MITA FAQ

Revised June 1, 2007

Index of FAQ Topics

Tag appears next to the FAQs added in this revision.

	Business Architecture (BA)	
BA-001	There are currently 78 or 79 business processes defined. What will be the procedure for modifying these processes or adding new ones in the context of future MITA releases?	There are 79 business processes in Framework 2.0, currently under review by the NMEH MITA workgroup. Once the NMEH group helps to establish a baseline of business processes, the MITA Governance process will be the channel for future modifications and additions. (See also GN-004)
BA-002	Does CMS plan to use Unified Modeling Language (UML) use cases for the business process documentation?	Yes, when the MITA repository and associated tools are available, UML will be used to describe business processes. (See also IA-005)
BA-003	What is the MITA strategy for application services that are not web services?	CMS encourages the use of web services. Some MITA services will be web services because they require or benefit from the use of Web service standards. Other MITA services may be more economically implemented as non-Web services. In architecting the MITA SOA, the team will consider each service's usage characteristics in determining the best approach for structuring and invoking the service.
BA-004	It seems that MITA is focused on "as is" modeling. Would it not be more useful to focus on "to be" modeling?	MITA is focused on all levels of maturity for each business process. However, the initial focus has been on the "as-is" because of the desire to establish a nation-wide baseline of state Medicaid programs. As states target areas for improvement, they will be encouraged to use "to be" modeling in future procurements. Eventually, this will be required by CMS to qualify for enhanced match.
BA-005	Is there costing information available at the business process level?	Once the MITA repository is available, a business process implementation for a specific level (e.g., Enroll Provider, Level 3) will contain associated cost estimates.

BA-006	It was stated during the MITA Industry Conference that the State Self-Assessment would replace a Requirements Analysis and a Gap Analysis. Would it also replace a Systems Analysis?	As currently envisioned, the State Self-Assessment includes a gap and high-level requirements analysis. The State Self-Assessment (SS-A) asks states to assess the "as-is" status of their business processes against the MITA models and determine the "to-be" targeted levels of improvement. The difference between the "as-is" and the "to-be" may be expressed as the Gap. States should next do a gap analysis to harmonize the "to-be" levels, and to prioritize the "to-be" items for inclusion in future projects. States then need to develop their Implementation Plan which includes interaction with the state's IT Plan, a risk analysis, and costing. Once the state has an implementation plan, it performs a detailed requirements and systems analysis for that implementation.
NEW! BA-007	States differ in their approach to organizing, defining, and managing business processes. How can MITA find the common ground?	Under the principles of MITA, States can differ in organization, location, and business/information/technical approach. To provide the "common ground", States are asked to map their different solutions to a comparable 'home' using the MITA business process list during the State Self Assessment. Once this alignment has been done, States may then add their own business processes by extending the MITA model during implementation.
NEW! BA-008	The Business Capability definitions leave the door open for interpretation. Will MITA provide clear criteria for measuring compliance with a level of maturity?	Business capability definitions are still evolving. Conformance criteria for the business capabilities are planned but have not yet been developed. States are encouraged to participate in the continuing development of the MITA business capability statements, including the six qualities, and the conformance criteria through participation with CMS and NMEH.
State Self Assessment (SA)		
SA-001	Will the states be given 90% FFP for the self assessment?	Yes. State Self-Assessments are considered under SMM, Part 11's definition of a reimbursable cost at 90% FFP as "systems and requirements analyses" during the design, development and installation phase. (See also FC-002)

