Data Governance

The Data Management component provides a structure that facilitates the development of information/data that is effectively shared across a state Medicaid Enterprise to improve mission performance.

The overall maturity level for this capability is Level 1, since there is no established Enterprise-wide data governance. Cúram and Citizen Portal have system-specific data governance since they are COTS products and had some governance of data established when procured, but this governance is not shared beyond the Cúram products.

Along with the implementation of ARIES, an Executive Governance Board will be formed between DHS and the Department of Information Services (DIS) that will oversee the establishment of data governance and identify data owners and data stewards. Also included as part of these efforts is a data standardization plan. Additionally, DHS indicated a desire to begin serious discussion within the department regarding establishing data governance and identifying data owners and stewards. This gives Data Governance overall To Be maturity Level 3 in the next five years.

Table 8: Data Governance As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	Level 2	Level 3
Pharmacy	Level 3	Level 3

4.4.2 Data Architecture

The Data Architecture component defines a structure for establishing data management procedures and sharing that architecture across the Medicaid Enterprise.

The overall maturity level for this capability is Level 1, since there is no structured, Enterprise-wide data architecture developed for all agencies. Cúram and Citizen Portal have system-specific data architectures since they are COTS products and have some structured data architecture throughout the Cúram suite of products, but these do not extend beyond Cúram.

DSS has no intrastate metadata repository.

There is currently an effort to develop a Master Client Index (MCI) that will run concurrently with the implementation of ARIES and will consolidate all member data into a single source of truth. This MCI will define metadata subsets and develop a data dictionary.

DHS also indicated that an effort should be made in the next few years to develop a common data structure, consolidate most data within the data warehouse, and eventually tie this common data structure with the ARIES project. This gives an overall MITA maturity To Be Level 3.

Table 9: Data Architecture As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	Level 2	Level 3
Pharmacy	Level 2	Level 3

4.4.3 Enterprise Modeling

The Enterprise Modeling component provides a structure for modeling data in a standardized format that is shared across the Medicaid Enterprise.

The overall maturity level for Enterprise Modeling is a Level 1, with none of the assessed eligibility systems having a standard for modeling data across the Enterprise. The MMIS, DSS/MAR, and Pharmacy systems are rated at a Level 2 due to some internal data modeling standards for each respective vendor.

The implementation of the proposed ARIES system will begin the process of standardizing eligibility data across the Enterprise. ARIES is replacing the ACES and ANSWER systems and is intended to be an HHS Enterprise-wide solution for eligibility data that all agencies will use. It is unlikely this data standardization will be utilized by intrastate agencies outside of DHS, so a Level 3 will most likely not be achieved in the short term.

DHS would like to improve data modeling across all systems within the next three to five years so that all vendors have a better understanding of how the data integrates and who owns it. An overall To Be Level of 2 should be achieved from these efforts.

Table 10: Data Architecture As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 2
MMIS	Level 2	Level 2
DSS/MAR	Level 2	Level 2
Pharmacy	Level 2	Level 2

4.4.4 Data Sharing Architecture

The Data Sharing Architecture component provides a structured architecture for sharing data across the Enterprise.

The overall maturity level for this capability is Level 2. All systems in the assessment share data with other systems.

To meet the requirements for a Level 3, the data sharing standards that are implemented must be standardized across the State with a common strategy among all State departments. This will most likely not be achieved in the next five years, so the To Be maturity for this component will remain a Level 2.

DHS would like to start having all vendor's system data feed into the data warehouse to reduce fragmented data throughout multiple systems. This would include setting State standards for data so that all vendors would have the same standards. DHS also has a longer-term goal of bringing the State financial data into the MMIS.

Table 11: Data Sharing Architecture As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 2	To be replaced
ANSWER	Level 2	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 2
MMIS	Level 2	Level 2
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.4.5 Conceptual Data Model

The Conceptual Data Model (CDM) component refers to the overall conceptual structure of the data used or stored by the system, providing visual representations of the data needed to complete the intended business functions and activities. It identifies subject areas and groupings of data important to the business.

The overall maturity level for this capability is Level 1 since none of the assessed eligibility systems have fully developed CDMs, and only the DSS/MAR and Pharmacy system have high-level CDMs developed. Additionally, the MMIS does not have fully developed CDMs.

Once the proposed ARIES system is implemented, there should be a high-level development of CDMs since this system is intended to be the centralized repository for all eligibility data in the Enterprise. DHS is also strategizing about how to best improve data models throughout the Enterprise. This would depend on establishing data governance, which would then be a driver towards developing standardized CDMs. This would give an overall To Be maturity rating of Level 2.

Table 12: Conceptual Data Model As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 1	To be replaced
Citizen Portal	Level 1	To be replaced
ARIES	Currently in proposal	Level 2
MMIS	Level 1	Level 2
DSS/MAR	Level 3	Level 3
Pharmacy	Level 2	Level 2

4.4.6 Logical Data Model

The Logical Data Model (LDM) component refers to the overall logical structure of the data used or stored by the system, providing visual representations of all data needed to complete the intended business functions and activities. It is similar in structure to the CDM but is more detailed as it also includes all of the attributes and relationships of the data.

The overall maturity level for this capability is Level 1 since ACES was the one system identified that does not have fully developed LDMs. It was noted that ACES has some LDM documentation, but not to the extent of meeting the definition of Level 2, which includes models that have classes, attributes, relationships, code sets, and standards.

The MMIS has an LDM that identifies the data classes, attributes, relationships, and standards in Erwin, but Arkansas does not use this for intrastate exchange. The LDM identifies the entities, relationships, attributes and access paths of the AME MMIS.

Once the proposed ARIES system is implemented, there should be a high-level development of LDMs since this system is intended to be the centralized repository for all eligibility data in the Enterprise. While DHS is beginning discussions to enhance its data modeling efforts, including CDMs and LDMs, it will

most likely not involve intrastate models and therefore will not meet the requirements for a Level 3, at least in the next few years. This gives an overall To Be maturity rating of Level 2.

Table 13: Logical Data Model As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 2	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 2
MMIS	Level 2	Level 2
DSS/MAR	Level 3	Level 3
Pharmacy	Level 2	Level 2

4.4.7 Data Standards

The Data Standards component refers to the use of standardized data across the Enterprise and the benefits of using standards when developing data sets.

The overall maturity level for this capability is Level 1 since none of the assessed eligibility systems have fully standardized data sets that are used among all the systems. No full data dictionary or metadata repository exists for these systems, which would describe the relationships that data has, including usage and format.

The MMIS maintains documentation that includes data dictionaries and companion guides to help other agencies or vendors work with their data. This applies to the DSS as well, and Optum also has data dictionaries for its Pharmacy system. These systems are rated at a Level 2 and 3.

Once the proposed ARIES is implemented, there should be a developed data dictionary since the RFP requires the vendor to develop one in accordance with the Data Integration and Interface Control Document. This system is intended to be the centralized repository for all eligibility data in the Enterprise, and the State is requiring the vendor to comply with any data standards that DHS will develop. While DHS would like to begin standardizing data across the Medicaid Enterprise and consolidate data into a central repository such as Optum's data warehouse, it is not likely to meet the intrastate requirements as described in Level 3. This means the overall To Be maturity rating for Data Standards is Level 2.

Table 14: Data Standards As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 1	To be replaced
Citizen Portal	Level 1	To be replaced
ARIES	Currently in proposal	Level 2
MMIS	Level 2	Level 2

System	As Is MITA Maturity Level	To Be MITA Maturity Level
DSS/MAR	Level 2	Level 2
Pharmacy	Level 3	Level 3

4.5 Technical Assessment Results by Technical Area

This section summarizes the results of the assessment of the As-Is Technical Architecture (TA). The results for each technical function are presented in a table format. Each section contains a brief description of the MITA technical function, a description of the As Is circumstances of the technical function based on results from the seven primary systems surveyed, and a To Be based on the ARIES system that will replace the eligibility systems. The maturity assessment for the technical function relative to each system is also included.

MITA divides the TA capabilities into three technical service areas, each with five technical service classifications. These technical service areas with their technical service classifications include:

- **Access and Delivery**. This service area encompasses design drivers and enablers such as web browser connectivity, language support, Customer Relationship Management (CRM) and forms and reporting services. It contains the following five technical service classifications:
  - Member and Provider Support
  - Business Intelligence
  - Forms and Reporting
  - Performance Measurement
  - Security and Privacy
- **Intermediary and Integration**. This service area contains design drivers and enablers such as process orchestration, workflow and relationship management functionality. It contains the following five technical service classifications:
  - Business Process Management
  - Relationship Management
  - Data Connectivity
  - Service Oriented Architecture (SOA)
  - System Extensibility
- **Interface and Utility**. This service area includes design drivers and enablers such as solution stacks, database access layer services, scalability, application versioning and verification type utility services. It contains the following five technical service classifications:
  - Configuration Management
  - Data Access and Management
  - Decision Management
  - Logging
  - Utility

Overall, the technical maturity As Is capabilities are at Level 1 for six of the MITA business areas and a Level 2 for four of the business areas, with a To Be score MML 2 for all 10 business areas. The As Is rating of Level 1 is due to the ACES and ANSWER systems being older systems. ACES is a legacy mainframe, and ANSWER is an older client/server, and these systems have difficult coding and outdated

interfaces. The ARIES system will consolidate all the eligibility system functionality into a modernized, modular, single-source solution that greatly increases automation in almost every regard, and it will completely replace the older legacy systems. It is important to note that the MMIS is a newer system that was implemented within the last few years, and it already has more advanced maturity than the older eligibility systems that are currently in use. However, because MITA assesses the technical environment as a whole, the older legacy eligibility systems pull down the overall MML to a Level 1 even though the MMIS, as well as the DSS/MAR and Pharmacy system, is much more mature.

The overall To Be MML is Level 2. Out of the 15 total capabilities used in the TA, a single technical service classification (capability), Configuration Management, is not expected to increase in maturity beyond a Level 2 for the MMIS and Pharmacy system because the Level 3 description mentions identifying intrastate configuration items. The overall To Be MML would be a Level 3 if it was not for this single capability.

The seven systems were assessed against thee 15 technical service classifications for the eligibility phase of the MITA SS-A. The following sections provide more detail about each technical service classification and how each of the systems scored in maturity.

4.5.1 Member and Provider Support

Member and provider support focus on the ability of clients and providers to access the systems. For the purposes of this assessment, the scope was expanded to include all users who can access the systems, since limiting it to just clients and providers was too narrow.

All four eligibility systems were rated at a Level 1 for user system access. This is mainly due to the Level 2 requirement of having a single, online access portal for all users, which none of the eligibility systems currently meet. Cúram and Citizen Portal are close to meeting a Level 2 but do not have a single portal access point. The Citizen Portal is how the member population accesses Cúram, whereas State workers have a different access point to get into Cúram.

Since the intent for the proposed ARIES system is to eventually replace all current eligibility systems and provide a single access point for users, the To Be level for this capability will be a Level 3. DHS wants ARIES to be a standardized eligibility platform across the enterprise, which involves standardized data exchanges and meets the requirements for Level 3.

The MMIS, DSS/MAR, and Pharmacy systems were rated at a Level 3. With those systems having user portals for State workers or providers to access. Access to DXC interChange, Optum's DSS/MAR, and Magellan's Pharmacy system for all authorized State, provider and recipient users is through a browser-based Web application, with no need for a desktop client download.

Some initiatives are in the planning stages for enhancing the provider portal, including expanding what providers can do online, enhancing provider enrollments and integrating with the Health Information Exchange (HIE). These enhancements would potentially move this TSC to a Level 4 for the MMIS.

Table 15: Member and Provider Support As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 1	To be replaced
Citizen Portal	Level 1	To be replaced

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 4
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.2 Business Intelligence

Business Intelligence (BI) refers to the system's ability to capture, manage, and report on functional data to provide analysis on business metrics.

ACES and ANSWER rated at a Level 1 for Business Intelligence due to being legacy systems that require extensive coding for analyzing business metrics. CÚRAM and Citizen Portal rated at a Level 3 because they are COTS products that already contains methods for tracking and analyzing business metrics in ways that are easily configurable.

The Cognos BI and reporting tools used through the DSS deliver information in several different ways including interactive dashboards, a variety of standard interactive reports, a self-service tool, and customizable ad hoc reporting. The MMIS was not assessed in this Technical Service Classification (TSC) since it gets all of its reporting needs through the DSS and Cognos.

The To Be for this capability is a Level 3. ARIES is intended to have a robust BI solution, including reporting and analytic functions by leveraging the State's data warehouse. This BI will include predictive and performance analytics, as well as program integrity. The current strategy for enhancing business intelligence and data analytics includes the implementation of a data lake to store raw data from multiple sources.

Table 16: Business Intelligence As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 3	To be replaced
Citizen Portal	Level 3	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	N/A	N/A
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.3 Forms and Reporting Management

Forms and Reporting is a capability that looks at a system's ability to enter data into the system's databases and conduct reporting.

The AR eligibility systems are a bit more mature in their ratings with this capability, with the overall MML being a Level 2, meaning most data is entered electronically with some still requiring manual entry, and reports can be run from the data in the systems. Cúram and Citizen Portal scored a Level 4 individually, due to the ability to run reports in real-time.

ARIES is intended to replace the current eligibility systems and will have the same or similar functionality as the Cúram COTS product, so Forms and Reporting will remain a Level 4 for eligibility.

The MMIS, DSS/MAR, and Pharmacy systems are all currently at a Level 3. The overall To Be will remain at a Level 3 since nothing was identified that would increase this level over the next five years.

Table 17: Forms and Reporting Management As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 2	To be replaced
ANSWER	Level 2	To be replaced
Cúram	Level 4	To be replaced
Citizen Portal	Level 4	To be replaced
ARIES	Currently in proposal	Level 4
MMIS	Level 3	Level 3
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.4 Performance Measurement

Performance Measurement refers to the system's ability to provide status on the functionality of the system itself, such as reporting on whether the system is meeting functional, performance benchmarks. This information can be obtained through reports or dashboards.

The overall maturity level for this capability is a Level 1, with ANSWER not having an automated way to track system performance. Cúram and Citizen Portal, being COTS products, have built-in ways to track and report on system performance.

The DSS and Pharmacy systems are rated at a Level 3, while the MMIS is a Level 2. Magellan Medicaid Administration uses tools, such as ExtraHop, as the enterprise application to gather metrics from both the infrastructure and software components and to then aggregate them for reporting.

ARIES will follow any Key Performance Indicators (KPIs) that are defined by CMS and develop Service Level Agreements (SLAs) with Deloitte to ensure those system performance measures are met.

The To Be for Performance Management will be at least a To Be Level 3. There are initiatives in the planning stages for improving all notifications and system monitoring that will most likely be in alignment with Level 3.

Table 18: Performance Measurement As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 2	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 3	To be replaced
Citizen Portal	Level 3	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.5 Security and Privacy

Security and Privacy refers to the system's ability to maintain secure access to its data by authorized users and methods in which secure access to the system is provided.

This capability is rated at a Level 1 overall, with ACES and ANSWER being older, mainframe systems that do not have the flexibility for more robust access methods. Cúram, and especially the Citizen Portal, have more ways to allow secure access to member populations, such as kiosks, and therefore are rated at a Level 2.

The Pharmacy system has 2-factor authentication, and portal access is an SSO through Active Directory. The MMIS has mostly Single Sign-On (SSO) functionality but does not currently have 2-factor authentication like Magellan.

The To Be for Security and Privacy will be a Level 3. ARIES is intended to be an enterprise-wide eligibility solution platform with a single access point, which will have numerous security measures in place to route authorized users to the correct information based on defined roles. In the proposed design architecture, one of the required architecture layers is Security, Privacy and Consent. This layer consists of two sub-layers: Identity and Access Management, and Privacy and Consent.

For the MMIS system, there are plans to incorporate 2-factor authentication and other security enhancements such as enhanced SSO functionality for both DXC and Magellan members and providers. This would most likely keep these systems at a Level 3 but could possibly push them to a Level 4.

Table 19: Security and Privacy As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 3

System	As Is MITA Maturity Level	To Be MITA Maturity Level
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.6 Business Process Management

Business Process Management refers to the system's ability to meet the business needs as designed and to provide logical workflow management capabilities to ensure the business activities get completed.

