

Medicaid IT Architecture (MITA)



*A 2-Day Conversation
with Technical Experts
on MITA
Framework 2.0*

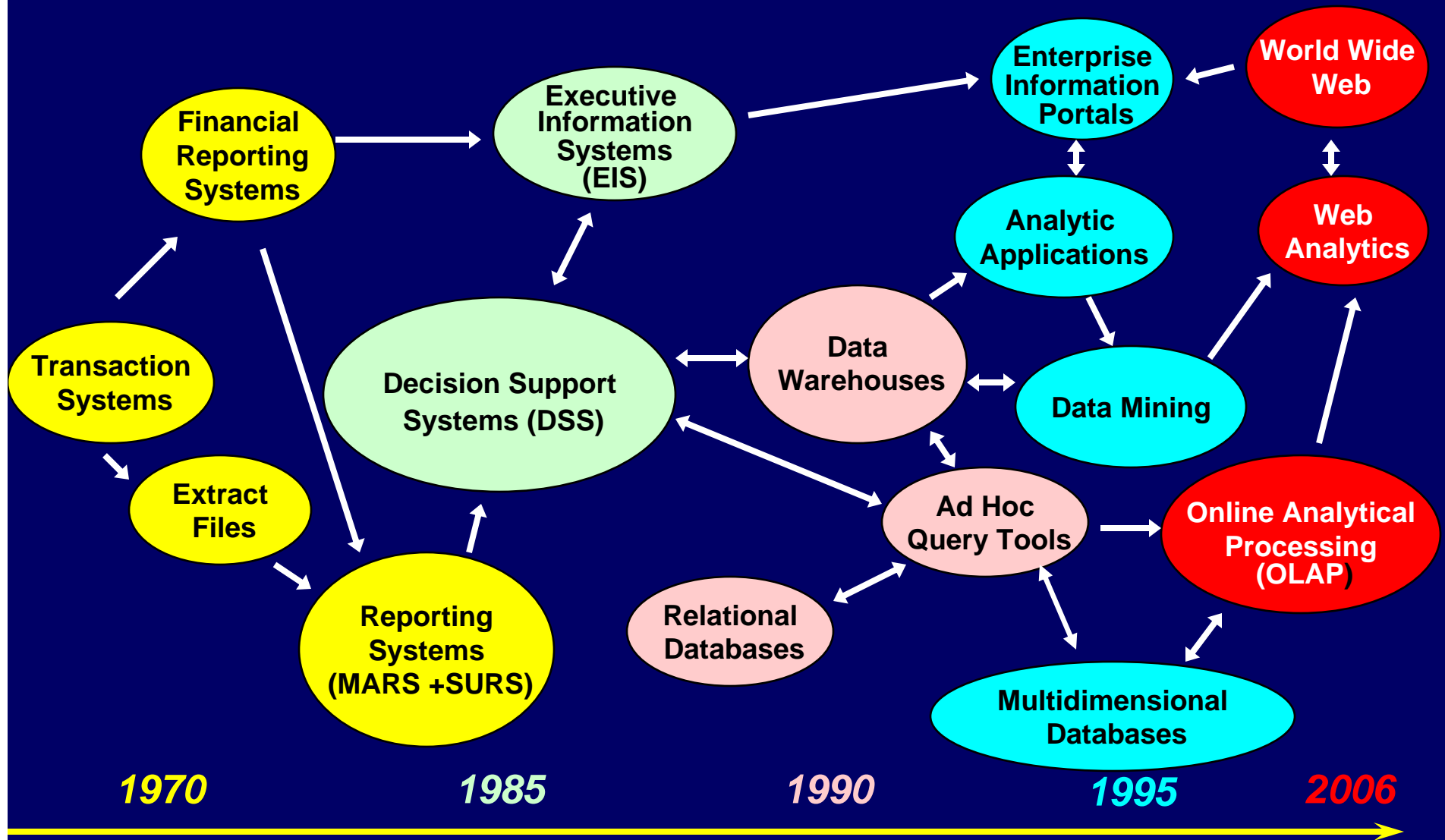
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Conference Objectives

1. Provide a high-level overview of MITA
2. Receive feedback from the audience
3. Discuss the transition from MMIS to MITA
4. Share our thinking re next steps

How Far Has the MMIS Come?



Where Is MITA Going?



NEW SYSTEMS
Design & Implement

HEALTH CARE DELIVERY
Improve Quality & Efficiency

HEALTH CARE OUTCOMES
Improve Beneficiary & Population
Health

Today's National HIT Landscape

Enterprise-wide Systems

Federal systems
CDC's PHIN
MMIS
IES
Other State systems



State and Local HIT Initiatives

AHRQ Grants
HRSA Grants
NLM Grants
CMS' DOQ-IT
EHR Adoption
eRx Adoption
Personnel Health Records

A Sample of State-Based HIT Initiatives

- **Arizona's AHCCCS Health Info Exchange**
- **Florida Health Info Network (FHIN)**
- **Hawaii's Quality Healthcare Alliance Health Info Exchange Network**
- **North Carolina Healthcare Info and Communications Alliance (NCHICA)**
- **Rhode Island Quality Initiative (RIQI) Health Info Exchange**
- **Tennessee's MidSouth eHealth Alliance: The Memphis Initiative**
- **Utah Health Info Network (UHIN)**

How Does MITA Fit Into this Landscape?