SA-002	The possibility of procuring a contractor to perform the self-assessment has been discussed. Can the state's current MMIS contractor conduct the assessment and must the service be procured via RFP or could we utilize a multi-step Request for Quote (RFQ) competitive sealed bid?	The ground rules for procuring services to perform a State Self-Assessment are the same as would be applicable under an MMIS scenario in which it is determined that you will be undertaking system and requirements analysis work. The State Medicaid Manual requirements apply when seeking FFP, as well as 45 CFR Part 95 Subpart F. (It should be noted, however, that states can (and should) perform the State Self-Assessment themselves, using the guidance that will be provided by CMS. States should also seek support and involvement from state executives and management in this endeavor.)
	Can you tell us which states have issued an RFP for contracted resources to perform the MITA self-assessment?	We are not able to serve as a national referral source on RFPs in the context of MITA or in state procurement activities, in general. (See also GN 019.)
SA-003	Is a State Self-Assessment truly possible without the IA and TA being more fully developed?	Yes, the State Self-Assessment is business process-based.
SA-004	Are there CMS-approved guidelines/forms/formats for MITA self-assessment?	MITA State Self-Assessment guidance from CMS will be available in federal FY07.
SA-005	The SS-A process appears to be cumbersome. How does a State keep focused on its vision and not get lost in the details of the assessment?	As the first step in the self assessment process, CMS encourages States to obtain and document the State leadership's vision for the future of the Medicaid enterprise. This vision should be clearly communicated to those staff responsible for performing or overseeing the Self assessment. Periodic involvement of senior management in the self assessment process will help ensure that the process remains aligned with the vision.
SA-006	How many resources are needed for a SS-A?	States may have different needs at the time they perform a self-assessment, e.g., establish baseline (As Is) levels of maturity; publish To Be goals as part of a new system procurement. Some States may conduct shorter, higher level assessments; some may devote more time and go to greater detail. CMS will publish general guidelines for future State Self-assessments including a high-level layout for a summary of the results. States should work with their CMS regional office contacts for help in determining the scope of the self assessment.

NEW! SA-007	Are projects that have been approved by CMS prior to April 1, 2007 required to submit the SS-A?	No, immediate submission of the SS-A from a project approved by CMS prior to April 1, 2007 is voluntary. However, if changes occur in a previously-approved project that requires an APDU, the SS-A would then be requested.
NEW! SA-008	Where, in regulation, is the requirement to perform a State Self Assessment and/or the April 1, 2007 deadline?	The requirement for the State Self Assessment has not yet gone through the official rule making process. While performance o the SS-A is STRONGLY encouraged by CMSO, it is not yet an official requirement.
Information Architecture (IA)		
IA-001	Are there any early adopter states that have started developing the Information Architecture (IA)?	At this time, states are developing their own IA. The MITA team plans to draw concepts from state-developed information architectures. The MITA team is just beginning to develop information models for the IA.
IA-002	Will MITA have its own data dictionary to help with interoperability	Yes.
IA-003	How will the MITA data models be organized? (Transactions vs. Analytical?)	The MITA IA models will include both data at rest (analytical) and data in motion (transactions). Initially, the Conceptual Data Model (CDM) and Logical Data Model (LDM) will take the form of HL7 artifacts.
IA-004	The data models in the IA currently only speak to data "at rest". Will the models be expanded to include data "in motion"?	Yes. (See also IA-003)
IA-005	Why isn't the IA taking more of an object oriented (Unified Modeling Language (UML)) approach?	In the future, when the repository is available, the business process descriptions will be converted to UML. At that point, there will be a convergence of business and information architecture models. (See also BA-002)
IA-006	When will the IA be completed? (12-18 months is too long to meet some of the 5-10 year goals).	The current plan is to have initial releases of the Conceptual Data Model, Logical Data Model, and HL7-type artifacts in federal FY07.
IA-007	How does the MITA Information Architecture address batch processing?	Batch processing will be accounted for in the information models, currently under development in federal FY07.
IA-008	Will Conceptual and Logical Data models be included in MITA	No, the Conceptual and Logical Data Models will be available as chapter