This capability has an overall maturity rating of Level 1, with ACES being an older legacy system without much automated process workflow functionality. It was noted that ACES does have a bit more functionality than is described in Level 1 since it has a mix of manual and automated processes, but not enough to meet the workflow requirements of Level 2. Cúram and Citizen Portal have more automation being COTS products and have more streamlined, standardized workflow processes.

The MMIS supports the Enterprise Content Management (ECM) services by using the IBM Content Manager OnDemand system. This system allows for entry of different forms of information such as paper claims, claim attachment images and provider enrollment forms. This supports automated and manual business processes in the enroll provider business process, as well as automated receipts of electronic provider enrollment applications.

The To Be goal for Business Process Management will most likely be a Level 3. ARIES will have similar workflow functionality to the current Cúram COTS product. The State has made improved workflow functionality a priority goal within the next two to three years, including enhancements of prior authorization workflow streams and improved dashboards across all business processes to provide better visibility to monitor workflow.

Table 20: Business Process Management As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 2	To be replaced
Cúram	Level 3	To be replaced
Citizen Portal	Level 3	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	Level 2	Level 3
Pharmacy	Level 3	Level 3

4.5.7 Relationship Management

Relationship Management is the ability of the system to provide shared data services with business partners and track the relationship between the system users and the services that are requested and received, including any analytic information.

This capability is rated at a Level 1, with all four eligibility systems rated at Level 1. These systems were not designed for business partners to be able to invoke services without manual requests from the business partners or agencies. This may be more of a constraint of policy than system ability, however.

The To Be for this capability will be Level 3, as ARIES should be able to track relationships between system users and whatever services they request. The State is planning on unlocking enhanced functionality of the MMIS, which should increase the maturity of this TSC to a Level 3, and the DSS/MAR and Pharmacy systems are already at a Level 3.

Table 21: Relationship Management As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 1	To be replaced
Citizen Portal	Level 1	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.8 Data Connectivity

Data Connectivity refers to the ability of a system to use an enterprise-wide standard data exchange mechanism between systems in order to exchange data easily.

This capability is rated at a Level 1 due to ACES and ANSWER not meeting the requirements for a Level 2, which would involve a centralized data hub for sharing information with other systems. Cúram and Citizen Portal, being COTS products, share information using an information hub and also have routing and alarm features that put them individually at a Level 3.

The MMIS supports the use of an Enterprise Service Bus (ESB), which performs secure information exchanges such as eligibility interfaces with the system of record, the Arkansas Foundation for Medical Care (AFMC), Advanced Health Information Network (AHIN) and Bank of America, CMS, LexisNexis, Optum and Magellan.

The To Be for this capability will be a Level 3 once ARIES replaces ACES and ANSWER. ARIES is intended to be an enterprise-wide solution for eligibility data and should meet all of the capabilities of the current Cúram COTS product. It may not have intrastate data connectivity, however, which is a requirement for Level 4. Discussions have begun to integrate the ARIES ESB with that of the other systems, using a standardized approach to data definitions.

Table 22: Data Connectivity As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced

System	As Is MITA Maturity Level	To Be MITA Maturity Level
Cúram	Level 3	To be replaced
Citizen Portal	Level 3	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 3
DSS/MAR	Level 3	Level 3
Pharmacy	Level 2	Level 3

4.5.9 Service Oriented Architecture

Service Oriented Architecture (SOA) refers to the system's design of utilizing modular services as independent objects that are loosely coupled and not hard coded together. SOA promotes service reusability and interoperability.

ACES and ANSWER are older, legacy systems that were not designed with SOA functionality; therefore, this capability does not apply to these systems. This TSC is also not applicable to the data warehouse module because the system is not transaction-based and does not include an ESB.

For the purposes of this assessment, an As Is Level 1 is given to this capability due to the number of current systems that are not built with SOA functionality.

The MMIS supports reliable messaging with the use of BizTalk. This ESB tracks messages to ensure receipt and keeps record of all messages. The ESB calls and orchestrates multiple services from eligibility verification and claims submission.

Pharmacy uses Oracle Fusion Service Bus as ESB, which is the centerpiece of the Magellan pharmacy's SOA. This ESB is installed, there but is not currently being leveraged. The capability does exist, however.

The To Be for SOA will be a Level 3 since the ARIES replacement system has a large SOA component that is required in its RFP. DHS intends for this system to be highly modular, potentially stored in disparate locations, with clearly defined SOA interfaces that are easily swappable and shareable. DHS put a lot of emphasis on making sure the ARIES solution clearly meets the definition of SOA. In addition, there is discussion underway regarding utilizing the ESB being developed for ARIES in the broader Medicaid Enterprise in a way that will help standardize data and messaging between the integrated systems.

Table 23: Service Oriented Architecture (SOA) As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	N/A	To be replaced
ANSWER	N/A	To be replaced
Cúram	Level 3	To be replaced
Citizen Portal	Level 3	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 3

System	As Is MITA Maturity Level	To Be MITA Maturity Level
DSS/MAR	N/A	N/A
Pharmacy	Level 2	Level 3

4.5.10 System Extensibility

System extensibility refers to the ability of the system to extend its functionality across the entirety of the Enterprise, oftentimes using web services. This does not necessarily mean the system is doing so currently—it has more to do with the system having the capability to do so. This means other agencies could potentially leverage the system if there are similar tasks that the agency needs accomplished that the system is already doing.

This capability is rated at an overall Level 1 due to ACES and ANSWER not extending functionality to other agencies or using web services. Cúram and Citizen Portal have some web service functionality and are therefore rated at a Level 2.

The MMIS supports the use of SOAP-based web services for coordination with intrastate agencies, LexisNexis, and CMS and is rated at a Level 3. The Pharmacy system has capability for Level 3 (SOAP-based web services), but it is not currently used and does not integrate with interstate agencies.

The System Extensibility To Be will be a Level 3. The proposed ARIES system is designed to be an Enterprise-wide HHS service built around using many web services, making it a To Be a Level 3. Additionally, the State is in the planning stages of enhancing the already existing functionality of the current systems, which could include switching on the functionality of SOAP-based web services such as those that exist in the Pharmacy system.

Table 24: System Extensibility As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 3
DSS/MAR	Level 2	Level 3
Pharmacy	Level 2	Level 3

4.5.11 Configuration Management

Configuration Management refers to the ability to implement systematic changes to a system to maintain its integrity over time. This can be used for establishing and maintaining system operating consistency, performance, functional, and physical attributes throughout the duration of its lifecycle.

The overall As Is for this capability is a Level 1, due to ACES and ANSWER being legacy systems that require extensive coding for configuration changes, as well as changing any interfaces to other systems.

Cúram and Citizen Portal are a bit more mature at a Level 2 being COTS products, which do not have the limitations of configuration that the legacy systems do.

For the Pharmacy system, the loosely coupled nature of the SOA-based architecture allows Magellan Medicaid Administration to easily upgrade or replace the underlying technologies of the services portable across different technologies, although there is no software configuration tool, which means the As Is rating is a Level 2. This is true of the MMIS as well. The DSS has a software configuration tool and therefore is rated at a Level 3.

The To Be for this capability will be a Level 2. The proposed ARIES system should be very technology-neutral when it comes to configuration and interfaces and will utilize an ESB. However, there is nothing being planned right now that would advance the maturity of the MMIS and Pharmacy system for this TSC.

NOTE: This is the only capability holding back an overall To Be MML of 3 for the TA. There is an opportunity here for the State to review its configuration management processes for the MMIS and Pharmacy systems to potentially improve the To Be MML for the overall TA to a Level 3.

Table 25: Configuration Management As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 2
DSS/MAR	Level 3	Level 3
Pharmacy	Level 2	Level 2

4.5.12 Data Access and Management

Data Access and Management refers to the system's ability to receive, translate and process all of the data that it uses or stores.

The overall maturity level for this capability is Level 1. Since ACES and ANSWER are legacy systems, they were not designed for Enterprise-wide data standards and management. Cúram and Citizen Portal are a bit more so, considering they are COTS products, and have more flexibility with cross-agency data management.

The MMIS exchanges information internally and externally using their ESB using industry standards such as HIPAA and Extensible Markup Language (XML). The same is true for the DSS and Pharmacy systems, which makes these three systems a Level 3.

The To Be level for Data Access and Management will be a Level 3. The proposed ARIES system that will replace ACES and ANSWER is intended to be an Enterprise-wide platform solution for eligibility data and will most likely utilize an Enterprise Data Warehouse. Once implemented, all eligibility data will be accessed and/or managed through ARIES. This will bring all systems in the assessment to a Level 3.

Table 26: Data Access and Management As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 3
DSS/MAR	Level 3	Level 3
Pharmacy	Level 3	Level 3

4.5.13 Decision Management

Decision Management refers to the ability to create and execute business rules within the system. This can be business rules that are hard coded into the system or a separate rules engine with which the system interfaces. This can also refer to rules in a human intervention form.

The overall maturity level for this capability is a Level 2. Business rules are hard-coded in ANSWER, and although Cúram and Citizen Portal have a separate rules engine, which is part of the Cúram COTS product suite. ACES is not applicable for this capability as its business rules are executed in ANSWER. The business rules that ANSWER processes are done in real-time, not batch, and therefore have a higher functionality than is described in Level 2.

This capability is also not applicable to the DSS module because, like ACES, it does not have business rules to execute within the system. The business rules are driven by the MMIS, and the data warehouse can use filters and other business definitions through Cognos. The business rules engine used by the MMIS is Corticon.

The To Be for Decision Management will be a Level 3. The proposed ARIES system will have a separate rules engine, which will give that system a To Be Level 3 once implemented. However, this rules engine will most likely be tied to the vendor and not leverageable by other agencies. Additionally, this rules engine may not be easily configurable by most State users.

Table 27: Decision Management As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	N/A	To be replaced
ANSWER	Level 2	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 3	Level 3
DSS/MAR	N/A	N/A

System	As Is MITA Maturity Level	To Be MITA Maturity Level
Pharmacy	Level 3	Level 3

4.5.14 Logging

Logging refers to the ability of the system to log, audit and report on access attempts by the users authorized to access the system. This can include timestamps and duration of system access.

The overall maturity level for this capability is Level 1. ACES and ANSWER have some logging functionality by requiring users to access the systems by username and password; however, they do not have full history of a user's activity. Although they are rated at Level 1, logging is not done manually. The systems are designed to lock a user out after a set number of failed attempts. Cúram and Citizen Portal have more functionality in logging and can store user access history.

The MMIS uses ArcSight software for reporting on user system activity. Additionally, there are notifications by phone and email when the system detects a security incident based on suspicious user activity, and reports can also be generated for failed login attempts.

For the DSS, Optum provides the State with weekly operations management reports that include a report called Active User IDs, which logs the date and time of all successful, approved logins.

ARIES will most likely be a To Be Level 3 for this capability since it is intended to be an enterprise-wide eligibility solution platform with a single access point, which will route authorized users to the correct information based on defined roles.

Table 28: : Logging As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 1	To be replaced
ANSWER	Level 1	To be replaced
Cúram	Level 2	To be replaced
Citizen Portal	Level 2	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	Level 2	Level 3
Pharmacy	Level 3	Level 3

4.5.15 Utility

Utility focuses on the ability of the system to meet the intended business needs of the Enterprise. This can include research and development activities, design and implementation of the system and Systems Development Lifecycle (SDLC) governance.

The overall maturity level for this capability is a bit more mature than most of the other capabilities at a Level 2. All the systems have some sort of versioning, requirement standards, testing procedures, and

implementation policy. Cúram and Citizen Portal also include SDLC governance and therefore meet a Level 3.

The To Be for Utility will be a Level 3. The proposed ARIES system will require the vendor to provide all the same types of measures listed above that already exist in the Cúram systems. DHS would also like to implement a new code management tool for the vendors within the next five years. This would include SDLC and code versioning release management software, which would provide traceability throughout the entire code/update release process for the various systems.

Table 29: Utility As Is and To Be by System

System	As Is MITA Maturity Level	To Be MITA Maturity Level
ACES	Level 2	To be replaced
ANSWER	Level 2	To be replaced
Cúram	Level 3	To be replaced
Citizen Portal	Level 3	To be replaced
ARIES	Currently in proposal	Level 3
MMIS	Level 2	Level 3
DSS/MAR	N/A	N/A
Pharmacy	Level 2	Level 3

4.6 Data Management Strategy (DMS)

Data Management is the business of planning, controlling and delivering data. Enterprise Data Management is a recommended best practice but is also performed effectively without an enterprise-wide mandate. Data Management is a shared responsibility between the data management professionals within the IT Organization and the business data stewards representing the collective interests of data producers and information consumers.

Data Management is complex and complicated, as it has many components that must be defined, organized and managed in a framework where guidelines are established. The Data Management Strategy components can be incorporated in the 5-Year MITA Maturity Roadmap, MITA 3.0 Information Architecture (IA) and CMS Seven Standards and Conditions.

The following image describes the components that make up the Information Architecture as it relates to the other architectures in the MITA 3.0 Framework.

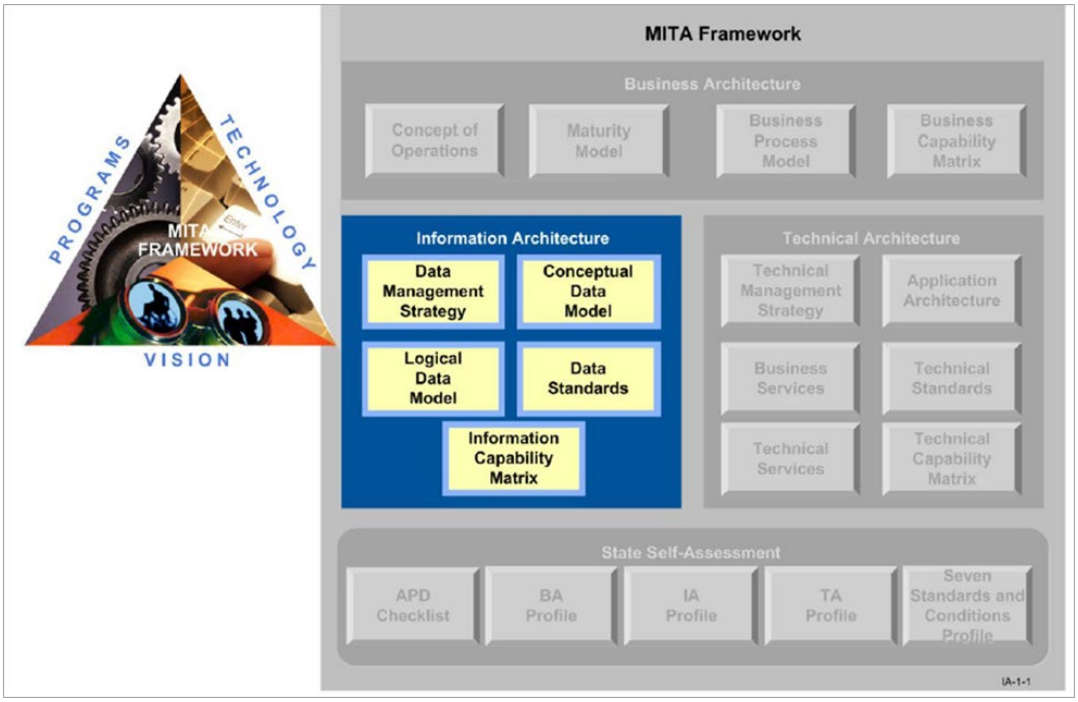


Figure 22: MITA 3.0 Framework – Information Architecture

The main components included in the DMS are:

- Data Governance
- Data Management & Data Stewardship
- Data Architecture
- Enterprise Modeling
- Data Sharing Architecture

Of these five categories, DHS is most focused on data governance and data management.

Data Governance

Data governance is the starting point to any effective data management strategy, as it dictates what the data is, who owns it, what it will be used for, which systems it works with and who has access to it. These are all very important aspects of data management and having policy in place to dictate all these things is crucial to meeting the business needs that the data serves.

DHS is currently collaborating with DIS to establish an overarching data governance comprised of multiple levels of governorship, which will be overseen by an Executive Governance Board. This multi-agency review board will meet regularly to begin establishing data standards that will be utilized by many programs, services and systems. The ARIES project has also driven the planning of implementing a data governance strategy that can be leveraged across the Enterprise.