MITA focuses on the Medicaid *ENTERPRISE*

- State Medicaid operations where FFP applies
- Interfaces between State Medicaid agency and its stakeholders
- Sphere of influence that touches, or is touched by, MITA



What Is MITA?



1. An *INITIATIVE* -- to promote improvements in the Medicaid enterprise and systems that support it through collaboration between CMS and the States
2. A *FRAMEWORK* -- that provides a blueprint consisting of models, guidelines and principles to be used by States as they implement enterprise solutions

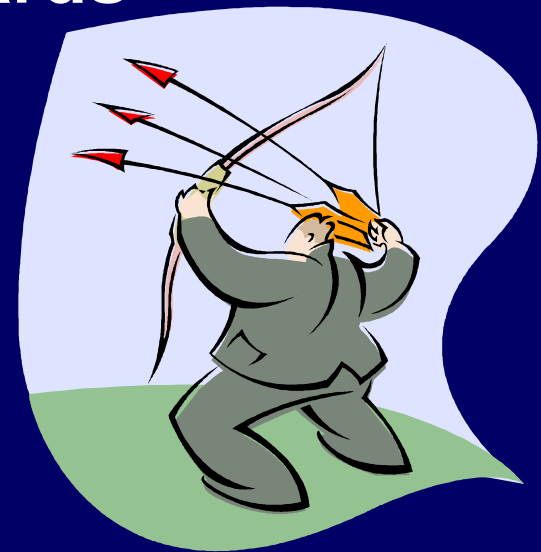
MITA's Goals



- 1. *Environment*** -- flexibility, adaptability, rapid response to program/technology changes
- 2. *Enterprise view*** -- technologies aligned with Medicaid business processes/technologies
- 3. *Coordinate*** -- with public health and other partners to *integrate health outcomes*
- 4. *Systems*** -- interoperable with common standards
- 5. *Data*** -- timely, accurate, usable, accessible
- 6. *Performance measures***

MITA's Objectives

- Adopt data and industry standards
- Promote reusable components
- Efficient effective data sharing
- Provide a beneficiary-focus
- Support interoperability, integration, open architecture
- Promote secure data exchange
- Support integration of clinical and administrative data
- Promote good practices – CMM, etc



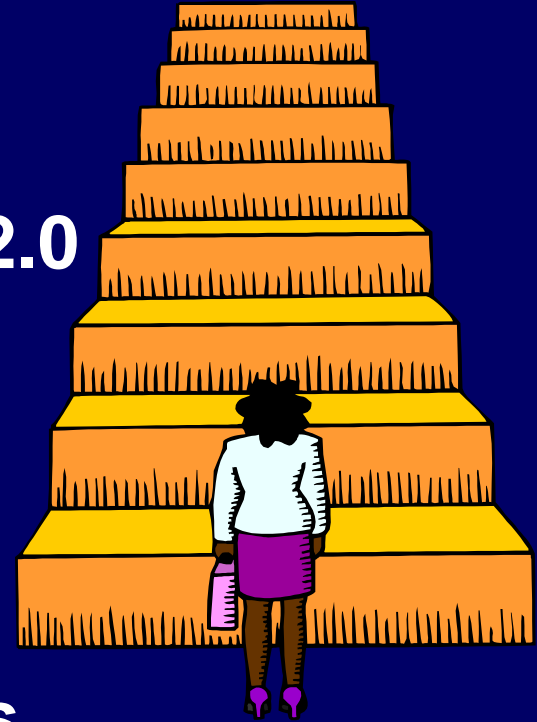
MITA's Guiding Principles

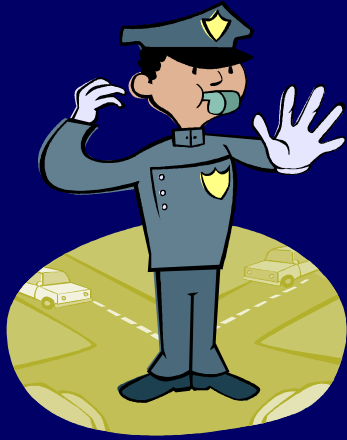
- **Business-driven enterprise architecture**
- **Commonalities and Differences co-exist**
- **Standards first**
- **Built-in Security and Privacy**
- **Data consistency across the Enterprise**



Next Steps

- **Published MITA Framework 2.0**
- **Develop MITA Framework 3.0**
- **Transition MMIS into MITA**
- **Look for “targets of opportunity” to showcase aspects of MITA within States**
- **Develop governance structures to handle operational issues; e.g. repositories, etc.**





Ground Rules

- 1. CMS is interested contributions of individuals as attendees but we do not view your participation as a member of a group**
- 2. No one group or segment of attendees can be assigned to a team, group, advisory committee or breakout session to work on behalf of CMS**



Ground Rules

continued

- 3. Individuals may form working groups on their own but CMS may not control and/or select membership, determine group composition, direct, plan, or control the group's agenda**
- 4. CMS is pleased to have individuals share their questions, issues and provide us with your insights**