	Framework 3.0?	updates to Framework 2.0.
Technical Architecture (TA)		
TA-001	Few industries have fully embraced Service Oriented Architecture (SOA) across their Enterprise solutions; rather, focused, business case-justified SOA investments have been made in areas where sharing of information is required between solutions.	One of the goals of MITA is to standardize the triggers and results of designated business processes to enable interoperability and sharing of applications. In this way, the MITA approach is aligned with the focused, business case-justified SOA approach.
TA-002	In the development of MITA, the initial starting point was, appropriately, the Business Process. Once the WSDLs are defined, however, the defined data (to allow for interoperability) will restrict the capabilities of the business processes. Isn't this counter to the goal of MITA, even if they are a "black box", because their possibilities are constrained by the WSDL?	No, MITA business processes are constrained by WSDL to allow interoperability between business processes and for the plug and play of individual business processes.
TA-003	Why is MITA being more aggressive in adoption of SOA than any other industry?	Quite to the contrary, the healthcare industry as a whole and the US in particular, has lagged behind other industries in benefiting from IT advances, including SOA. Other industries are adopting SOA for the same reason MITA includes it as one among many examples of IT enablers.
TA-004	Have cost estimates been developed for implementation of a technical architecture that supports SOA?	Over the past 5-8 years, CMS and states have seen the costs associated with MMIS implementations double and in some cases, triple. MITA is promoting a rational solution to promote sharing of system functions and business solutions to address such rapidly escalating costs. CMS expects to see a leveling or reduction of implementation-related costs as a result of widespread MITA adoption that include the principles of SOA.
TA-005	The MITA business processes are implementation-neutral; will the business capabilities be more prescriptive in specifying a particular technical solution?	No, business capabilities, like business processes will remain implementation neutral. States will extend the standard MITA definitions for their own unique requirements and implementation details. These extensions will be stored as solution sets in the MITA repository for others to use. MITA lists Technical Capabilities as examples of technology that will be useful in achieving higher levels of maturity.

TA-006	Given the goal of "reuse", will vendor products be certified as MITA compliant?	A MITA Governance process and repository will be implemented through which standards and products are accepted to ensure consistency with MITA and which can then be used and reused by states and the industry. There are no plans to "certify" systems or products as "MITA compliant". (See also GN-017)
TA-007	This technical architecture is an ideal state and "textbook" accurate but currently does not seem to be practical or achievable with typical IT investments in Medicaid. What technical strategy support will be provided to states to mitigate implementation risks?	When the MITA repository is populated, it will contain practical, implementable solutions that will be available to states. RFPs in the future will be able to reference Version X of an implementation of a business process as found in the MITA repository. In addition, MITA's primary technical strategy will be to rely upon proven solution sets that states have developed, together with their contractors. By sharing their solutions and approaches via MITA's repository, states will be able to learn from each other and thereby reduce implementation risks.
TA-008	There seems to be some inconsistency within the MITA framework in terms of encouraging COTS vs. custom build, and encouraging adoption of standards vs. local state-specific control. How will the whole IT "repository" concept align with those custom &/or proprietary aspects of MMIS functionality?	MITA does not specifically encourage COTS or custom build. MITA encourages having independent implementations of the 79 business processes and the standardization of the interfaces for each. In addition, MITA is platform independent and any combination of COTS packages, legacy systems, or custom code would be transparent to the service consumer.
TA-009	Business needs/processes being the driver of Medicaid Enterprise technology is great. Would it make sense for MITA Framework to remain focused on business attributes and not get into technology specifics and why work to define technology specifics?	MITA will not define technology specifics but will define technical functions and capabilities. As an example, MITA will define requirements for a "strong" encryption but will not define the specific technologies or products to fulfill those requirements. states and/or vendors will define the specifics and will update a solution set in the MITA repository to describe the implementation.
TA-010	Does a technical service hold its current "state" i.e.: Retain data between instances?	Technical services have not been defined yet. This could be part of a definition for a type of technical service.