Data Management

Management of the data first comes from the direction of the governance review boards, as mentioned above. The governance review boards will establish data standards, and as part of this data

standardization effort, a Master Client Index (MCI) and Master Provider Index (MPI) are being created to consolidate member and provider data into single data domains that can be leveraged by any part of the Enterprise to meet their member and provider-related business needs.

A data catalogue has also been created as part of a statewide initiative that promotes open and transparent State data. This initiative has head department personnel engaged in the effort, as well as the establishment of new Chief Privacy and Chief Data Officer positions. The data catalog will define data sources, data owners and data stewards for numerous State systems.

4.7 Technical Management Strategy

As part of the CMS MITA Framework 3.0, a TMS is required under the Technical Architecture section. The TMS is an artifact required by the Medicaid Enterprise Certification Lifecycle (MECL), which states must produce as part of the MITA Self-Assessment. The purpose of the TMS is to document the technologies needed to achieve optimal sharing of State Medicaid Enterprise services and information. The premise is to leverage the foundational properties of the previous versions of the MITA Framework (such as three architectures, SOA-based, business and technical services and maturity models.) and expand the framework structure to emphasize a more Health and Human Services (HHS) enterprise perspective.

The following image describes the components that make up the Technical Architecture as it relates to the other architectures in the MITA 3.0 Framework.

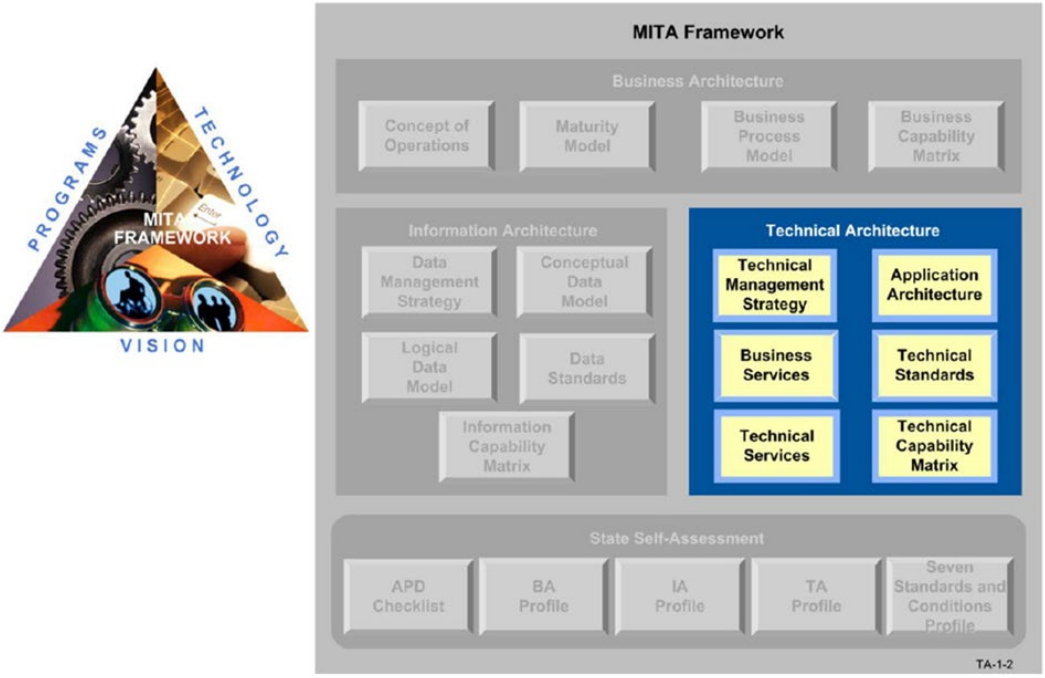


Figure 23: : MITA 3.0 Framework – Technical Architecture

Key Components included in the TMS are:

- Technical Governance – establishing technical standards, ownership and solutions
- Enterprise Architecture – planning, governance and innovation

- Performance Management Validation – ensuring the technical solutions are performing at a level that is expected
- SOA Compliance – modularity, reusable services and leverageable services
- Customer Relationship Management – ensuring business users and data sharing partners are able to access and leverage technical solutions
- COTS usage – establishing policy for the procurement and security of COTS products
- Business Relationship Management – applying business rules logic to technical solutions to support decision management

DHS plans on establishing an Enterprise-wide technical governance and technical architecture with the implementation of an Enterprise Architecture review board. This board will create enterprise standards for technology and procurement-related business functions and will begin the process of reviewing current technology and infrastructure to strategize on improvements and modernization.

Currently, many systems perform various tasks related to eligibility determination and data storage, which causes much data redundancy. Implementing the ARIES will not only consolidate all of the eligibility functions in a single system, it will also establish an Enterprise-wide platform for multiple agencies to utilize for all eligibility determination processes. This system implementation and strategy presents an opportunity for other agencies to observe and possibly leverage to also implement Enterprise-wide strategies and governance.

5 Seven Conditions and Standards

This section describes each of the CMS Seven Conditions and Standards, the DHS plan for meeting these requirements and NTT DATA's recommendations relative to each condition and standard based on the MITA SS-A analysis.

The CMS Conditions and Standards (C&S) reviewed for this report include:

- Modularity Standard
- MITA Condition
- Industry Standards Condition
- Leverage Condition
- Business Results Condition
- Reporting Condition
- Interoperability Condition

5.1 Modularity Standard

The Modularity Standard requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interface (API), the separation of business rules from core programming and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology and open, reusable system architecture is extremely important to ensure that states can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.

The following subsections provides NTT DATA's recommendations relative to the Modularity Standard.

5.1.1 Business Architecture

Implement Business Process Management Methodology

As DHS moves forward with implementing modular systems and integrating program areas, it is important to have business processes documented in a standardize way to help transform business operations into manageable processes for re-usability and maintainability. This will also assist with developing more standardized business rules definitions as that functionality becomes more robust.

As the IT PMO moves forward with the Business Process Improvement Initiative, DHS will look to transform business operations into manageable business processes for re-usability and maintainability. DHS will work with the IT PMO to develop standardized business rule definitions that can be applied across DHS and other agencies.

The fundamental concepts of modularity reuse of in-house or externally developed IT modules and services and ubiquitous connectivity through the internet position DHS to continuously adapt and evolve the ARIES System to meet DHS Programs' needs and extend platform access to all stakeholders. This approach will result in the most functional, flexible, extensible, accessible and cost-effective solution for DHS.

In essence, DHS is looking to establish a platform that will provide dynamic support, processing and information exchange with control and resiliency provided by the State at the heart of an information

network for the DHS Programs. Moreover, this new platform must support the ongoing development and evolution of DHS operations by providing the capability for greater flexibility and adaptability as an integral feature of the solution architecture. DHS' strategy is to implement an enterprise platform of common, shared technical components and services that will be leveraged by the ARIES solution. Information Architecture

Adopt an Enterprise-wide Master Data Management Strategy

ARIES will provide an Enterprise solution, which in turn will include a Master Data Management (MDM) component. DHS should adopt a DMS that establishes a program to manage the DHS data lifecycle based on the standards established for the MDM. Standards should include policies relative to DHS data architecture and development and maintenance functions regarding the support of the MITA Seven Standards and Conditions including Modularity.

Develop, Document and Maintain Inventory of System Interfaces

Since the ARIES solution is to be highly modular and built with SOA, while utilizing an ESB for data messaging between the services and modules, DHS should ensure that documentation exists that outlines all of the modular interfaces and maintain a system interface inventory that will assist with the ease of implementing modular systems within the Medicaid Enterprise, along with understanding the flow of information throughout the enterprise. Doing so will help ensure that data flows will not be disrupted should a module need to be changed, added or swapped out.

5.1.2 Technical Architecture

Adopt a Technical Management Strategy

Adopt an enterprise-wide master technical management strategy that establishes a program to manage the application design and technology needed by DHS to achieve optimal sharing of Medicaid Program services and information. The strategy should include processes, techniques and products required for the support of the MITA Seven Standards and Conditions, including Modularity.

Since the ARIES project intends to establish a multi-agency enterprise architecture for eligibility management, the State has an opportunity to leverage this established technology governance board into a much broader, multi-agency governance structure. This would help ensure that a standardized approach to system development and integration would be followed throughout each agency and would help design and implement modules and services that each agency would be able to easily utilize.

Implement Modularity through SOA

SOA is a fundamental component in reaching for an MML goal of Level 3 over the next five years. A key concept of SOA is the ability to replace system components, or modules, when business needs require new capabilities. DHS wants the proposed ARIES architecture to be an SOA-based Enterprise platform.

As part of the SOA requirement for the proposed ARIES system, DHS has requested the following five principles of modularity be implemented:

- **Modular** – The ARIES will consist of service providers or service consumers, with modules existing at various levels of complexity.

- **Distributable** – The modules that compose the ARIES will have the capability to be hosted on disparate systems and communicate with each other in real time.

- **Defined Interfaces** – Each module and interface that composes the ARIES will be documented and defined in a registry with Web Services Description Language (WSDL) to make them easily accessible to system developers.

- **Swappable Modules** – As is the case with most modular SOA applications, the ARIES will be designed with loose coupling services that can be swapped out and changed or enhanced without disrupting the other modules and services. Implementation of a module is kept separate from the interface data.

- **Shareable Service Provider Modules** – The modules that provide services will be deployed in a way that enables them to be invoked by multiple service consumer modules that have partially related business activities. Not all services are expected to be shared, but the capability will be there.

Implement Enterprise-wide Rules Engine Capabilities

Currently the business rules engines used by the DHS systems are highly customized and implemented in a way that makes reuse difficult. Each vendor that has a system in use has its own rules engine that processes the business rules for that particular system. The proposed ARIES system will continue with that trend and have a rules engine that is developed by the vendor for that specific system. In order to achieve a higher level of modularity, DHS should implement a policy that allows for business rules engines to share business rules with other systems by requiring vendors to open the rules engines they develop to share its services with other systems.

5.2 MITA Condition

The MITA Condition requires states to align to and increasingly advance in MITA maturity for business, architecture and data. CMS expects states to complete a Roadmap and continue to make measurable progress in implementing the initiatives/projects identified on that Roadmap.

The following subsections provide NTT DATA's recommendations relative to the MITA Condition.

5.2.1 Business Architecture

Implement all HIPAA and MITA Standard Transactions and Interfaces (as they become available)

This is a key element to achieving To Be goals beyond a Level 2. Use of MITA standards, as developed and released by CMS, is a requirement at MML 3 and beyond. The current Business Architecture assessment only set some of the To Be goals beyond a Level 2, but DHS can prepare and be ready to meet the rest of Level 3 goals when those MITA standards become available. DHS should ensure the governance committees are cognizant of MITA standards and confirm alignment as standards change. Under direction of the governance council, NTT DATA recommends planning annual MITA SS-A activities and requirements.

- The ARIES solution will comply with the MITA guidelines to achieve a sustainable architecture. MITA is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program. MITA has several goals, including the following:

- Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards.
- Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.
- Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies.
- Provide data that is timely, accurate, usable and easily accessible to support analysis and decision-making for healthcare management and program administration.
- Provide performance measurement for accountability and planning.
- Coordinate with public health and other partners and integrate health outcomes within the Medicaid community.

These goals translate into the following ARIES objectives:

- Adopt industry standards for data exchange.
- Promote reusable components through standard interfaces and modularity.
- Provide a beneficiary-centric focus.
- Support interoperability, integration and an open architecture.
- Promote a secure data exchange.
- Support the integration of clinical and administrative data to enable better decision-making.

The Core MMIS system made the MITA standards actionable through direct integration of Business Process Steps within the interChange MMIS user interface. Process steps are documented at the task level, enabling users to achieve process standardization, quality and heightened maturity, which are the fundamental goals of the MITA Condition.

5.2.2 Information Architecture

Implement Data Governance

Currently, there is not an established Enterprise-wide data governance, although DHS is in the beginning stages of collaborating with DIS to establish governance. This governance would follow the agreed recommendations and plans made through future MITA transition planning activities. The governance will be led by an Executive Governance Board that will oversee the vision, guidance, delivery and services/processes of the state data.

5.2.3 Technical Architecture

Implement a Technical Governance Program

As mentioned in the Modularity Standard, the development and establishment of a true Enterprise-wide Technical Governance board will help ensure that MITA technical standards are being met and maturity levels increase as new systems are procured and implemented. This technical governance board can also ensure that a true Technical Management Strategy (TMS) doctrine is developed and followed that will benefit multiple agencies throughout the State.

Currently, multiple Technical Governance groups meet within each specific agency, but there is limited cross-agency communication between them. It would benefit the State to start having established, formal meetings between the siloed technical review boards, along with a Systems Integrator (SI), to ensure all technology needs are being met.

5.3 Industry Standards Condition

The Industry Standards Condition requires states to ensure alignment with and incorporation of industry standards. This covers HIPAA security, privacy, and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act or standards that provide greater accessibility for clients with disabilities and compliance with federal civil rights laws; standards adopted by the Secretary under Section 1104 of the Affordable Care Act (ACA); and standards and protocols adopted by the Secretary under Section 1561 of the ACA.

DHS is challenged with coordinating program changes across all agencies. However, a key element creating challenges for the enterprise is the lack of enterprise-wide standards in key areas. This factor was noted and emerged during both the business and technical assessments. To support the To Be goals identified by SMEs, implementation of standards in the BA, IA, and TA areas is imperative.

The ARIES target architecture should consist of a number of services that are compliant with industry standards for SOA to facilitate reuse, adaptability and interoperability supporting the larger DHS IT agenda for an integrated enterprise platform

The new Core MMIS solution conforms to industry standards, enhances interoperability and accessibility for healthcare processing and evolves in response to the changing standards landscape. The Core MMIS helps shape the direction of the ARIES solution by the contribution of industry experts' participation with industry standards boards. These organizations affect transactional data standards, operating rules, and security specifications.

The following subsections provide NTT DATA’s recommendations relative to the Industry Standards Condition.:

5.3.1 Business Architecture

Implement Policy and Program Standards

Supplementing the core point of formally documenting all policy and program requirements is a key element to include when establishing standards. This includes consistent formatting, outlining which type of policy is appropriate based on the situation and articulating to the enterprise units what has changed in a policy or requirement.

Improve Training for all Enterprise Staff

This includes associated training materials as needed to improve consistency in enterprise-wide understanding of policy, program requirements (such as federal and Arkansas regulations that impact the Medicaid Program), enterprise resources (people, data, and systems) and connections between Medicaid processes.

Expand the Integration/Centralization of Similar Processes

A prime example of where this could benefit the enterprise is in the management of contracts and data exchange agreements.

Manage Business Processes

It is imperative with MITA alignment that DHS stays apprised of leading-edge technology to leverage those system architectures and web technologies that provide economical and flexible ways to manage the business processes. To ensure the efficient documentation and management of various processes, DHS should consider implementing a business process management system that allows for the review of processes across multiple business units.

5.3.2 Information Architecture

Adopt an Enterprise-wide Data Governance to Advance Industry Standards

DHS should ensure alignment with and incorporation of industry standards, including HIPAA Security, MITA IA framework, Data Management Industry Guidelines and Data Governance. Standards should address data management functions such as SDLC, Data Architecture, Data Modeling, Data Design, SOA and Software process improvement. The ARIES project will require the vendor to supply a data dictionary that conforms to data standards provided by DHS. This should be used as a guideline for DHS to develop policy that enforces all vendors for future procurements to adhere to the same data standards that DHS develops.

Implement Enterprise-wide Standardization of Data

The current data warehouse contains over 40 databases and 10,000 tables from across multiple divisions. Standardization of the data within these databases should be implemented across all programs within the enterprise. Standardizing this data will ensure that shared information will be consistent among all system services and modules. This flexibility allows for system services to be swapped out or reused among other systems without being concerned about data compatibility between the services.

