DEPARTMENT OF HEALTH & HUMAN SERVICES
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CMCS Informational Bulletin

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FROM: Cindy Mann, Director
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SUBJECT: Medicaid Information Technology Architecture Guidance – Draft Eligibility and Enrollment Supplement, Version 3.0

This informational bulletin announces the release of the draft Eligibility and Enrollment Supplement to the Medicaid Information Technology Architecture (MITA) Framework, Version 3.0.

Background

The MITA is an evolving initiative of the Centers for Medicare & Medicaid Services (CMS) to establish national guidelines for technologies and processes that improve program administration for the State Medicaid Enterprise. A Medicaid Enterprise is made up of communities with interest in meeting Medicaid goals. MITA fosters nationally integrated business and information technology transformations. Collectively, each State Medicaid Enterprise shares common goals and objectives for the outcomes of the Medicaid Program. The MITA initiative includes an architecture framework, processes, and planning guidelines for enabling the State Medicaid Enterprise to meet common objectives within the MITA Framework, while supporting unique local needs.

MITA has a number of goals, including development of seamless and integrated systems that communicate effectively through interoperability and common standards. MITA promotes flexibility, adaptability, and rapid response to changes in programs and technology. The MITA enterprise view supports technologies that align with Medicaid business processes and enable coordination with public health and other partners, including human services.

CMS released the overarching MITA Framework, Version 3.0, on March 28, 2012, and issued an informational bulletin to announce that release. This may be viewed at http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-28-12.pdf.   That informational bulletin advised we were releasing the MITA Framework without the member eligibility and enrollment business processes and capabilities matrices. This was done because we had released the final rule, *Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010; Final Rule* (Federal Register, Vol.77, No. 75) regarding the Medicaid Eligibility Changes under the Affordable Care Act on March 16, 2012 and we needed the opportunity to address the specific eligibility and enrollment requirements outlined in that final

rule prior to publishing eligibility and enrollment information. We have now completed a draft of the eligibility and enrollment supplement to MITA 3.0 Part 1, Appendices C and D.

In Appendix C, under the Eligibility and Enrollment Management business area, the following business categories were updated: *Determine Member Eligibility, Enroll Member, Dis-enroll Member,* and *Inquire Member Eligibility.* The *Determine Member Eligibility* business process includes flow diagrams to illustrate the business logic associated with the new Modified Adjusted Gross Income (MAGI) rules. Appendix D contains the companion Business Capability Matrix with the corresponding business capabilities. The business processes in conjunction with the business capabilities are used to define the boundaries of activity in the Business Process Template (BPT).

Request for Comments on the Draft

We are releasing the draft update to MITA 3.0 Part 1, Appendices C and D at http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Data-and-Systems.html and are providing a 30-day comment period. We invite you to submit comments on this draft to https://cmsideas.uservoice.com/forums/170691-mita-3-0-e-e-supplement. CMS will schedule teleconferences with stakeholders in the near future to discuss the MITA Framework, the MITA 3.0 Eligibility and Enrollment Supplement, and the comment process.

After consideration of the comments, CMS will release the final version of MITA 3.0 including the Eligibility and Enrollment Supplement.

State Self-Assessment (SS-A) Requirement

In March 2012, CMS affirmed the overarching MITA 3.0 Framework with our final rule at 42 CFR Part 433 entitled, *Medicaid Program: Federal Funding for Medicaid Eligibility Determination and Enrollment Activities*, effective April 19, 2011, which provides states with the opportunity to receive enhanced federal funding in order to improve interaction and interoperability across the Medicaid Enterprise. The final rule requires that states complete a State Self-Assessment (SS-A) within twelve months of release of the MITA 3.0 Framework. The SS-A will help states determine their "as is" environment across the Medicaid Enterprise. CMS will provide 90 percent federal financial participation for the completion of the SS-A.

At this time, MITA 3.0 Framework is considered incomplete as it is pending Member Management business processes and corresponding business capability matrices. Therefore, although the twelve month timeline for completion of the SS-A has not yet started, CMS encourages states to continue developing and submitting their MITA 3.0 SS-A in compliance with the MITA maturity levels. CMS will issue updates for the other business areas once they are complete in subsequent releases.

We look forward to continuing our work together to improve systems development across the Medicaid Enterprise.

Should you have questions regarding MITA 3.0, or the information contained herein, please contact Charles Lehman, Director, Division of State Systems, at 410-786-4451, or by email at charles.lehman@cms.hhs.gov.