TA-011	What is the relationship between the Federal Health Architecture (FHA), the DHHS Enterprise Architecture (EA), and MITA?	MITA is intended to be aligned with the FHA and the DHHS EA while still allowing the flexibility for alignment with specific state enterprise architectures, requirements, and implementations. The FHA is based upon standards, many of which are likely to be adopted by MITA; i.e., HL7, HIPAA, etc. At Levels 4 and, certainly, Level 5, of the MITA Maturity Model, exchanging data with federal agencies via MITA is critically important and invaluable to achieving MITA's goals. In order to communicate seamlessly with federal agencies, MITA will need to be cognizant of, and, in those cases where it is not fully compatible, have ways to communicate effectively with these systems. Thus, paying close attention to the FHA and DHHS EA, as they develop, will be vital to MITA's long-term success.
Security and Privacy (SP)		
SP-001	Where in the MITA process should security and privacy be considered?	Security and privacy should be addressed throughout the business process re-engineering, design and construction, testing and quality assurance, and implementation of a new MITA component or system. Security and privacy is not simply a technical set of tools, but the processes, policies, and technical components required to realize effectiveness. (See also SP-003)
SP-002	What is the order of precedence for security guidelines as they are applied to MITA?	The MITA Governance Board should take on the effort of setting a minimum standard for the support of security and privacy; this minimum standard would be the first consideration in the order of precedence. (That effort would be a part of the work in progress much the way the business architecture is currently being iterated.) The question of which state's individual security requirements would take precedent in protecting data that is shared between states in cases where local requirements are more stringent than the MITA minimum standards, is still under consideration.

SP-003	Does security have to reside in the application layer or can it go someplace else?	The short is answer is no, security does not have to reside only in the application layer. The longer answer is that security needs to be addressed in all layers of the application and the infrastructure; therefore, it will impact how the application is designed and developed. Based upon the basic MITA security & privacy principles, here are a few examples of how the application layer may be impacted: • If we apply the "used least" privilege philosophy, role based authentication and authorization will need to be integrated or directly written into the software architecture. • If we apply the "defense in depth" and assume there will be multiple layers of defense, the application architecture will need to be addressed. • If we do not trust user input and assume all input is malicious, the application will need to be coded to defend from this type of attack. • The "check at the gate" user authentication and authorization principle may only impact the application by carrying a security cookie to the application layer. It could however be integrated tightly into the application determining role based authentication and authorization at a URL level, window level, command button level, or even data element level. It depends on how it is integrated it into the software architecture. • In the "fail security" principle, the application layer could be the source of that message. It could also be the authentication and authorization software component.
SP-004	Do you envision one standard, "federated" approach to MITA Security and Privacy?	It is currently envisioned that the MITA Governance Board will facilitate the development of a standard set of security and privacy guidelines for MITA. It is expected that these will be based on current federal regulations. In this way, there will be a standard established by MITA for minimum security and privacy controls. States should take their own security and privacy guidelines into consideration when choosing MITA solutions for implementation and incorporate those into the MITA solution in cases where the state has more stringent privacy and security requirements than the "federated" guidance provides.

MMIS Certification (MC)		
MC-001	Will the certification processes (old and new) be applied in parallel for some period of time?	Transition to the new MMIS certification process occurred in April 2007, concurrent with the release of the Medicaid Enterprise Certification Toolkit ("Toolkit" for short), via the CMS website. Use of the new process will be optional for states that already have an APD approved prior to April of 2007and are engaged in DDI. The new process is mandatory for all new APDs for DDI.
MC-002	Will the changes being made to the certification process have to go through the standard rule making procedure?	The changes for the certification process will not have to go through the standard rule-making process because all of the requirements incorporated into the Toolkit were previously promulgated through federal laws or otherwise mandated (e.g., state Medicaid Directors letters). CMS plans to update the state Medicaid Manual to reflect all current laws/mandates incorporated into the Toolkit after the Toolkit's initial release in April 2007.