5.3.3 Technical Architecture

Implement an Enterprise Technical Governance Structure to Advance Industry Standards

This implementation will support setting and managing standards and process change of all types. This structure is essential to realizing the many improvements articulated by SMEs. The following items would be part of a governance industry standards structure:

- Identification and adoption of technical standards
- Incorporation of technical standards for all technical and application solutions
- Integration of Technical and Application service solutions into an enterprise repository
- Design of all proposed technical solutions providing technical models and standards before solution passes to development and creation
- Ensuring that all applications and technical solutions follow established industry standard security

5.4 Leverage Condition

The Leverage Condition requires state solutions to promote sharing, leveraging and reuse of Medicaid technologies and systems within and among states. States can benefit substantially from the experience and investments of other states through the reuse of components and technologies already developed, consistent with an SOA, from publicly available or commercially sold components and products and from the use of cloud technologies to share infrastructure and applications.

Goals and objectives of the ARIES system include leveraging Technology to improve client satisfaction with robust self-service and multi-channel access to benefits.

The DHS client and staff expectations regarding technology have changed drastically since the legacy systems supporting the DHS programs were implemented. The internet is now available to people of all socio-economic backgrounds, and they now expect to have access to self-service capabilities to perform tasks online, such as completing an application and receiving updates electronically through computers or smartphones. Both staff and clients have more robust modern technologies available to them in their personal life than what they experience in their work environment. To strengthen client participation, empowerment, and responsibility, today's technologies need to provide consumers with self-service capabilities supporting the application, service delivery and processes involved with the delivery of DHS programs and services. In addition to these expectations, access to the internet allows DHS to interact with applicants and clients in more effective ways through an integrated, web-enabled solution, which allows easier access to all services for clients.

This condition also encourages states to move to regional or multistate solutions when cost-effective and will seek to support and facilitate such solutions. The Core MMIS interChange modules are proactively designed to maximize configuration and rules-based processing, minimizing customization and maximizing transferability, thus allowing the ARIES solution to take advantage of the participation and contributions by other states.

The following subsections provide NTT DATA's recommendations relative to the Leverage Condition.

5.4.1 Business Architecture

Share Reusable Business Processes

As DHS moves forward with advancing the Medicaid Enterprise, there are opportunities to capitalize on reusable business processes. The various program areas should come together around the MITA business areas, such as Contractor Management or Business Relationship Management, to begin the process of identifying opportunities to develop standardized or reusable processes. For example, as DHS works to implement the ARIES across multiple program areas, the functions for eligibility determination are similar, and program areas that vary can update their procedures to streamline the processes in accordance with the ARIES requirements.

Identify Duplicative Business Processes across the Enterprise

DHS can better implement and streamline program areas when duplicative processes are identified.

Develop a System Transition or Retirement Plan

As DHS identifies the systems within the Medicaid Enterprise to develop a modular enterprise, it is necessary to identify the systems and their life expectancies and incorporate a transition plan in the

overarching project management plan. This will assist DHS with identifying opportunities to combine functionality with future module implementations.

5.4.2 Information Architecture

Develop a Master Client Index (MCI)

The ARIES project must develop an MCI built on the existing data sources for client eligibility data. This MCI should be designed as an independent module that can be accessible by other systems via an Enterprise-wide ESB and should act as the “source of truth” for all member-related data.

5.4.3 Technical Architecture

Adopt an SOA and ESB Strategy

DHS wants the ARIES project to help develop an Enterprise-wide platform solution. This platform will support SOA architecture, utilize an ESB for service and data integration and publish business and technical services such as content management services, security services and Master Data Management (MDM) services. In relation to this strategy, DHS would like the vendor to implement MDM services that other divisions can leverage.

DHS should work with the vendor when implementing this SOA architecture and ESB integration to develop a policy for allowing other agencies to leverage these solutions. Allowing for other divisions to be involved in the implementation process will help ensure standardization of the reusable business and technical services that other agencies may want to leverage.

5.5 Business Results Condition

The Business Results Condition requires systems to support accurate and timely processing of claims (including claims of eligibility), adjudications and effective communications with providers, beneficiaries and the public.

It is imperative that the new ARIES system builds a common Enterprise platform provides an enterprise technology foundation for all DHS business operations and programs. The ARIES Solution effort will include “Cross Program” functionality across the various departments. Additionally, the ARIES Solution will provide additive robust business intelligence, reporting and analytical capabilities through leveraging the State’s data warehousing solution(s) and current business intelligence tools and mechanisms. The enhanced business intelligence and analytical capabilities will support reporting and analytics around DHS’s predictive and performance analytics and program integrity (fraud, waste, and abuse) and performance and predictive analytics.

The Core MMIS increases the capabilities of the ARIES system with tools such as cloud base correspondence management for improved communications. The web portal-based claims adjudication process is a tool welcomed by providers as they get feedback on the results of claims adjudication within seconds of submitting the claim. The ARIES system will interface with the Core MMIS to improve the claims processing capabilities.

The following subsections provide NTT DATA’s recommendations relative to the Business Results Condition.

5.5.1 Business Architecture

Streamline Approval Procedures

DHS would realize improved accuracy and faster decisions through streamlined approval procedures that are facilitated by a centralized availability of information, workflow management capabilities and electronic approvals.

Improve Human Capital

Human capital includes applicable technological skills and subject matter expertise. It includes ensuring staffing levels commensurate with enterprise priorities, the manual/automated nature of the process and the ability to act proactively.

Improve DHS Contract and Procurement Capabilities

This includes the development of Interagency Agreements with sister agencies. Most document development and maintenance activities are manual in nature, and many of the improvements will have an impact on the maturity of contract management business processes.

5.5.2 Information Architecture

Implement Data Performance Standards

DHS should establish SLAs and KPIs for collection and monitoring of data standards. These can be used as indicators of data quality performance to report the relationship between flawed data and missed business objectives and to perform assessments of the data. These assessments in turn can be used to identify data issues that have high impact and are useful for on-going quality inspection and control.

5.5.3 Technical Architecture

Improved Automation and Performance Standards

DHS has established some level of SLAs and KPIs for system performance based around the CMS requirements. DHS should expand on these by developing SLAs that ensure end users have a positive experience with the systems.

Implement Workflow Management Capabilities

DHS plans to use DocuShare across all levels of the agency for document management, and Salesforce is the workflow manager used by the call center vendor. The ARIES system will have workflow capabilities, but an Enterprise-wide workflow solution is not planned at this time since workflow functionality is determined by the individual vendors. DHS will prioritize developing policies that would allow for a truly dynamic workflow solution that can be utilized enterprise-wide and is not specific to individual vendors. This would enhance efficiency of workflow and the accuracy of data.

5.6 Reporting Condition

The Reporting Condition requires solutions to produce transaction data, reports and performance information that would contribute to program evaluation, continuous improvement in business operations, transparency and accountability.

The guiding principles of the AR ARIES Reporting Strategy consist of the following:

- Decouple the sourced Online Transaction Processing (OLTP) systems from the Reporting system by establishing a Staging data store to house all data from the sourced systems and avoid any reporting impact to the production-sourced systems
- Stand up a relational Operational Data Store (ODS) to capture de-normalized data across multiple sources and time-stamp and optimize reports for operational reporting and external data needs
- Develop subject-oriented Online Analytical Processing (OLAP)/dimensional data marts to facilitate data mining
- Leverage standard Extract, Transform and Load (ETL) tool to move data across the various data layers
- Provide a unified semantic layer enabling little or no changes with new reporting requirements
- Provide self-service capability to query data and produce simple reports for investigations using drag/drop features
- Leverage IBM Cognos Analytics stack
- Leverage Cúram BI reporting module until ARIES replaces it

The following subsections provide NTT DATA's recommendations relative to the Reporting Condition.

5.6.1 Business Architecture

Implement a Policy to Establish Forms Management Governance

At present, data is primarily entered into DHS systems via manual data entry on hardcopy forms, online data entry and electronic forms. However, there is no formal forms management across the enterprise. For example, as non-MAGI clients need to update their information, they do not have access to their data that is stored in ANSWER/ACES through the Citizen Portal. They still need to mail or call to update certain information on their member record. Establishment of standards for the creation and maintenance of both electronic and hardcopy forms, as well as the designation of standard forms to use in relation to specific processes, have the potential to simplify and streamline interactions between the enterprise and external stakeholders (clients, providers and contractors). Some examples of what this would look like include:

- Produce transaction data, reports and performance information that would contribute to program evaluation, continuous improvement in business operations and transparency and accountability.
- The ARIES solution should be able to electronically produce and to expose the accurate data that are necessary for oversight, administration, evaluation, integrity and transparency.

- Reports should be automatically generated through open interfaces to designated federal repositories or data hubs, with appropriate audit trails.

5.6.2 Information Architecture

Establish a Data Quality Program in DHS

DHS should establish a program for planning, implementing and controlling activities that apply quality management techniques to measure, assess, improve and ensure the quality of data for use. This program should define requirements and specifications for integrating quality controls of data in the system development lifecycle (SDLC). This effort will improve data accuracy and automation of reports.

Increase Automation of Data Sharing

Currently, areas still exist where email and manual manipulation of Excel spreadsheets play a central role in exchanging data, especially in regard to sharing data with business partners (or request of data exchange from business partners). Creating an automated workflow and data exchange will help make these processes more efficient and better ensure the accuracy of the data being exchanged.

Standardize Data

The current data warehouse contains over 40 databases and 10,000 tables from across multiple divisions. Standardizing the data contained in these databases would enhance the accuracy and reliability of running reports out of the data warehouse.

5.6.3 Technical Architecture

Develop Open Messaging

Messaging is a key aspect of distributed computing that enables sending messages between different applications. As mentioned previously, ARIES will utilize an ESB for reliable messaging between systems and services. In addition to the ESB implementation, DHS should adopt data and technical modeling standards to ensure consistent messaging and services throughout the enterprise. Currently, ESBs are tied individually to each vendor, so it would benefit DHS to develop a policy that allows for ESB solutions to be used across the Enterprise and not be siloed by each individual vendor.

Consolidate the Data Warehouse

As mentioned above, data standardization would allow for more accurate reporting. Consolidating multiple divisions' data into a single, centralized warehouse while also standardizing it across the agencies would allow an Enterprise-wide increase in the reliability and accuracy of the reports generated from the data. DIS is currently in the early stages of developing a data warehouse that will centralize some capabilities, and DHS should follow those developments closely.

5.7 Interoperability Condition

The interoperability condition ensures that seamless systems coordination and integration exists with the HIE and Health Insurance Exchange (HIX), such as SHARE in Arkansas, whether run by the State or

federal government, and allows systems interoperability with public health agencies, eligible hospitals and eligible professionals enrolled in DHS EHR Incentive Program, human services programs and community organizations providing outreach and enrollment assistance services. As part of the person- or family-centric vision of DHS, part of this would include sharing information with the HIX or other marketplace insurance system to help those seeking assistance who are not eligible for the services offered through the programs linked to ARIES.

The data sharing architecture must address data semantics, data harmonization strategies, shared-data ownership, security and privacy implications and the quality of shared data.

As DHS increases its information and technical and maturity, a few key functional considerations must be included in planning and development, including:

- DHS should ensure that open interfaces are established and maintained with any federal data services hub.
- DHS must test communications between exchanges and Medicaid systems so that determinations and referrals can be effectively transmitted.
- DHS should build a strategy of shared services development and how each service will support the exchange of data.
- DHS should include a systems-development path in all project charters to support interoperability with HIEs, public health agencies and human services programs to promote effective customer service and better clinical management.

While some processes are highly automated, most business processes are still supported to some degree by manual activities. Automation of as many of these activities as possible will have a significant impact on the ability of enterprise staff to better address external stakeholder needs and program improvement.

To address the key drivers of the ARIES project, DHS has identified key imperatives. The solution must:

- Support DHS' In-Scope Programs To Be Model of Practice
- Enable client self-service capabilities
- Allow clients to seamlessly use any channel to interact with DCO (for example, complete an integrated application online)
- Provide robust decision support at all levels to anticipate, support and validate key decisions and activities
- Automate and minimize staff time spent on administrative tasks
- Standardize processes, particularly cross-program processes (for example, eligibility, customer support and benefits management)
- Support DHS' vision for person/family-centric service delivery
- Provide the framework for integrated decision support and data analysis
- Establish capability to centralize/distribute workload (for example phone calls, application processing)

- Reduce the time required to gather, process and share information
- Improve integration with external data sources

The following subsections provide NTT DATA's recommendations relative to the Interoperability Condition.

5.7.1 Business Architecture

Leverage Existing Feature(s) of Enterprise Systems

To leverage existing systems, DHS needs to explore the opportunities offered by coordination of enhancements to already existing systems and promote integrated operations across business areas. An example of leveraging information is to allow programs with data sharing agreements and APDs to leverage the functionality of the eProcurement contract management modules, especially since a system requirement is to be able to track internal projects and Zero-Dollar contracts.

- The data sharing architecture will address data semantics, data harmonization strategies, shared-data ownership, security and privacy implications and the quality of shared data.
- The ARIES solution shall ensure a seamless coordination and integration with the Exchange (whether run by the state or federal government) and allow interoperability with health information exchanges.
- Ensure that open interfaces are established and maintained with any federal data services hub and that requests to the hub are prepared and available for submission immediately after successful completion of the application for eligibility.
- Ensure and test communications between Exchange and Medicaid systems so that determinations and referrals can be effectively transmitted from the Exchange.

5.7.2 Information Architecture

Implement Enterprise-wide Standardization of Data

As mentioned above in the Industry Standards Condition and Reporting Condition, the current data warehouse contains over 40 databases and 10,000 tables from across multiple divisions. Standardization of the data within these databases should be implemented across all programs within the enterprise. Standardizing data will ensure that information can be interfaced with other systems and external entities that share those same data standards.

Identify Information and Data Standards for Interaction with Exchange or HIE

Related to the standardization of data, DHS should develop a process that identifies messages and technology standards for interaction with the State or federal Exchange or any other agency to allow interoperability.

5.7.3 Technical Architecture

The ARIES project should develop a process that identifies messages and technology standards for interaction with other agencies and provides a seamless integration with the state (or federal) exchange.

Expand Implementation of Electronic Mechanisms

Expanding electronic mechanisms to support interactions with and provide information to external enterprise stakeholders (providers, clients and contractors) is essential to maturing enterprise processes. The ARIES solution should provide a single access point for all users to access the system using role-based security measures.

6 DHS MITA To Be Roadmap

6.1 Roadmap Overview

The strategic initiatives included in this MITA To Be Roadmap are structured to meet the conditions and standards approach as outlined by CMS in the Medicaid Eligibility & Enrollment Toolkit (MEET) 1.1 and Medicaid Enterprise Certification Toolkit (MECT) 2.3 last updated on August 1, 2018. The strategy has also been aligned with the latest guidelines provided in State Medicaid Director Letter #16-010, specifically around definitions of modules, lists of modules and the role of a Systems Integrator.

DHS understands that several federal initiatives and requirements must be addressed over the next 5-years and intends to leverage these requirements, as well as existing projects and IT assets, to promote a modular and MITA aligned approach to systems implementations.

In this section, DHS is seeking CMS' review of the initiatives on the Roadmap, some of which have already been identified in APDs. Upon CMS approval of the deliverable and availability of resources (both monetary and staffing), the enterprise will submit individual project APDs to request enhanced funding from CMS for priority projects included in this plan for those initiatives that do not already have corresponding APDs.

Each strategic initiative or module in this Roadmap serves to improve the maturity of multiple MITA business processes. DHS will seek opportunities to modularize its systems through State/federal initiatives, other system projects or procurements. However, DHS must work within the constraints of limited funding, staffing resources and risk to programs in determining when to modularize functions.

As part of the APD process, CMS expects all states to prepare and submit a MITA 3.0 Roadmap and to complete and continue to make measurable progress in meeting the goals of its Roadmap.

CMS also expects:

- The MITA 3.0 Roadmap to cover a 5-year outlook and address the following:
    - Goals and objectives
    - Key activities and milestones
    - Proposed system solutions
    - How the State plans to improve in MITA maturity over the 5-year period and its anticipated timing for full MITA maturity
- The State Medicaid Agency (SMA) to update the MITA 3.0 Roadmap document on an annual basis
- States submitting partial system updates to submit and have an approved MITA To Be Roadmap for achieving full compliance with the CMS C&S to receive enhanced FFP

DHS acknowledges that CMS will track progress against an approved Roadmap when determining if system updates meet CMS's C&S for the enhanced match. States must ensure that they have a sequencing plan that considers cost, benefit, schedule and risk. States must also ensure that their BA conforms to DHSs COO and BPM.

