

## Client Management (CL)

### CL: Inquire Client Information Process

Item	Details	
<b>Description</b>	The <i><b>Inquire Client Information</b></i> business process receives requests for client information from authorized providers, programs or business associates; performs the inquiry; and prepares the response data set. The client database includes demographic, financial, socio-economic, treatment, service, health status, and outcomes information.	
<b>MITA Reference</b>	Source Process Name: <i>Inquire Provider Information</i> Source Process Business Area: <i>Provider Management</i> References: Part 1 Appendix C, Business Process Model Details Part 1 Appendix D, Business Process Capability Matrix Details <a href="http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp">http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp</a>	
<b>Sample Data</b>	Client information and history databases Referral and placement information	Client grievances/appeals Client communications history

### CL: Inquire Client Information: Maturity Levels

Level 1	Level 2	Level 3	Level 4	Level 5
<p>This business process is primarily via paper, telephone, &amp; fax; inquiries are received from various sources using non-standard formats. The process is inconsistent in the application of the rules and in response timing.</p> <p>This Level complies with agency requirements.</p>	<p>Inquiries about clients are communicated in a standard format. The process incorporates direct connectivity to agency programs and provider/contractors; Web interfaces for inquiries; basic business rules; and state agency specific standards. Routine inquiries for client information are standardized and automated within the agency.</p> <p>This Level includes additional data and quality edits.</p>	<p>Inquiries about clients incorporate national data standards, and results are standard, consistent and more accurate. The process has virtual access to client data. Cross agency collaboration results in a one-stop shop, with information accessible to external partners and clients via the Web. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA.</p> <p>At this Level data is standardized against HL7 RIM.</p>	<p>Client databases are federated with HIEs statewide so that any authorized stakeholder can request client specific clinical information. Client health record locator services are integrated into HIEs to enhance responses to inquiries regarding clients.</p> <p>This Level adds clinical data.</p>	<p>Client information is federated with HIEs nationally so that any stakeholder can request provider/contractor information to the extent authorized anywhere in the country.</p> <p>This Level adds nationwide technical interoperability.</p>
<p><b>VA As Is 2010:</b> All Facilities at Level 1. Mostly a manual process.</p>				
	<p><b>VA To Be 2010:</b> All Facilities would like to move towards standardizing automation and Level 2.</p>			

**Automation**

<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
All/mostly paper	Internal processes mostly automated	Internal agency processes/interfaces mostly automated	External agency processes/interfaces mostly automated	Non-state entity processes/interfaces mostly automated
<b>VA As Is 2010:</b> Mostly Level 1 manual/paper processes occurring.	<b>VA As Is 2010:</b> Some internal processes are automated in some Facilities. Would like to automate interfaces between one another.			
	<b>VA To Be 2010:</b> All Facilities would like to move towards Level 2 processes.			
<b>Standards</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Use few or no national standards	Internal processes use national standards	Internal agency processes/interfaces mostly use national standards	External agency processes/interfaces mostly use national standards	Non-state entity processes/interfaces mostly use national standards
<b>VA As Is 2010:</b> All Facilities operating at Level 1. Not using HL7 at this time.				
	<b>VA To Be 2010:</b> All Facilities would like more automation and the use of national standards for their processes.			
<b>Cross Coordination</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Little/no coordination across processes or with other programs	Internal agency operational processes coordinated	Internal agency program processes coordinated	External agency program and operational processes coordinated	Non-state entity program and operational processes coordinated
<b>VA As Is 2010:</b> All Facilities operating at Level 1. Not much coordination between programs occurring at this level.				
	<b>VA To Be 2010:</b> All Facilities would like more automation and more coordinated			

	processes.			
<b>Client Data</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Little/no access to client specific data	Internal processes have access to client specific data	Internal agency processes have access to client specific data	External agency processes have access to client specific data	Non-state entity processes have access to client specific data
<b>VA As Is 2010:</b> Most Facilities are operating at a Level 1 with some access to client specific data.	<b>VA As Is 2010:</b> Some Facilities are utilizing shared databases.			
	<b>VA To Be 2010:</b> All Facilities would like to move forward to Level 2. The HIE is needed to move this forward.			
<b>Interoperability</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
None	Limited interoperability internally or limited to claims processing systems	Interoperability with internal agency systems other than claims processing	Interoperability with external agency systems other than claims processing	Interoperability with non-state entity systems
	<b>VA As Is 2010:</b> Most Facilities are operating at a Level 2 by being able to access databases (with proper security authority) across Facilities.	<b>VA As Is 2010:</b> Some Level 3 functionalities exist but still limited.		
		<b>VA To Be 2010:</b> All Facilities would like to move forward with the Electronic Medical Records automation.  Interoperability among CSBs is desired so they can exchange information among all partners.  Standard data definitions will help the Facilities to move towards interoperability.		