We also envision MITA-sizing the updated Toolkit in the future, at which time, we will decide the extent to which the scope of the changes necessitate going through the standard rule making procedures. |
| MC-003 | Can individual pieces of an MMIS be certified? | Pieces, or a module, of an MMIS have typically not been subject to individual certification. Future versions of the MMIS Certification Toolkit, that incorporate MITA concepts, may allow for individual pieces or a module of an MMIS to be individually certified. CMS will continue to require that regional offices review and document the state's plans for incorporating new components into the MMIS. |
| MC-004 | How or where do subcontracted vendors that provide sub-program administration (such as pharmacy benefit administration, behavioral health management or dental benefit program management) fit into the enterprise view of MITA and ultimately, the certification process? | The goal of MITA is to address all aspects of a state's Medicaid Enterprise. As the MITA concept matures and Medicaid business processes are added to the framework the areas of sub-program administration may be included. The MITA governance process will make the decision to include these business processes or not. (See also GN-004)

CMS does not certify subcontracted vendor systems. However, MMIS system functions performed by these systems are examined as part of the MMIS certification process. |

	Funding/Contracts (FC)	
FC-001	MITA does not fit into the current funding model. What is CMS doing to change the funding model to accommodate the transition to MITA?	Components of MITA that are related to claims processing and information management for Title XIX Medicaid programs are supported by the current funding model and are eligible for enhanced FFP. Determining eligibility, whether part of the MMIS system or via multi-OPDIV systems, is currently and likely to remain matched at the current 50% FFP. While cost allocation to other funding sources may be necessary for non-Medicaid aspects, enhanced FFP is presently available for the costs of planning, system analysis, and implementation, including MITA self-assessments and staffing. This includes interoperable decision support/data warehouse systems, immunization registries, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, Third Party Liability (TPL), and long-term care payment modules, as well as mental health payment modules. The present funding model specifically permits consideration of configurations other than single comprehensive Medicaid claims processing and information retrieval systems through which claims for all types of Medicaid services are processed. Under certain circumstances, CMS may determine that states may have multiple Title XIX Medicaid claims processing systems, or components, provided they do not appreciably increase cost or detract from the primary benefits expressed in regulations and policy. MITA development will involve cross-walking business services that are not currently discussed in the State Medicaid Manual (SMM), but are analogous to services currently handled by the MMIS. Examples include systems support for program integrity purposes, extending MITA's interfaces with other systems that will provide data considered key to Medicaid decision-makers, etc. To achieve higher maturity levels with MITA may require future revisions to CMS' funding models to include services that do not currently have an analogous counterpart in today's MMIS. Using current funding policies, CMS can fund a number of activities tied to MITA today as we transition to MITA. Specifically which ones will be determined over the next 3-5 years as states develop their MITA solutions and CMS' funding policies are further aligned with the emerging world of Health Information Technology and Health Information Exchange.

FC-002	Does CMS have an idea of when APDs will begin to show up that include MITA language on a routine basis? When will a template be ready? Will MITA eventually be "required" language in an APD/RFP?	CMS currently requires all states to submit a State Self-Assessment (SS-A) with any APD that requests enhanced FFP for new systems design, development and installation (DDI) activities. The SS-A will be considered an integral part of the requirements analysis section of the APD. It will describe both the "to-be" as well as the "as-is" states of their business areas that they are seeking to modify, enhance, build or replace. CMS will use this information to build a national inventory, one APD at a time, of where each state is and where it is going over the next several years. We are working to have a template ready in the summer of '07. States should not wait for our template to begin submitting the SS-A, information on completing the SS-A is available in the MITA Framework 2.0 document and until the reporting template is available, States are free to use their own reporting formats to submit to CMS the results of their self assessments. Yes, MITA language is required" in APDs and RFPs. (See also FC-008)
FC-003	How does one demonstrate that MITA saves money and improves quality?	The true litmus test for making the business case for MITA will depend upon the extent to which it contributes to improving overall health outcomes, and reduces overall health expenditures, on behalf of Medicaid beneficiaries. A critical first step is to enable systems to share data across organizational boundaries. In addition, more immediate savings can be generated through the use of systems that are built using interoperable standards such that it will no longer be necessary to customize every solution for 51 different programs. CMS will look to the real world examples of success that states are able to develop as our proof of concept.