Included in this section are expectations for the APD and the key components of the Roadmap and Roadmap Gantt Chart.

Table 30: MITA 3.0 To Be Roadmap Components

Component	Description
Statement of Goals and Objectives	Provides a statement of purpose, vision, program needs, goals, objectives, anticipated benefits and compliance with regulations. Identifies any state workgroups or collaborative efforts.
Project Management Plan	Summarizes how DHS plans to assess its As Is operations and To Be State Medicaid Enterprise environment. Briefly describes the planning project organization and how DHS plans to conduct the activities for planning, as well as the schedules and milestones for completion of key events.
Proposed Project Budget	Describes the resource needs for which DHS may request funding support (e.g., personnel costs, resources, and contractor costs for staff, equipment, facilities, travel, outreach, and training).

6.2 System Strategy

The MITA SS-A To Be Roadmap is based on information gathered during the SS-A process and includes information from existing strategy documents and discussions with DHS leadership. Much of the vision for moving Arkansas forward has been defined and worked out through high-level discussions and committee reviews, which includes the Gartner and NTT DATA assessments. A lot of time and energy was put into developing the person-centric focus, which is reflected in the RFP requirements for both the ARIES and eProcurement Initiatives.

DHS's modular procurements laid out in this roadmap will align to the latest CMS direction on modularity, systems integration and the MECL and Medicaid Eligibility and Enrollment Life Cycle (MEELC) to maximize Federal Funding for Arkansas's Medicaid Enterprise modernization projects.

6.3 State Initiatives: Completed Projects

The projects and initiatives in this section were part of the 2013 MITA SS-A Roadmap and have either completed or are in the process of being completed.

Project: State Health Alliance for Record Exchange (SHARE)

- Status: Completed
- Description: SHARE is the statewide HIE that enables medical professionals to securely share patient information between their locations. SHARE makes this important information accessible when and where needed. SHARE provides the technical infrastructure needed to facilitate the exchange of health information in a HIPAA-compliant environment

Project: Pharmacy System

- Status: Completed

- Description: Rather than continue to remediate this overly complex and dated system or attempt to retrofit its architecture to comply with contemporary technology and interoperability needs, DHS chose to replace it; the Pharmacy System was a subproject identified as part of the update.

Project: Decision Support System

- Status: Completed

- Description: Rather than continue to remediate this overly complex and dated system or attempt to retrofit its architecture to comply with contemporary technology and interoperability needs, DHS chose to replace it; the Decision Support System was a subproject identified as part of the update.

Project: MMIS Replacement (Core)

- Status: Completing R3 Milestone Review

- Description: Rather than continue to remediate this overly complex and dated system or attempt to retrofit its architecture to comply with contemporary technology and interoperability needs, DHS chose to replace it; the MMIS Core was a subproject identified as part of the update.

Project: Program Management Office (IT PMO)

- Status: Vendor Contract Executed, IT PMO Implemented

- Description: In October 2014 DHS established a centralized project management office (PMO) to better manage the agency's information technology (IT) projects. Centralizing the management of IT projects provides DHS the opportunity to streamline efficiencies across projects by applying proven project management practices. The centralized PMO improves communication across DHS stakeholders and with Arkansas' federal funding partners. The PMO also provides a single point of accountability and visibility for both DHS senior management and the federal Centers for Medicare and Medicaid Services (CMS).

Project: ICD-10 Remediation and Implementation

- Status: Completed

- Description: A solution to modify the Medicaid business operations and the MMIS to ensure ICD-10 compliance by the mandated date.

Project: Electronic Health Record Payment Incentives

- Status: Completed

- Description: Development of the MAPIR system was a multi-state collaborative led by the Pennsylvania Office of Medical Assistance Program (PA OMAP) and HPES.

Project: Arkansas Healthcare Payment Improvement Initiatives

- Status: Completed

- Description: The Arkansas Healthcare Payment Improvement Initiative is a collaborative effort among healthcare payers – Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, and QualChoice, to create a sustainable patient-centered healthcare system that focuses on the improvement of (1) population health, (2) patients' experience of care, and (3) cost-effectiveness of care. The initiative will achieve this by transforming the vast majority of care and payment from a fragmented, FFS model that rewards providers for volume, to a model that rewards and supports providers for delivering improved outcomes and high-quality, cost-effective care via two complementary initiatives:

    - **Population-based care delivery**: Provide the majority of Arkansans with access to a patient-centered medical home that provides comprehensive, team-based care, with a focus on chronic-care management and preventive services

    - **Episode-based care delivery**: Reward providers who deliver high-quality, cost-effective, and team-based care across an entire episode of acute, procedural, or ongoing specialty care conditions

6.4 State Initiatives: Modules (Systems)

The initiatives and their respective projects in this section 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 or APD document, while others may need to be incorporated into new APDs for CMS approval.

Each of the following projects and initiatives address the timeframe, goals and objectives, project management approach and the proposed budget for the project being described, if known. A table at the end of each subsection identifies the key MITA business processes that are impacted by the project or initiative.

Table 31: MITA Roadmap Proposed Initiatives

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	5

6.4.1 Initiative 1 – Data Management

6.4.1.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.1.2 Description

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

Table 32: Data Management Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
1.1	DHS Enterprise Data Management Strategy Development	Define and Develop the DHS Enterprise Data Management Strategy	TBD	TBD
1.2	Data Governance Board	Create a set of standards to Implement a Data Governance Board	TBD	TBD
1.3	AME Data Quality Improvement	Research/Analysis activity to assess impacts to each of the functional areas within the MMIS application related to Linking and Unlinking.	7/15/2019	TBD
1.4	Data Inventory & Mapping	Define and Develop Strategy for Data inventory and mapping	TBD	TBD
1.5	Data Models	Define, Develop and adopt Data Models	TBD	TBD
1.6	Data Lake, Enterprise Landing Zone, & Data Analytics	Define and Develop Data Strategy Management components: Data Lake, Enterprise Landing Zone, & Data Analytics/Science	TBD	TBD
1.7	Document Sharing Policies/ Centralized Enterprise Content Management (ECM)	Define and Develop Document sharing policies and implement an ECM	TBD	TBD
1.8	Enterprise Master Person Index (EMPI)	Phase 2 of the ARIES Master Client Index (MCI)/Master Provider Index (MPI) implementation. This would incorporate all clients and providers into a single index to create the enterprise master person index.	4/1/19	TBD
1.9	Consolidated Data Repository (Enterprise Data Warehouse Enhancement)	Enterprise Data Warehouse Enhancement to create a Consolidated Data Repository	TBD	TBD
1.10	Identity & Access Management	IAM to be implemented as Part of the ARIES Project	4/1/2019	TBD
1.11	Enterprise Service Bus (ESB)	ESB to be Implemented as Part of the ARIES Project	4/1/2019	TBD

6.4.1.3 Goals and Objectives

The goals for the Data Management Initiative are as follows:

- Establish the strategy to better manage data across the DHS enterprise, which includes the Medicaid Program
- Establish the governance of data across DHS through the Data Governance Board
- Identify the data, what exists, where it exists, who uses it, how it is used and if there are gaps in data
- Using the AME Data, work to pilot data quality improvement, which would inform and be leveraged across other programs and systems
- Expand and enhance data warehousing and analytics
- Establish policies on how best to share documents across programs and the procedures to follow
- Enhance the Master Client/Provider Index that was established as part of the ARIES implementation
- Establish an Enterprise Service Bus (ESB) to allow for the sharing of data

6.4.1.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 33: MITA Maturity Gains for the Data Management Initiative

Business Area	Maturity Gains
Business Relationship Management	Could Impact All Processes
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	Could Impact All Processes
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	Could Impact All Processes
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

6.4.1.5 Project Management Approach

The development of the Data Management Strategy will be among the first projects undertaken with the newly formed Data Governance Board. The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.1.6 Initiative Budget

TBD

6.4.2 Initiative 2 – Technical Management

6.4.2.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.2.2 Description

The DHS vision is to create a unified Technical Management Strategy across the agency. This initiative includes 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).

Table 34: Technical Management Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
2.1	Enterprise Governance Board	Create enterprise set of standards for technology & procurement	2/1/2019	12/31/2020
2.2	Infrastructure Optimization	Modernization of aging data center and platform infrastructure	TBD	TBD
2.3	Application Rationalization & Modernization	Optimize application environment through reuse and leveraging, upgrading of aging applications/platforms	TBD	TBD

6.4.2.3 Goals and Objectives

The goals for the Technical Management Initiative are as follows:

- Establish the strategy to better manage infrastructure and applications across the DHS enterprise, which includes the Medicaid Program
- Establish the technical governance across DHS through the Enterprise Architecture Board
- Review system lifecycles, purpose and workflow and look to modernize, leverage and consolidate across programs

6.4.2.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 35: MITA Maturity Gains for the Technical Management Initiative

Business Area	Maturity Gains
Business Relationship Management	Could Impact All Processes
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	Could Impact All Processes
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	Could Impact All Processes
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

6.4.2.5 Project Management Approach

The development of the strategy on how to optimize applications and modernize systems will be among the first projects undertaken with this initiative. The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.2.6 Initiative Budget

TBD

6.4.3 Initiative 3 – HIT/HITECH Integration

6.4.3.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.3.2 Description

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.

Table 36: HIT/HITECH Integration Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
3.1	HIE Interface/Connection	Establish interface with data warehouse to begin receiving clinical data		
3.2	[Placeholder for additional project identified to integrate with HIE]			
3.3	[Placeholder for additional project identified to integrate with HIE]			
3.4	[Placeholder for additional project identified to integrate with HIE]			

6.4.3.3 Goals and Objectives

The goals for the HIT/HITECH Initiative are as follows:

- Leverage HIE data for Medicaid program functions

6.4.3.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 37: MITA Maturity Gains for the HIT/HITECH Integration Initiative

Business Area	Maturity Gains
Business Relationship Management	Could Impact All Processes
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	Could Impact All Processes
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	Could Impact All Processes
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

6.4.3.5 Project Management Approach

The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.3.6 Initiative Budget

TBD

6.4.4 Initiative 4 – Shared Services

6.4.4.1 Duration

The initial projects are currently inflight during 2019 and are projected to continue throughout the following five years.

6.4.4.2 Description

The DHS vision is to create a 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.

Table 38: Share Services Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
4.1	JIRA Projects	Assist Programs to implement JIRA projects to help track and manage the components of the projects	Ongoing	Ongoing
4.2	Rules Process Documentation and Processing	Improves Rules Process documentation and processing.	2/1/2019	2/1/2020
4.3	Personnel Policies	Review DHS policies to determine if OPM has existing policy	12/13/2018	12/31/2019
4.4	IC - Record Retention	Create a Record Retention Program for DHS	10/17/2018	1/1/2020
4.5	Enhanced Employee Skill Building	This project will enhance DHS training offerings to its employees	2/11/2019	5/1/2020
4.6	Cross Training	This project will implement policies and procedures to ensure all DHS staff have a cross trained counterpart.	5/31/2019	9/2/2019
4.7	Business Case Management Software (Quick Base)	This project will implement a general case management solution.	2/1/2019	9/30/2019
4.8	OSP eProcurement	The Office of State Procurement is implementing a new e-procurement solution.	TBD	TBD
4.9	Dashboards	This project is part of the ISS deliverables for Deloitte to provide dashboard reports for several systems	TBD	TBD
4.10	Workflow Monitoring	• Workflow monitoring- Our ability to see what is going on inside of workflow is limited ▪ K2 Blackpearl ▪ PA workflow needs a lot of improvement, trying to improve that now ▪ Tool needs to be worked on/replaced; 2-3 years	TBD	TBD

Project #	Proposed Project Name	Description	Start Date	End Date
		• Improve visibility across the board ▪ Would like better dashboards to monitor workflow		
4.11	Code Management Tool	• Would like a Direct Code management, SDLC tool, Code release management tool for DXC's MMIS. ▪ This would include a requirements management tool that ties into a testing tool, that ties requirements to test and code changes. – Basically, provide full traceability throughout the whole code update/release process. ▪ There used to be a good tool for this, but it went away when HPES became DXC. ▪ 3-5-year goal	TBD	TBD
4.12	Portfolio Management Tool	Portfolio management tools for top projects. ▪ 3-5 years	TBD	TBD
4.13	IC - Risk Assessment	Conduct risk assessment within DHS for all Divisions	10/17/2018	9/30/2019
4.14	Process Mapping	Project for DHS Director and all divisions in DHS - Process Improvement	1/1/2018	12/30/2019
4.15	Conversion to Electronic Record Keeping	This project will eliminate paper records in all possible DHS areas.	TBD	TBD
4.16	Enterprise Process Improvement	Ongoing Process Improvement Initiatives	Ongoing	Ongoing
4.17	Streamlining of Workflows, Processes, and documentation across agency	Ongoing Process Mapping efforts to streamline workflows, processes and documentation	Ongoing	Ongoing
4.18	Directory Access/Active Directory Enhancements (Signal Sign-On)	Active Directory Enhancements to support SSO	TBD	TBD
4.19	Enterprise File Transfer functionality	• Would like a general-purpose platform that allows exchange of data with others as needed. Currently have MoveIt and Accellion. Would like a single platform to replace MoveIt. Transaction origination. ▪ File transfer across the whole enterprise ▪ Being looked at by Enterprise Architecture group probably a short-term goal • ICD document. Interface control document that from interChange system there are approximately 26 vendors that receive or send information.	TBD	TBD
4.20	Security Enhancements	• Needs to be improved Security enhancements. CMS wants 2-factor authentication and the state does not	TBD	TBD

Project #	Proposed Project Name	Description	Start Date	End Date
		currently have in place. ▪ DXC portal side – providers/members ▪ Magellan portal side – providers/members ▪ State level SSO also needs improvements ▪ 3-5-year goal		
4.21	Disaster Recovery	• Improved Disaster Recovery- with all vendors ▪ Try to improve with the next procurement ▪ Add as a requirement	TBD	TBD
4.22	Amazon eProcurement	Implement Amazon Purchasing for approved products	03/15/2019	08/30/19
4.23	TR1 Replacement	Replace the existing TR1 solution - Expense Management	10/1/2019	12/31/2019

6.4.4.3 Goals and Objectives

The goal for the Shared Services Initiative is as follows:

- Centralize and streamline services that are utilized by multiple programs across DHS

6.4.4.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 39: MITA Maturity Gains for the Share Services Initiative

Business Area	Maturity Gains
Business Relationship Management	Could Impact All Processes
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	Could Impact All Processes
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	Could Impact All Processes
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

6.4.4.5 Project Management Approach

The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.4.6 Initiative Budget

TBD

6.4.5 Initiative 5 – Operations & Systems Enhancements

6.4.5.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.5.2 Description

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

Table 40: Operations & Systems Enhancements Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
5.1	Integrated Vendor Ticketing System/ITSM (MMIS)	Define and Develop a central integrated Vendor Ticketing system	TBD	TBD
5.2	Answer Support Log	JIRA - to support ANSWER tickets	1/1/2018	12/30/2019
5.3	CSR Enhancements	Put the CSR information into Tableau	TBD	TBD
5.4	New DHS Website	This project will cleanup existing DHS website content and redesign the structure.	3/1/2019	12/31/2019
5.5	MMIS integration to EDW, ARIES, etc.	MMIS Integration activities related to the ARIES Implementation, EDW	4/1/2019	10/26/2020
5.6	Existing System Enhancements	• Focus on how we preform process improvement. How do we take full advantage of the Cadillac version of system that we purchased? How do we get the value for the money that was spent and improve the return on investment? ▪ Ongoing item ▪ Want as much of this done as soon as possible ▪ Related to all vendors ▪ From the original requirements listed in the RFP, canceled ~150, deferred ~150	TBD	TBD
5.7	100% paperless for anything MMIS	• For pretty much everything except for letters • This can be done in phases (2-5 years). • Would like to do this without requesting timely filing override	TBD	TBD

Project #	Proposed Project Name	Description	Start Date	End Date
5.8	State Financial Data	• Would like to start bringing in State Financial data into the MMIS ▪ Get funding requests in the MMIS ▪ Longer term goal	TBD	TBD
5.9	MMIS Application Monitoring	• Application monitoring – improving day to day operations (goal for next procurement) ▪ There are problems with knowing when applications have issues ▪ Would like to replace the Insight dashboard with some real time monitoring tool to determine what the real system availability is and when there is a real problem – Currently, if availability issues arise, someone has to manually flag it • Notifications need improvement (for example: EEF file errored out and no vendor knew) System monitoring/application monitoring. Current system is manual and consist of sending email notifications • Online chat with Help Desk for Providers, etc.	TBD	TBD

6.4.5.3 Goals and Objectives

The goal for the Operations & Systems Enhancements Initiative includes:

- Continue to enhance and better utilize the functionality of existing systems

6.4.5.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 41: MITA Maturity Gains for the Operations & Systems Enhancements Initiative

Business Area	Maturity Gains
Business Relationship Management	
Member Management	Could Impact All Processes
Care Management	
Operations Management	Could Impact All Processes
Contractor Management	

Business Area	Maturity Gains
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	Could Impact All Processes
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

6.4.5.5 Project Management Approach

The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.5.6 Initiative Budget

TBD

6.4.6 Initiative 6 – Member Eligibility & Management

6.4.6.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.6.2 Description

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 Client Index and enhancing the member portal functionality.