FC-004	What is the value to an organization by stating that they are MITA capability level "x"? What is the political value of this? Of what value is this in terms of securing state and federal funding?	Stating that a business service is at capability level "x" enables others to know where that business service is along a pathway that leads to increased interoperability of systems and data. Progress can be measured in relative terms, and other states interested in achieving that level of maturity will have a national inventory of all states that are at that level in order that they can leverage that state's experience, tools, and approaches, at their option, as they move forward. Today, in the absence of such characterization, states turn to the industry to tell them what others are doing. By developing a national profile of capability levels for each business service for all states and DC, states will be better positioned to learn from each other. In addition, CMS expects that savings will be achieved by states no longer having to rely on anecdotal sources to prevent paying for the same services repeatedly from one state to the next.
FC-005	Has CMS considered the MITA impact to work streams associated with procurement proficiencies? (states heading toward streamlining procurement process, MITA might not align with this approach)	CMS has considered MITA's impact on procurement proficiencies. Doing business the way it has always been done in the past is not what streamlining procurement processes or MITA is all about. To the contrary, procurement processes are increasingly designed to ensure consumers' tax dollars are returning more value than ever before. So, too, is MITA designed to achieve that same goal. In addition, to ensure that MITA and procurement policies of the future remain on the same track, CMS will be discussing our MITA plans with state procurement offices to better understand any concerns that they may have.
FC-006	What is CMS doing to address concerns about restriction of free and open competition that may arise as a result of MITA strongly advocating one approach over another?	MITA will likely enhance free and open competition by permitting new and smaller (as well as existing and larger) firms to compete for Medicaid IT business. Our approach will be technology neutral in that we will not be dictating only one solution. Moreover, by fostering bridge building across programs, firms that heretofore had no previous MMIS experience will find opportunities to compete on the basis of their expertise in other fields; e.g., public health, nutrition, mental health, substance abuse, etc..

FC-007	How is CMS addressing the dependencies between the MITA Business Architecture-related APD, RFP, and certification process changes and the relatively immature/incomplete Information and Technical Architectures (IA and TA)?	We believe the Business Architecture provides the underlying foundation for MITA. MITA involves Business Process Reengineering because the systems and data need to follow program, not technical, needs. Changing the culture of an organization is often times the hardest part of such a transformational process. The BA enables states to get a jump of that important first step. The IA and TA will follow. We anticipate within 12-18 months, the IA and TA will be at the stage of development that the BA is today.
FC-008	Will CMS be providing guidance on the level of detail that should go into an RFP with regard to MITA business processes?	Yes, more detail regarding the MITA business processes and their relationship to the contents of the RFP will be addressed in the Guidance Document on State Self-Assessments and Advance Planning Documents scheduled for publication in the summer of CY2007.
FC-009	Moved to SA-001	
FC-010	What is CMS' plan to further address the use and federal match for COTS products?	We will issue clarification of our COTS policy in federal FY 2007.
FC-011	Moved to SA-002	
NEW! FC-012	Is APD funding linked to improving business capabilities? Will States be required to meet established levels of maturity for business processes?	States will be asked to report on results of self-assessment, i.e., current level of maturity for each business process applicable to the State and desired To Be levels of maturity for future development. When the State submits an APD requesting funds for the improvements, it will attach the SS-A. CMS will expect the State to achieve the level of maturity that it has stated as its goal and for which it has received funding. Impact on Certification has not yet been determined.
NEW! FC-013	Will CMS offer incentives to States to adopt a MITA transformation plan?	States are encouraged to embrace the transformation process. Funding follows current guidelines for State/Federal match.
Timeline/Rollout (TR)		