Table 42: Member Eligibility & Management Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
6.1	ARIES Program	To design, develop, and implement an integrated eligibility system for DHS • ARIES EEF MO Release 1: Release 1 to design, develop, implement an integrated eligibility system (3/25/19-4/30/22) • ARIES EEF M&O: To provide maintenance and operations services for the EEF Cúram Solution (3/25/19-12/31/20	3/25/2019	9/30/2022
6.2	Phase 1: Master Client Index (MCI) (Enterprise Master Person Index- EMPI which includes both Client and Provider)	Included in ARIES Program	3/25/2019	9/30/2019

Project #	Proposed Project Name	Description	Start Date	End Date
6.3	Comprehensive Child Welfare Information System Implementation (CCWIS)	Replacement of CHRIS system	1/15/2019	4/1/2020
6.4	EBT FNS Audit	To assist DCO with the FNS audit	4/18/2019	12/31/2019
6.5	BH System	Include BH in Beneficiary Support		
6.6	Enterprise EHR	Contract negotiations with ASH EHR	1/6/2019	2/1/2020
6.7	Juvenile Justice Info System	Replace RIGHT TRACK system with Juvenile Justice Information System	1/21/2019	6/30/2020
6.8	AR Works Implementation Planning	Learn the work requirements prior to the court order and help with outreach, education and next steps.		TBD
6.9	Enhance Member Portal Functionality	• Would like a real-time ping of the ARIES system for Eligibility data ▪ Get away from member batch files unless it is adjudicated claims in the short term (15 months) ▪ Get away from all batch files in the longer term (next few years)	TBD	TBD
6.10	Centralized Member Services Call Center	Central Call Center for Member Services	TBD	TBD
6.11	"Member ID - Linking/Unlinking	Link/Unlink member ID; would like to do this automatically across systems	TBD	TBD
6.12	Part of MDM in Aries"	Processing AR 1095B mailings	1/2/2015	12/31/2022

6.4.6.3 Goals and Objectives

The goals for the Member Eligibility & Management Initiative are as follows:

- Improve functionality of systems related to member eligibility and management processes

6.4.6.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 43: MITA Maturity Gains for the Member Eligibility & Management Initiative

Business Area	Maturity Gains
Business Relationship Management	
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	

Business Area	Maturity Gains
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	
Financial Management	Could Impact All Processes
Provider Management	

6.4.6.5 Project Management Approach

The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.6.6 Initiative Budget

TBD

6.4.7 Initiative 7 – Program Integrity

6.4.7.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.7.2 Description

The DHS vision is to create a unified Data Management Strategy across the agency, which includes improving access to and consolidating data available for program integrity efforts.

Table 44: Program Integrity Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
7.1	Diagnostic Laboratory Result Data	Improve fiscal integrity and fraud reduction by using lab result data	7/1/2019	2/1/2020
7.2	Transaction Monitoring/Logging	Transactional level logging in the database to do monitoring based on transaction activity and implement thresholds. • For example, being alerted if unusual activity takes place. • Currently the state doesn't do transactional level logging • This was a CMS recommendation • 3-5 years to look into; not on the radar right now	TBD	TBD

6.4.7.3 Goals and Objectives

The goals for the Data Management Initiative are as follows:

- Establish the strategy to better manage data across the DHS enterprise, which includes the Medicaid Program

6.4.7.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 45: MITA Maturity Gains for the Program Integrity Initiative

Business Area	Maturity Gains
Business Relationship Management	
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	
Plan Management	
Financial Management	
Provider Management	

6.4.7.5 Project Management Approach

The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.7.6 Initiative Budget

TBD

6.4.8 Initiative 8 – Provider Eligibility & Management

6.4.8.1 Duration

The initial projects would begin during 2019 and are projected to continue throughout the following five years.

6.4.8.2 Description

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

Table 46: Provider Eligibility & Management Initiative – Proposed Projects

Project #	Proposed Project Name	Description	Start Date	End Date
8.1	Interim Home and Provider based Solution	This project is intended to provide an interim HCBS case management solution until the long term is in place	TBD	TBD
8.2	Background Check System	New project - requested week of 4/15 - Move to Shared Services	4/28/2019	11/15/2019
8.3	Enhance Provider Portal Functionality	• Currently a user needs to have a Production ID in order to see anything in the production side of the provider portal. For testing purposes, a user can only see the UAT side of the portal and someone who has access to the production side has to take screenshots for the user. ▪ The provider directory needs to be reassessed. ▪ Need to integrate with the Health Information Exchange (HIE). Since the HIT funding is going away at 90/10, they will be looking at MMIS to fund them. ▪ Would like to expand what Providers can do through the Provider Portal online. – Enhance provider enrollments – Probably a CSR initiative (immediate)	TBD	TBD
8.4	Electronic Visit Verification	Implement a new Electronic Visit Verification system and application	11/01/2018	06/30/2020
8.5	Integrated Fingerprinting among divisions	Integrate fingerprinting between state agencies. Some providers are required to have a fingerprint background check; other state agencies require this as well, but the data is not shared. If the requirements are the same, a provider should not have to repeat the process.	TBD	TBD

6.4.8.3 Goals and Objectives

The goals for the Provider Eligibility & Management Initiative are as follows:

- Improve functionality of systems related to provider eligibility and management processes

6.4.8.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 47: MITA Maturity Gains for the Provider Eligibility & Management Initiative

Business Area	Maturity Gains
Business Relationship Management	
Member Management	
Care Management	
Operations Management	
Contractor Management	
Performance Management	
Eligibility and Enrollment Management	Could Impact All Processes
Plan Management	
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

6.4.8.5 Project Management Approach

The projects related to this initiative would be assigned to and managed by the relevant PMO(s).

6.4.8.6 Initiative Budget

TBD

7 Conclusion

MITA is a national initiative promulgated by CMS. The MITA Framework version 3.0 establishes national guidelines for business processes and technologies that will enable the improved program administration of State Medicaid Agencies. The MITA SS-A, which evaluates the Medicaid Enterprise, is required by CMS to be updated annually and is a required attachment to federal fund requests for technology projects.

Arkansas currently operates several monolithic legacy systems and requires a targeted strategy to improve MITA maturity, enact modular concepts and improve member and provider experience. The roadmap provided in this assessment utilizes Arkansas's unique opportunity to leverage current projects, such as the ARIES and eProcurement system implementations, to maximize improvements to the end user while controlling costs and minimizing future procurements of similar systems.

As directed by CMS, when managed by the PMO, integrated by the SI and monitored and subsequently certified by the IV&V vendor, the assessment, recommendations and projects outlined in this deliverable greatly advance DHS's efficiency, better serve clients and lower burdens on providers in Arkansas's programs.

As Arkansas completes improvements identified in the Roadmap, the net effect is that the To Be items identified in DHS's MITA Maturity Capability Matrix become the new As Is. There would be milestones set that will keep the SS-A current to within two years of each assessment. These ongoing assessment cycles should ensure that the appropriate business process and technical capability documentation remain current and that new To Be Maturity Levels are established. This, in turn, will establish the foundation for planning subsequent projects, thus streamlining the planning process and supporting the new methodology chosen to support the Medicaid Enterprise.

Appendix A. Acronyms

Acronym	Definition
AASIS	Arkansas Administrative Statewide Information System
ACA	Affordable Care Act
ACES	Arkansas Client Eligibility System
ACS	Accredited Standards Committee
ADHD	Attention Deficit Hyperactivity Disorder
AL	Assisted Living (Waiver)
AFMC	Arkansas Foundation for Medical Care
AHIN	Advanced Health Information Network
AME	Arkansas Medicaid Enterprise
ANSI	American National Standards Institute
ANSWER	Arkansas Networked System for Welfare Eligibility and Reporting System
APD	Advance Planning Document
API	Application Programming Interface
ARB	Architecture Review Board
ARIES	Arkansas Integrated Eligibility System
ARRA	American Recovery and Reinvestment Act
ASH	Arkansas State Hospital
ATN	Application Tracking Number
BA	Business Architecture
BAA	Business Associate Agreements
BCM	Business Capability Matrix
BCMS	Business Case Management System
BI	Business Intelligence
BPEL	Business Process Execution Language
BPM	Business Process Model
BRM	Business Relationship Management
C&S	Conditions and Standards
CAP	Contract Automation Platform
CAP	Corrective Action Plan
CAS	Contract Archival System
CBA	Cost Benefit Analysis
CCO	Office of Communications and Community Engagement
CCWIS	Child Welfare Information System
CDC	Centers for Disease Control and Prevention
CDM	Conceptual Data Model (4.5.5, page 78)
CFO	Office of Finance
CFR	Code of Federal Regulations
CHF	Congestive Heart Failure
CHIP	Children's Health Insurance Program

Acronym	Definition
CHRIS	Children's Reporting and Information System
CHRO	Office of Human Resources
CIO	Office of Systems and Technology
CLIA	Clinical Laboratory Improvement Amendments
CLO	Office of Legislative and Intergovernmental Affairs
CMS	Centers for Medicaid and Medicare Services
COB	Coordination of Benefits
COO	Concept of Operations
COTS	Commercial Off-the-Shelf
CPC	Cost Per Click
CPO	Office of Procurement
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CRE	Cúram Rules Engine
CRM	Customer Relationship Management
CSE	Child Support Enforcement
CSHCN	Children with Special Health Care Needs
CSR	Computer Service Request
CST	Central Standard Time
CTMS	Contact Tracking Management System
CTS	Contract Tracking System
DAABHS	Division of Aging, Adult and Behavioral Health Services
DCCECE	Division of Child Care and Early Childhood Education
DCFS	Division of Children and Family Services
DCO	Department of County Operations
DD	Developmentally Disabled
DDI	Design, Development, and Implementation
DDS	Division of Developmental Disabilities Services
DEA	Drug Enforcement Administration
DFA	Department of Finance and Administration
DFPS	Department of Family and Protective Services
DGB	Data Governance Board
DHCF	Division of Health Care Finance
DHHS	United States Department of Health and Human Services
DHS	Department of Human Services
DIS	Department of Information Services
DMS	Department of Medicaid Services
DOA	Department of Aging
DOB	Date of Birth
DPSQA	Division of Provider Services and Quality Assurance
DSB	Division of Services for the Blind

Acronym	Definition
DSS	Decision Support System
DW	Data Warehouse
DWS	Department of Workforce Services
DYS	Division of Youth Services
EA	Enterprise Architecture
EAB	Enterprise Architecture Board
EBT	Electronic Benefit Transfer
ECM	Enterprise Content Management
ECS	Electronic Claims Submission
EDI	Electronic Data Interchange
EE	Eligibility and Enrollment
EDM	Electronic Document Management
EDW	Enterprise Data Warehouse
EEF	Eligibility and Enrollment Framework
EFT	Electronic Funds Transfer
EGB	Executive Governance Board
EHR	Electronic Health Record
EMPI	Enterprise Master Person Index
EMR	Electronic Medical Record
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ER	Emergency Room
ESB	Enterprise Service Bus
ETL	Extract, Transform, and Load
EVV	Electronic Visit Verification
FA	Fiscal Agent
FADS	Fraud and Detection System
FAQ	Frequently Asked Questions
FFP	Federal Financial Participation
FFS	Fee- for-Service
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage
FNS	Food and Nutrition Service
FOIA	Freedom of Information Act
FPL	Federal Poverty Level
FY	Fiscal Year
GUI	Graphical User Interface
HCBS	Home and Community Based Services
HCR	Health Care Reform
HHS	U.S. Department of Health and Human Services
HIE	Health Information Exchange

Acronym	Definition
HIO	Health Information Organization
HIPAA	Health Insurance Portability and Accountability Act
HIPP	Health Insurance Premium Payment
HITECH	Health Information Technology for Economic and Clinical Health
HIT	Health Information Technology
HIX	Health Insurance Exchange
HL7	Health Level 7
HPES	Hewlett Packard Enterprise
HR	Human Resources
IA	Information Architecture
IAPD	Implementation Advance Planning Document
IAPDU	Implementation Advance Planning Document Update
IBM	International Business Machines
ICD-10	International Classification of Diseases and Related Health Problems, Tenth Revision
IRS	Federal Internal Revenue Service
ISS	Information Support Systems
IT	Information Technology
ITC	Information Technology Council
ITSM	Information Technology Service Management
IVR	Interactive Voice Response
JAD	Joint Application Design
LDM	Logical Data Model
KPI	Key Performance Indicators
LIHEAP	Low Income Home Energy Assistance Program
LLC	Limited Liability Company
MACBIS	Medicaid and CHIP Business Information and Solutions
MAGI	Modified Adjusted Gross Income
MAPIR	Medical Assistance Provider Incentive Repository
MAR	Management and Administrative Reporting
MARS	Minimum Accept Risk Standard for Exchanges
MCI	Master Client Index
MCO	Managed Care Organization
MDM	Master Data Management
MDS	Minimum Data Set
MECL	Medicaid Enterprise Certification Lifecycle
MECT	Medicaid Enterprise Certification Toolkit
MEELC	Medicaid Eligibility and Enrollment Life Cycle
MEET	Medicaid Eligibility & Enrollment Toolkit
MIS	Management Information
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System

Acronym	Definition
MML	MITA Maturity Level
MMM	MITA Maturity Model
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPI	Master Provider Index
NCCI	National Correct Coding Initiative
NDC	National Drug Code
NET	Internet
NHIN	Nationwide Health Information Network
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumerator System
NPRM	Notice of Proposed Rulemaking
NTT DATA	Nippon Telegraph and Telephone Data
OASIS	Outcomes and Assessment Information Set
OCC	Office of Chief Council
OCM	Organizational Change Management
ODS	Operational Data Store
OF	Office of Finance
OHIT	Office of Health Information Technology
OIC	Office of Internal Controls
OIG	Federal Office of the Inspector General
OIT	Office of Information Technology
OLA	Office of Legislative Affairs
OLAP	Online Analytical Processing
OLTP	Online Transaction Processing
OMAP	Office of Medical Assistance Program
OMIG	Office of Medicaid Inspector General
ONC	Office of the National Coordinator for Health Information Technology
OP	Office of Procurement
OPI	Office of Payment Integrity
OPM	Office of Personnel Management
OSCAR	Online Survey Certification and Reporting System
OSP	Office of State Procurement
PA	Prior Authorization
PAPD	Planning Advance Planning Document
PASSE	Provider-led Arkansas Shared Savings Entity
PCCM	Primary Care Case Management
PCMH	Patient-Centered Medical Home
PCP	Primary Care Provider
PDF	Portable Document Format
PHI	Protected Health Information

Acronym	Definition
PHR	Public Health Record or Personal Health Record
PI	Program Integrity
PL	Plan Management
PMO	Project Management Office
POAM	Plan of Action with Milestones
QA	Quality Assurance
QIO	Quality Improvement Organization
QRDA	Quality Reporting Document Architecture
RA	Remittance Advices
REOMB	Recipient Explanation of Medical Benefits
RFI	Request for Information
RFP	Request for Proposal
RHIO	Regional Health Information Organization
RTP	Return To Provider
SaaS	Software as a Service
SACWIS	Statewide Automated Child Welfare Information System
SDLC	Systems Development Life Cycle
SDO	Standards Development Organization
SHARE	State Health Alliance for Records Exchange
SLA	Service Level Agreement
SMA	State Medicaid Agency
SME	Subject Matter Expert
SMM	State Medicaid Manual
SMS	Short Message Service
SNAP	Supplemental Nutrition Assistance Program
SOA	Service Oriented Architecture
SOAP	Simple Object Access Protocol
SPIRIT	Public Health WIC Clinic Management Information System
SSA	Federal Social Security Administration
SS-A	State Self-Assessment
SSI	Social Security Income
SSIMA	Supplemental Security Income – Medical Assistance
SSN	Social Security Number
SSO	Single Sign-On
TA	Technical Architecture
TACWIS	Tribal Automated Child Welfare Information System
TANF	Temporary Assistance for Needy Families
TBD	To Be Determined
TCO	Total Cost of Operations
TEA	Transitional Employment Assistance
TMS	Technical Management Strategy

Acronym	Definition
T-MSIS	Transformed Medicaid Statistical Information System
TPA	Trading Partner Agreements
TPL	Third-Party Liability
TSC	Technical Service Classification
UAT	User Acceptance Testing
UML	Unified Modeling Language
VOIP	Voice Over Internet Protocol
WIC	Women, Infants, and Children
WSDL	Web Services Description Language
XML	eXtensible Markup Language

Appendix B. State Profile

B.1 BA Profile

The BA Profile describes the business capabilities for each business area reviewed in the DHS Medicaid Enterprise MITA SS-A.

This section provides a table for each business area profiling the As Is and To Be maturity levels for each business process in the format specified by the MITA 3.0 Framework, SS-A Companion Guide. The BA Profile is a required Advance Planning Document (APD) component and will be reviewed by CMS for increasing advancement across the maturity levels.

Table 48: BA Profile

Business Architecture Profile Business Relationship Management Business Process					
	Level 1	***Level 2***	***Level 3***	***Level 4***	***Level 5***
BR01 – Establish Business Relationship	As Is	To Be			
BR02 – Manage Business Relationship Communication	As Is	To Be			
BR03 – Manage Business Relationship Information	As Is	To Be			
BR04 – Terminate Business Relationship	As Is	To Be			

Business Architecture Profile Care Management Business Process					
	Level 1	***Level 2***	***Level 3***	***Level 4***	***Level 5***
CM01 – Establish Case	As Is	To Be			
CM02 – Manage Case Information	As Is	To Be			
CM03 – Manage Population Health Outreach	As Is	To Be			
CM04 – Manage Registry	As Is	To Be			
CM05 – Perform Screening and Assessment	As Is		To Be		
CM06 – Manage Treatment Plan and Outcomes	As Is		To Be		
CM07 – Authorize Referral	N/A				
CM08 – Authorize Service	As Is		To Be		
CM09 – Authorize Treatment Plan	As Is		To Be		

Business Architecture Profile Contractor Management Business Process					
	Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
CO01 – Manage Contractor Information	As Is	To Be			
CO02 – Manage Contractor Communication	As Is	To Be			
CO03 – Perform Contractor Outreach	As Is	To Be			
CO04 – Inquire Contractor Information	As Is	To Be			
CO05 – Produce Solicitation	As Is	To Be			
CO06 – Award Contract	As Is	To Be			
CO07 – Manage Contract	As Is	To Be			
CO08 – Close Out Contract	As Is	To Be			
CO09 – Manage Contractor Grievance and Appeal	As Is	To Be			

Business Architecture Profile Eligibility and Enrollment Management Business Process					
	Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
EE01 – Determine Member Eligibility	As Is	To Be			
EE02 – Enroll Member	As Is	To Be			
EE03 – Disenroll Member	As Is	To Be			
EE04 – Inquire Member Eligibility	As Is	To Be			
EE05 – Determine Provider Eligibility	As Is	To Be			
EE06 – Enroll Provider	As Is	To Be			
EE07 – Disenroll Provider	As Is	To Be			
EE08 – Inquire Provider Information	As Is	To Be			

Business Architecture Profile Financial Management Business Area					
	Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
FM01 – Manage Provider Recoupment	As Is	To Be			
FM02 – Manage TPL Recovery	As Is	To Be			
FM03 – Manage Estate Recovery	As Is	To Be			
FM04 – Manage Drug Rebate	As Is	To Be			
FM05 – Manage Cost Settlement	As Is	To Be			
FM06 – Manage Accounts Receivable Information	As Is	To Be			
FM07 – Manage Accounts Receivable Funds	As Is	To Be			
FM09 – Manage Contractor Payment	As Is	To Be			
FM10 – Manage Member Financial Participation	As Is	To Be			
FM11 – Manage Capitation Payment	As Is	To Be			
FM12 – Manage Incentive Payment	As Is	To Be			
FM13 – Manage Accounts Payable Information	As Is	To Be			
FM14 – Manage Accounts Payable Disbursement	As Is	To Be			
FM15 – Manage 1099	As Is	To Be			
FM16 – Formulate Budget	As Is	To Be			
FM17 – Manage Budget Information	As Is	To Be			
FM18 – Manage Fund	As Is	To Be			
FM19 – Generate Financial Report	As Is	To Be			

Business Architecture Profile Member Management Business Area					
	Level 1	***Level 2***	***Level 3***	***Level 4***	***Level 5***
ME01 – Manage Member Information	As Is	To Be			
ME02 – Manage Applicant and Member Communication	As Is	To Be			
ME03 – Perform Population and Member Outreach	As Is	To Be			
ME08 – Manage Member Grievance and Appeal	As Is	To Be			

Business Architecture Profile Operations Management Business Area					
	Level 1	***Level 2***	***Level 3***	***Level 4***	***Level 5***
OM04 – Submit Electronic Attachment	As Is	To Be			
OM05 – Apply Mass Adjustment	As Is	To Be			
OM07 – Process Claim	As Is	To Be			
OM14 – Generate Remittance Advice	As Is	To Be			
OM18 – Inquire Payment Status	As Is	To Be			
OM20 – Calculate Spend-Down Amount	As Is	To Be			
OM27 – Prepare Provider Payment	As Is	To Be			
OM28 – Manage Data	As Is	To Be			
OM29 – Process Encounter	As Is	To Be			

Business Architecture Profile Performance Management Business Area					
	Level 1	***Level 2***	***Level 3***	***Level 4***	***Level 5***
PE01 – Identify Utilization Anomalies	As Is	To Be			
PE02 – Establish Compliance Incident	As Is	To Be			

Business Architecture Profile Performance Management Business Area					
	Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
PE03 – Manage Compliance Incident Information	As Is	To Be			
PE04 – Determine Adverse Action Incident	As Is	To Be			
PE05 – Prepare REOMB	As Is	To Be			

Business Architecture Profile Plan Management Business Area					
	Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
PL01 – Develop Agency Goals and Objectives	As Is	To Be			
PL02 – Maintain Program Policy	As Is	To Be			
PL03 – Maintain State Plan	As Is	To Be			
PL04 – Manage Health Plan Information	As Is	To Be			
PL05 – Manage Performance Measures	As Is	To Be			
PL06 – Manage Health Benefit Information	As Is	To Be			
PL07 – Manage Reference Information	As Is	To Be			
PL08 – Manage Rate Setting	As Is	To Be			

Business Architecture Profile Provider Management Business Area					
Business Process	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
PM01 – Manage Provider Information	As Is	To Be			
PM02 – Manage Provider Communication	As Is	To Be			
PM03 – Perform Provider Outreach	As Is	To Be			
PM07 – Manage Provider Grievance and Appeal	As Is	To Be			
PM08 – Terminate Provider	As Is	To Be			

B.2 IA Profile

The IA Profile describes the information capabilities for each business area in the CMS MITA 3.0 Framework. The table summarizes the As Is and To Be Maturity Levels for each business area in the format specified by the MITA 3.0 Framework SS-A Companion Guide.

The IA Profile will be reviewed by CMS for increasing advancement across the Maturity Levels.

Table 49: IA Profile

Information Architecture Profile					
Business Area	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Business Relationship Management	As Is	To Be			
Care Management	As Is	To Be			
Contractor Management	As Is	To Be			
Eligibility & Enrollment Management	As Is	To Be			
Financial Management	As Is	To Be			
Member Management	As Is	To Be			
Operations Management	As Is	To Be			
Performance Management	As Is	To Be			
Plan Management	As Is	To Be			
Provider Management	As Is	To Be			

B.3 TA Profile

The TA Profile describes the technical capabilities for each business area in the CMS MITA 3.0 Framework. The table summarizes the As Is and To Be Maturity Levels for each business area in the format specified by the MITA 3.0 Framework SS-A Companion Guide.

The TA Profile will be reviewed by CMS for increasing advancement across the Maturity Levels.

Table 50: TA Profile

Technical Architecture Profile					
Business Area	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Business Relationship Management	As Is	To Be			
Care Management	As Is	To Be			

Technical Architecture Profile					
Business Area	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Contractor Management	As Is	To Be			
Eligibility & Enrollment Management	As Is	To Be			
Financial Management		As Is / To Be			
Member Management	As Is	To Be			
Operations Management	As Is	To Be			
Performance Management		As Is / To Be			
Plan Management		As Is / To Be			
Provider Management		As Is / To Be			

B.4 7C&S Profile

The table below summarizes DHS's As Is operations and To Be environment based on the CMS 7C&S for business processes in the CMS MITA 3.0 Framework.

The 7C&S Profile will be reviewed by CMS for increasing advancement across the Maturity Levels.

Table 51: 7C&S Profile

Seven Conditions and Standards Profile					
Condition/Standard	***Level 1***	***Level 2***	***Level 3***	***Level 4***	***Level 5***
Business Relationship Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition	As Is	To Be			
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			

Seven Conditions and Standards Profile					
Condition/Standard	***Level 1***	***Level 2***	***Level 3***	***Level 4***	***Level 5***
Care Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition	As Is	To Be			
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			
Contractor Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition		As Is	To Be		
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			
Eligibility & Enrollment Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition		As Is	To Be		
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			

Seven Conditions and Standards Profile					
Condition/Standard	***Level 1***	***Level 2***	***Level 3***	***Level 4***	***Level 5***
Financial Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition	As Is	To Be			
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			
Member Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition		As Is	To Be		
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			
Operations Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition		As Is	To Be		
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			

Seven Conditions and Standards Profile					
Condition/Standard	***Level 1***	***Level 2***	***Level 3***	***Level 4***	***Level 5***
Performance Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition	As Is	To Be			
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			
Plan Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition	As Is	To Be			
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			
Provider Management					
Modularity Standard	As Is	To Be			
MITA Condition				As Is	To Be
Industry Standards Condition	As Is	To Be			
Leverage Condition	As Is	To Be			
Business Results Condition	As Is	To Be			
Reporting Condition	As Is	To Be			
Interoperability Condition	As Is	To Be			

Appendix C. eSS-A Scorecard

The Arkansas MITA SS-A eSS-A is included in the submission package as a separate file: Scorecard_Templates_Arkansas.

Appendix D. Business Process Session Report

The Arkansas MITA SS-A Business Process Session Report for each assessed Business process is included as links on the Arkansas SharePoint site, which are listed below: *TBD- Links will be added once the document repository is identified.

Appendix E. Technical Survey Results

The Arkansas MITA SS-A Business Process Session Report for each assessed Business process is included as links on the Arkansas SharePoint site, which are listed below: *TBD- Links will be added once the document repository is identified.

Appendix F. MMIS Checklist Criteria that were Addressed

This table lists the MMIS Checklist Criteria from the MMIS R3 Milestone review that would be addressed during 2018-2019 MITA SS-A Update

Addressing MMIS Certification R3 Criteria					
Req#	**Criteria**	**Checklist**	**Assessed**	**State Response**	**How Addressed**
TA.SP.72	Sensitive data in transit that requires confidentiality protection are encrypted when traversing entity boundaries. For data in transit where the only concern is the protection of integrity, hashing techniques and message authentication codes are used instead of encryption.	Access and Delivery	Partially Meets	Arkansas is conducting a MITA SS-A Update in late 2018 and early 2019.	Security enhancements will be addressed as part of Roadmap Initiative #5, Shared Services Initiative.
IA.CDM.1	The SMA demonstrates adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.	Information Architecture	Partially Meets	Arkansas is planning to start a MITA State Self-Assessment (SS-A) Update in December with a targeted completion by the end of 2nd quarter 2019. The team will address the development of an Enterprise CDM during this exercise.	This criterion will be addressed as part of Roadmap Initiative #1, Data Management Initiative.
IA.DMS.2	The SMA demonstrates adoption of an intrastate metadata repository where the agency defines the data entities, attributes, data models, and relationships	Information Architecture	Partially Meets	Arkansas is planning to start a MITA State Self-Assessment (SS-A) Update	This criterion will be addressed as part of Roadmap Initiative #1,

Addressing MMIS Certification R3 Criteria					
Req#	**Criteria**	**Checklist**	**Assessed**	**State Response**	**How Addressed**
	sufficiently to convey the overall meaning and use of Medicaid data and information.			in December with a targeted completion by the end of 2nd quarter 2019. The team will address the development of a SMA Metadata Repository during this exercise.	Data Management Initiative.
IA.DMS.4	The SMA demonstrates adoption of statewide standard data definitions, data semantics, and harmonization strategies.	Information Architecture	Not Assessed	AR doesn't have statewide standard data definitions, but the SMA does it's best to harmonize data and enforce data definition and semantics standards and will be part of the future MITA SS-A.	This criterion will be addressed as part of Roadmap Initiative #1, Data Management Initiative.
S&C.LC.11	SMA has identified and adopted transition and retirement plans.	Standards and Conditions	Partially Meets	This is a MITA Level 4 requirement. The State does not currently have a retirement plan in place. The state agrees with	This criterion will be addressed as part of Roadmap Initiative #2, Technical Management Initiative.

Addressing MMIS Certification R3 Criteria					
Req#	**Criteria**	**Checklist**	**Assessed**	**State Response**	**How Addressed**
				this assessment and is in the process of completing a State Self-Assessment where this will be addressed in 2019.	
S&C.MS.10	The SMA uses regionally standardized business rule definitions in both human and machine-readable formats.	Standards and Conditions	Partially Meets	This is a MITA Level 4 requirement. The State does not currently have a regional standardize business rules in place. The state agrees with this assessment and is in the process of completing a State Self-Assessment where this will be addressed in 2019.	This is a MITA Level 4 requirement. There are no current regional standardized business rules available.

Appendix G. Roadmap – Project Details

Task #	Task 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

G.1 Project 4.7 – Enterprise Business Case Management System

G.1.1 Duration

The goal is to issue the RFP in Q-1 2019 with an estimated completion date of Q-1 2020.

G.1.2 Description

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

G.1.3 Goals and Objectives

The Business Case Management System (BCMS) is intended to support the operational needs of multiple divisions and functional areas within DHS. The Arkansas Department of Human Services is actively engaged in case, client, and provider management activities ranging through a broad-spectrum of operational needs among divisions supporting distinct Federal and State programs. As a result of the diverse operations, some examples of system functionality should include intuitive usability, strong system security standards, document management, case management and tracking, event-based notifications, and robust reporting features. The following business and functional requirements reflect the organizational needs presented by Joint Application Design (JAD) participants and key stakeholders. The business units engaged in joint application and design sessions include:

Arkansas Department of Human Services:

- Division of Developmental Disabilities Services (DDS)
- Division of Medical Services (DMS)
- Division of Aging Adult and Behavioral Health Services
- Division of Provider Services and Quality Assurance
- Division of Child Care and Early Childhood Education Services
- Division of Youth Services

G.1.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 52: MITA Maturity Gains for the Project 4.7

Business Area	Maturity Gains
Business Relationship Management	TBD
Member Management	All Processes
Care Management	All Processes
Operations Management	TBD
Contractor Management	TBD
Performance Management	TBD
Eligibility and Enrollment Management	TBD
Plan Management	TBD
Financial Management	TBD
Provider Management	TBD

G.1.5 Project Management Approach

Project Approach:

- Conduct Joint Application Design (JAD) session(s) to elicit high-level business and functional system requirements related to a Business Case Management Software solution
- Develop a high-level business and functional requirements document based on the information gleaned from the JAD session(s)
- Provide follow-up support as directed by the Arkansas Department of Human Services - Office of Systems and Technology

G.1.6 Project Budget

TBD

G.2 Project 4.8 – Statewide e-Procurement Solution

G.2.1 Duration

The anticipated starting date for any contract resulting from the eProcurement System RFP is April 2019. The State may unilaterally adjust the actual contract start date for up to three calendar months. By

submitting a signed proposal in response to the RFP, the Prospective Contractor represents and warrants that it will honor its proposal as being held open and irrevocable for this period.