TR-001	When should states start to use the MITA Capability Maturity Matrix?	When states begin to perform State Self-Assessments, the Capability Maturity Matrix should be part of this process.
TR-002	In terms of state rollout of MITA, what incentives/disincentive will CMS offer with regard to implementation?	Beginning around mid federal FY07, requests for enhanced match will not be considered unless they are accompanied by a State Self-Assessment. (State Self-Assessments are considered under SMM, Part 11's definition of a reimbursable cost at 90% FFP as "systems and requirements analyses" during the design, development and installation phase.)
TR-003	Moved to SA-003	
TR-004	Will there be a "phased" release of the IA and TA?	Yes, a transition strategy will be issued as the IA and TA are further developed.
TR-005	Can CMS provide a completion or milestone dates for MITA to be 100% complete?	MITA will continue to evolve along with Medicaid, so it will never truly be "100% complete". CMS will continue to issue updates to the MITA Framework document as the Information and Technical Architectures mature and whenever changes in the Medicaid program impact MITA.
TR-006	How will MITA be rolled out to states?	The MITA rollout strategy is still under development. MITA documentation will continue to be updated through Framework releases, available on the MITA website. It is expected that rollout will be part of the responsibility of the MITA Governance Board once it is established.
NEW! TR-007	Will CMS stick to a schedule for release of Framework updates?	Progress of MITA evolution depends on Federal funds, State initiatives, NMEH recommendations, and continuing support from PSTG and HL7 workgroups. Schedule will vary depending on availability and progress of these resources.
General (GN)		
GN-001	How will the MITA documentation keep pace with state mandates and state development efforts?	Via the MITA governance process and its supporting sub-groups. (See also GN-004)
GN-002	Does the MITA repository currently exist?	No, a web site is currently being developed to "house" the MITA products

		but a true repository with the associated tools has not been established.
GN-003	If the IA and TA are so important, why are they not included in the APD/RFP discussion?	They are not mature enough yet to be effectively included in that discussion.
GN-004	What will be the MITA governance structure?	MITA governance will be controlled by the MITA Governance Board. The proposed structure for this body is a three-tiered organization, managed by CMS with both state and Vendor participation. The CMS MITA website has a section for the 2006 MMIS conference presentations. A presentation that explains the proposed MITA governance structure can be found there.
GN-005	Why isn't MITA like other Enterprise Architectures in basic ways, like design?	Unlike most Enterprise Architectures, MITA cannot specify all of the aspects of an Enterprise Architecture (EA) since it must allow for the individual flexibility of each state. MITA has therefore taken the approach of defining a federated EA that allows for data sharing and interoperability while still allowing for unique state implementations and requirements.
GN-006	When will the scope of MITA be expanded to include Eligibility business services?	MITA attempts to move states toward an Enterprise Architecture approach that uses Service Oriented Architecture to share business services across state agency boundaries, including services for eligibility determination. In this way, the scope of MITA already included consideration for these services. (It should be noted that funding policies for the information systems that support these services may differ across agency boundaries.)
GN-007	Why use HL7 as a starting point? HL7 V3 may not be complete, why not start from a working data model?	HL7 was selected because it is an existing healthcare data standards organization, has been selected by HHS as the official standards organization for the EHR, and has existing tools, methodologies, and repositories for the development of healthcare information standards. Existing state data models will be used as both a "seed" to the effort and as a validation point for the developed information models. Since information architecture information models must serve all states, using a single state, or multiple states sharing one system, is not advisable.

GN-008	How can you incrementally change a legacy system and plug in SOA components?	One way is by using "service wrappers" for the legacy code. Depending on the design of the legacy code this may not be possible and a "medium bang" approach may be needed, e.g., break loose one major function like Financial Management.
GN-009	Don't we need to leverage more than just HL7 standards for interface with EHRs?	We will leverage other standards along with HL7 for the MITA information models.
GN-010	Can MITA be thought of as a bolt-on interface layer to an existing MMIS implementation?	It is theoretically possible but it is unlikely that a state would choose to wrap an entire MMIS in one interface layer.
GN-011	If a relationship exists, are the plans to include MITA-based architectures with either (or both) of the FHA or the DHHS EA (as in a federated architecture)?	At present, CMS is maintaining that MITA will be aligned with the principles of both the Federal Health Architecture (FHA) and DHHS Enterprise Architecture (EA).
GN-012	Are there plans for CMS to develop a Medicare-centric version of MITA?	Medicare already has an enterprise architecture. CMS may provide a unified Medicare/Medicaid architecture in the future.
GN-013	MITA supports moving from an operation to a strategic focus. Are there plans to deal with the "people issues" associated with such a shift in focus, or is that outside the scope?	MITA is organization neutral. It is up to the states to solve the "people issues" associated with MITA-related business process reengineering. CMS encourages states to get support and involvement from their key state management/executives in order for the business process re-engineering under MITA to be successful.
GN-014	Moved to SA-004	
GN-015	Are there plans to include "Best Practices" in the Repository for moving from one level of maturity to another for a business or technical capability?	Yes.
GN-016	What is the role of the NMEH workgroup and how will this workgroup relate to others as they are formed?	The NMEH workgroup is working to complete the definition of the MITA business processes. The MITA Governance process will oversee the formation of future workgroups and will facilitate the relationship between groups.