The initial term of a resulting contract will be for three (3) years, unless sooner cancelled or terminated by the parties. Upon mutual agreement by the Contractor and agency, the contract may be renewed by DFA for up to four (4) additional one-year terms or portions thereof, not to exceed a total aggregate contract term of seven (7) consecutive years.

G.2.2 Description

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.

G.2.3 Goals and Objectives

DFA's mission is to provide responsive, cost-effective and timely support services to Arkansas policymakers, public agencies, and State employees as they serve Arkansas's citizens. DFA will be the business process owner of the e-Procurement Solution. The Solution will largely impact DFA-OSP, who is responsible for the oversight of procurements Statewide, including the procurement of commodities, technical services, and professional services for all State agencies, boards and commissions, and colleges and universities. DFA-OSP's mission is to serve the citizens of Arkansas by ethically, efficiently, and transparently procuring quality commodities and services for the State of Arkansas. DFA-OSP also provides training in Procurement Law, regulations and policies for agency staff across the State and contractors interested in and doing business with the State.

G.2.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative.

Table 53: MITA Maturity Gains for the Project 4.8

Business Area	Maturity Gains
Business Relationship Management	All Processes
Member Management	N/A
Care Management	N/A
Operations Management	N/A
Contractor Management	All Processes
Performance Management	TBD
Eligibility and Enrollment Management	N/A
Plan Management	N/A
Financial Management	Manage Contractor Payment
Provider Management	N/A

G.2.5 Project Management Approach

This project will be managed through DIS on the behalf of DFA. Representatives from DHS will participate in the review of RFP bids and selection of the vendor. The following table identifies the milestones and timeline for the e-Procurement project.

Table 54: Project Schedule of Events

Milestone	Date
Release RFP Draft #1	August 10, 2018
Questions Due (Date / Time)	August 24, 2018 at 11:59 PM CST
State's Responses to Prospective Contractor Questions	September 7, 2018
Release RFP Draft #2	September 7, 2018
Final Questions Due (Date/Time)	September 21, 2018 at 11:59 PM CST
State's Responses to Prospective Contractor Questions	October 17, 2018
Release of the Final RFP	October 17, 2018
Proposal Opening (Date / Time)	November 15, 2018 at 2:00 PM CST
Oral Presentations (anticipated)	January 30-February 1, 2019
Anticipation to Award (anticipated)	March 1, 2019
Contract Start Date (anticipated)	April 22, 2019

G.2.6 Project Budget

This Project includes firm, fixed-price services required to implement the Statewide e-Procurement Solution and provide operations and support.

Expenditures to-date: The State's annual procurement spend for the last four (4) fiscal year's is listed below.

Table 55: Project Expenditures by Year

Fiscal Year	Funds Spent
FY14	$1,307,935,414
FY15	$1,210,745,264
FY16	$1,357,739,306
FY17	$1,383,745,235

G.3 Project 4.16 – Enterprise Process Improvement Initiatives

G.3.1 Duration

These initiates may result in multiple APDs and timelines

G.3.2 Description

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.

The following high-level initiatives have been identified as future DHS areas for improvement.

- Enterprise Licensing Approach
    - Provider Licensing – Child Care Providers
    - Child Care Licensing - Replacing the current C-Class system
- Records Retention/Records Management Policy
- Strategies that drive the department towards a paperless environment
    - Document Imaging
    - Workflow
    - Dash boarding

G.3.3 Goals and Objectives

The on-going goals and objectives are to continue to analyze the business processes and identify enterprise initiatives that improve the business, information, and technical areas of DHS.

G.3.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 56: MITA Maturity Gains for the Project 4.16

Business Area	Maturity Gains
Business Relationship Management	Could Impact All Processes
Member Management	Could Impact All Processes
Care Management	Could Impact All Processes
Operations Management	Could Impact All Processes
Contractor Management	Could Impact All Processes
Performance Management	Could Impact All Processes
Eligibility and Enrollment Management	Could Impact All Processes

Business Area	Maturity Gains
Plan Management	Could Impact All Processes
Financial Management	Could Impact All Processes
Provider Management	Could Impact All Processes

G.3.5 Project Management Approach

For each of the enterprise process improvement initiatives, the approach is to create an initial APD that allows DHS to fund the planning effort and obtain an accurate implementation for each of these efforts. Much of this work will be managed by IT PMO staff, who will provide subject matter expertise and technical support as needed.

G.3.6 Project Budget

TBD

G.4 Project 6.1 – Arkansas Integrated Eligibility System (ARIES) Solution Implementation Initiative

G.4.1 Duration

FFY 2019 through FFY 2020

G.4.2 Description

DHS' vision of the ARIES initiative is to build this 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, along 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 the various programs, including Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), which will utilize a single application to determine eligibility for multiple programs, retiring 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.

G.4.3 Goals and Objectives

The goals for the ARIES solution are as follows:

- Adopt modern technology to enhance business processes and automate the key procedures that will more effectively serve clients.

- Re-use modular components across many departments, divisions, and service types to improve the scalability, configurability, and maintainability of the system.
- Incorporate the principles and products of service-oriented architecture (SOA), standardized technologies, and shared services across the enterprise.
- Reduce the annual cost associated with outdated and limited technology. By purchasing configurable and re-usable components, IT skill demands are reduced, and existing skills are more transferrable, decreasing implementation times.
- ARIES solution should enable more standardized processes that are expected to improve business quality and decrease costs.
- DHS intends to use the ARIES solution for a wide variety of health and human service programs with the operational costs to be allocated per the Office of Management and Budget Circular A-87.
- ARIES will leverage the state's data warehousing solution(s) and other business intelligence tools to provide the robust analytics and reporting required to report and analyze all data within the solution's scope. The enhanced business intelligence and analytical capabilities will support predictive and performance analytics to prevent fraud, waste and abuse, and other analytics as identified by the DHS Visioning Workgroup.
- ARIES will support Quality Control to audit eligibility decisions in compliance with the applicable federal oversight agencies.

The table below lists the programs currently identified to be included as part of the ARIES Solution, along with the impact the implementation will have.

Table 57: ARIES Solution Impact by Program Area

Program	ARIES Solution Impact
Medicaid/CHIP	Through a Single Application approach for Screening, Application, and Determination of Eligibility, this solution will determine applicant's eligibility and send the eligibility information to the MMIS to complete enrollment and support member management and claiming processes.
SNAP	Through a Single Application approach for Screening, Application, and Determination of Eligibility, this solution will determine applicant's eligibility. The client's eligibility information will be maintained through the Benefits Management functionality of the ARIES Solution and benefit issuance will be provided through the Electronic Benefit Transfer (EBT) vendor solution (not ARIES). The ARIES Solution will support re-certification and change of circumstance.
Employment and Training (E&T)	For those Client's identified as mandatory or voluntary for E&T participation, the ARIES Solution will support the identification and feed of their information to the SNAP E&T Vendors who manage the program. The ARIES Solution will support redetermination of participation eligibility and change of circumstance. The ARIES Solution will not support E&T case management requirements. The ARIES Solution will also have the capability to receive the information required to administer benefits programs from the E&T vendors, such as clients who are not in compliance with the E&T Program participation requirements (and therefore may no longer be eligible for SNAP benefits).

Program	ARIES Solution Impact
Low Income Home Energy Assistance Program (LIHEAP)	The ARIES Solution will include identifying clients during the pre-screening process in need of the Low-Income Home Energy Assistance Program benefits, who will be referred to the Community Action Agencies to complete eligibility determination process.
Child Care Assistance	The ARIES Solution will support screening and the collection of application information for Child Care, then Client information will be sent to the TEA/TANF system for eligibility determination and enrollment.
TANF/TEA	The ARIES Solution will support a Single Application approach for screening, application, determination of eligibility, then the information will be sent to the DWS case management system. The ARIES Solution will support re-determination and change of circumstance.
Women, Infants, & Children (WIC)	The ARIES Solution's Single Application approach will be an additional application channel and will support the screening, application, and first phase of determination of Eligibility for WIC. Client information will be provided to the Public Health WIC Clinic Management Information System (Currently SPIRIT).
Child Support Enforcement (CSE)	The ARIES Single Application approach will include specific questions, developed by the CSE program in the application regarding the voluntary or mandatory need for CSE program and services.
Veteran's Services	The ARIES Single Application approach will be an additional channel to identify potential eligible veterans for Arkansas VA benefits, which will be sent to the VA Program. However, management of the program waitlist and case management will be the responsibility of the VA program.

G.4.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 58: MITA Maturity Gains for the Project 6.1

Business Area	Maturity Gains
Business Relationship Management	N/A
Member Management	N/A
Care Management	N/A
Operations Management	Data Management Calculate Spend-Down Amount
Contractor Management	N/A
Performance Management	N/A
Eligibility and Enrollment Management	All Processes
Plan Management	TBD

Business Area	Maturity Gains
Financial Management	TBD
Provider Management	N/A

G.4.5 Project Management Approach

Contractor(s) will work with DHS to provide the resources required to complete the identified work for the implementation of the ARIES. IT PMO staff will oversee and participate in the project governance, along with subject matter expertise and technical support as needed.

G.4.6 Project Budget

The Total Cost Allocation requested for Federal Fiscal Year (FFY) 2019 is the following:

- State Share $ 21,738,427
- Federal Share $ 111,314,311

The Total Cost Allocation requested for FFY 2020 is the following:

- State Share $ 24,517,164
- Federal Share $ 101,069,434

G.5 Project 6.2 – Master Person Index (MPI)

G.5.1 Duration

This initiative will begin once the Systems Integrator is selected as part of the ARIES contract.

G.5.2 Description

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:

a. Provides transparency and open access to public records and date

b. 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

c. 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.

G.5.3 Goals and Objectives

To implement a Master Client Index (MCI) and Master Provider Index (MPI) to coordinate account name and demographic information across DHS systems, as part of the larger statewide data management initiative.

G.5.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A, the intention with this section is to show business areas impacted by this initiative.

Table 59: MITA Maturity Gains for the Project 6.2

Business Area	Maturity Gains
Business Relationship Management	All Processes
Member Management	All Processes
Care Management	All Processes
Operations Management	All Processes
Contractor Management	All Processes
Performance Management	All Processes
Eligibility and Enrollment Management	All Processes
Plan Management	All Processes
Financial Management	All Processes
Provider Management	All Processes

G.5.5 Project Management Approach

Much of this work will be completed by the SI vendor that is selected, and that contract will be managed by IT PMO staff.

G.5.6 Project Budget

TBD

G.6 Project 6.3 – Comprehensive Child Welfare Information System

G.6.1 Duration

DHS is in a 6-month planning phase that goes through Q-2 2019. The estimated start date for the project is Q-3 2019 with an estimated 2-year completion date of 2027.

The Final Rule was published in June 2016 with an effective date of August 1, 2016. This rule provides a transition period of 24 months from the effective date of the rule, which ends on August 1, 2018. During

the transition period, the title IV-E agency with a S/TACWIS or non-S/TACWIS project must indicate whether it will: (1) Transition the S/TACWIS or non-S/TACWIS to a CCWIS; (2) become a non-CCWIS; or (3) build a new CCWIS. The title IV-E agency does not need to finish the transition within the 24 months to be a CCWIS. A new CCWIS may be built at any time. The requirements that title IV-E agencies must comply with during the transition period are set forth in § 1355.56. As discussed in section IV, the transition period set forth in the rule remains unchanged from the NPRM project duration.

G.6.2 Description

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 as long as 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.

G.6.3 Goals and Objectives

DHS's goal is to replace the state's legacy antiquated child welfare system (CHRIS) that is over 25 years old with the new CCWIS system to achieve the following improvements.

The four core provisions of a CCWIS are: (1) promote data sharing with other agencies; (2) require quality data; (3) reduce mandatory functional requirements; and (4) allow agencies to build systems tailored to their needs.

- Data Sharing with Other Agencies: If practicable, data exchanges with other health and human service agencies, education systems, and child welfare courts. Data exchanges will help coordinate services, eliminate redundancies, improve client outcomes, and improve data quality.

- Require Quality Data: Title IV-E agencies implementing a CCWIS must develop and implement data quality plans and processes to monitor data quality. The rule also requires agencies to take corrective action to address identified problems.

- Reduce Mandatory Functional Requirements: While the Statewide Automated Child Welfare Information System (SACWIS)/ Tribal Automated Child Welfare Information System (TACWIS) regulations require that the system supports a minimum of 51 functional requirements, CCWIS only has 14 requirements. The rule allows agencies to build functions in the CCWIS or collect needed data through exchanges with other systems.

- Allow Agencies to Build Systems Tailored to Their Needs: The rule focuses federal requirements for this optional system on quality data and exchanges between related information systems. This will allow agencies to build systems tailored to their unique business needs rather than on functions defined by the federal government.

G.6.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 60: MITA Maturity Gains for the Project 6.3

Business Area	Maturity Gains
Business Relationship Management	N/A
Member Management	TBD
Care Management	TBD
Operations Management	TBD
Contractor Management	TBD
Performance Management	TBD
Eligibility and Enrollment Management	TBD
Plan Management	TBD
Financial Management	TBD
Provider Management	N/A

G.6.5 Project Management Approach

The IT PMO will conduct business level Joint Application Design (JAD) sessions to identify and document high-level business and functional requirements related to the selection and implementation of a cross-functional Business Case Management System (BCMS) on behalf of the Arkansas Department of Human Services.

Expected Deliverables:

- Conduct Joint Application Design (JAD) session(s) to elicit high-level business and functional system requirements related to a Business Case Management Software solution
- Develop a high-level business and functional requirements document based on the information gleaned from the JAD session(s)
- Provide follow-up support as directed by the Arkansas Department of Human Services - Office of Systems and Technology

G.6.6 Project Budget

TBD

Based on 45 CFR 95.1356.60(e), Federal matching funds for CCWIS and Non-CCWIS, the available federal matching percentage for CCWIS and Non-CCWIS are set at 50%.

G.7 Project 6.7 – Juvenile Justice Information System

G.7.1 Duration

There will be a 2-month planning phase with an estimated completion date of Q1-2020.

G.7.2 Description

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.

G.7.3 Goals and Objectives

Project 7.7 will support the following major areas:

- Better manage the clients in the Juvenile Justice System
- Increase efficiency
- Streamline processes
- Increase access to information
- Integrate with other programs to get the help and support needed by participants

G.7.4 MITA Maturity Gains

The following MITA business processes will realize maturity gains through improved capabilities as a result of completing this initiative. Maturity gains in business process areas listed should not be interpreted as solving all deficiencies identified in the SS-A; the intention with this section is to show business areas impacted by this initiative.

Table 61: MITA Maturity Gains for the Project 6.7

Business Area	Maturity Gains
Business Relationship Management	N/A
Member Management	TBD
Care Management	TBD
Operations Management	TBD
Contractor Management	TBD
Performance Management	TBD
Eligibility and Enrollment Management	TBD
Plan Management	TBD
Financial Management	TBD
Provider Management	N/A

G.7.5 Project Management Approach

Initial project approach is to conduct vendor demonstrations to assess what products are available in the marketplace. Much of this work will be managed by IT PMO staff, who will provide subject matter expertise and technical support as needed.

G.7.6 Project Budget

TBD

Appendix H. 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**
Mary Franklin	Recoverable Signature X  Mary Franklin Director Signed by: mary.franklin@dhs.arkansas.gov	

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

Jeff Dean

Recoverable Signature

X 

Jeff Dean
CIO
Signed by: Jeff Dean