GN-017	Can a Cobol-based system with a web services wrapper or interface meet the guidelines for MITA and be considered a MITA-certified system?	MITA treats implementations of business processes as "black boxes"; i.e., as long as they meet the standard interface requirements, they are consistent with MITA guidelines. There are currently no plans for CMS to "certify" systems or products as "MITA compliant". CMS will continue to certify MMIS systems as in the past to ensure that the systems meet federal requirements. (See also TA-006)
GN-018	What is the CMS policy on the reproduction of MITA documents like white papers and sections of the MITA Framework document?	Documents published by CMS are considered the property of CMS and may be freely redistributed in their entirety but may not be modified, sold for profit, or used in commercial documentation.
GN-019	Is there a place for states to exchange information regarding MITA procurement documents such as APDs and RFPs?	The plan is for this to be done through the MITA repository.
GN-020	How does someone from the Vendor community participate in the MITA initiative? What is the procedure to join the MITA technical group?	There are currently three paths for a vendor to participate in the development of the MITA technical Architecture: 1. Submit recommendations via a sponsoring state 2. Join the Private Sector Technical Group (PSTG) 3. Join the Human Services Information Technology Advisory Group (HSITAG)
GN-021	How are MITA artifacts submitted for review and approval and adoption as standards?	Through the MITA Governance Process (under development).
NEW! GN-022	MITA is reliant on standards developed by external Standard Developing Organizations and MITA is developing its own models. Will the pace at which standards are developed and adopted slow the adoption of MITA?	As with all standards, MITA artifacts will continuously evolve. States will need to track their 'point in time' as they perform the SS-A and implement improvements. In the future, time-stamped versions of models will be maintained in a repository. MITA aligns with and adopts regulated, mandated, and industry standards. (See also: TA-011, GN-007, GN-009)
NEW! GN-023	The political climate within a State can change in the middle of a procurement and implementation of a new MMIS. How might changes in political direction impact an implementation that is following MITA guidelines?	CMS anticipates that a State may have to change its plans at any time. This could result in changes to the To Be target, e.g., scale back on the level of effort and lower the targeted maturity level from Level 4 to 3 or Level 3 to 2. This change would be documented in an update to the SS-A.

NEW! GN-024	Does CMS plan to operate like a standards body with formal review and input process?	CMS plans to establish a Governance process modeled on current standards bodies. (See also GN-004)
NEW! GN-025	Does MITA promote real innovation or does it encourage "paving the cow paths".	MITA encourages continuous improvement and transformation of the Medicaid program. States are at different levels of development. For some, the first step toward transformation begins with leveraging legacy processes. Each State will chart its own course.
NEW! GN-026	It is a challenge to read the MITA Framework 2.0 document. Can the document be broken into more easily digested pieces and the language used be simplified?	For the most part, Framework 2.0 is subdivided into relatively short chapters and each chapter has a guide on the cover page that suggests a target audience. While some will benefit by reading the entire book, the MITA Framework 2.0 document was not designed to be read in its entirety by all users. Rather, the document was designed with a "user's manual" approach in mind; the idea being that pieces of the framework would be read by users on an as needed basis. CMS is relying on NMEH to improve language in the Business Architecture section of the Framework. As Business and Information models evolve and are converted into tool structures, there will be a Style Guide to explain terminology. Information modeling and Technical Architecture will use vocabulary that is industry-specific. These sections are technical in nature and intended for an audience with a technical background.