

Client Management (CL)

CL: Manage Client/Applicant Communication Process				
Item	Details			
Description	The Manage Client/Applicant Communication business process receives individual requests for information, appointments and assistance from prospective and current clients such as inquiries related to eligibility, programs and services, costs, and providers; and provides requested assistance and appropriate responses and information packages. Communications are researched, developed and distributed electronically as appropriate. NOTE: The Perform Client/Applicant Outreach process targets both prospective and current client <i>populations</i> for distribution of information about programs, services, and health issues.			
MITA Reference	Source Process Name: <i>Manage Applicant and Member Communication</i> Source Process Business Area: <i>Member Management</i> References: Part 1 Appendix C, Business Process Model Details Part 1 Appendix D, Business Process Capability Matrix Details http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp			
Sample Data	Service information Provider data; type, location, linguistic and cultural competence	Agency and program policies Client demographics, social, functional, clinical, and financial data		
CL: Manage Client/Applicant Communication: Maturity Levels				
Level 1	Level 2	Level 3	Level 4	Level 5
Description				
This business process is primarily via paper, telephone, & fax; communications are received and sent from various sources using nonstandard formats. The process is inconsistent in the application of the rules and in response timing. Communication is not coordinated among multiple, siloed programs and not systematically triggered by agency wide processes. This Level complies with agency requirements.	The process incorporates direct connectivity to agency programs and provider/contractors; Web interfaces for inquiries; basic business rules; and state agency specific standards. Confidentiality requirements are automated. Routine communications for client information are standardized and automated within the agency. This Level includes additional data and quality edits.	Communications are primarily electronic, with paper used only as needed. Communications are standardized within the agency and coordination cross agency results in improved efficiencies. Confidentiality requirements are determined via automated business rules. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	Communications are handled through HIEs statewide; regular client communications are automatic. All health care agencies collaborate in client communications with providers/contractors statewide. New client information can also trigger or "push" specific messages to clients regarding special programs and services. However, nonelectronic communications will still be needed. Confidentiality requirements are triggered automatically. This Level adds clinical data.	Client communications posted by an agency can be electronically accessed anywhere in the country. Client communications can be "pushed" when appropriate, but non-electronic communications for the BH population may need to be retained. Nationwide collaborations streamline communications with clients anywhere in the country. This Level adds nationwide technical interoperability.
VA As Is 2010: All Facilities and CSBs are operating at a Level 1. Processes are	VA As Is 2010: Some Facilities and some CSBs are operating in a Level 2. Basic			

manual using paper, phone or fax.	components are being met in this level.			
	VA To Be 2010: All Facilities and CSBs would like to move towards a Level 2 maturity level by automating processes.			
Automation				
Level 1	Level 2	Level 3	Level 4	Level 5
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
VA As Is 2010: Most Facilities are at a Level 1. They are using mostly paper.	VA As Is 2010: Most CSBs are a Level 2. They utilize Electronic Health Records making information available by automation.			
	VA To Be 2010: The Facilities would like to move to a Level 2 in this area.	VA To Be 2010: The CSBs would like to move to a Level 3 and to be completely automated.		
Standards				
Level 1	Level 2	Level 3	Level 4	Level 5
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
VA As Is 2010: CSBs at a Level 1 with many operating in a Level 2. All Facilities are using little or no standards.	VA As Is 2010: Some CSBs operating at a Level 2. Electronic Health Records are using standards.			
	VA To Be 2010: CSBs would like to move towards completing Level 2 capabilities. All want to move towards Health Information Exchange. The Facilities would like to move towards using national standards.			
Cross Coordination				

Level 1	Level 2	Level 3	Level 4	Level 5
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
VA As Is 2010: All Facilities are at a Level 1. Little or no coordination is occurring.		VA As Is 2010: CSBs are coordinated internally using standards. Data exchanges are not as coordinated and prove to be more problematic for the CSBs.	VA As Is 2010: Some CSBs are at Level 4 coordinating with external agencies.	
	VA To Be 2010: The Facilities would like to move towards using standards that are coordinated within their agency.		VA To Be 2010: CSBs want to move towards being coordinated with external agencies.	
Client Data				
Level 1	Level 2	Level 3	Level 4	Level 5
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
	VA As Is 2010: The Facilities have access to specific client data.	VA As Is 2010: CSBs are operating at a Level 3 maturity level. Data extracts are moving towards a Level 4 for some CSBs.		
		VA To Be 2010: The Facilities want to move towards Level 3.	VA To Be 2010: CSBs want to move towards Level 4 and external agencies having access to specific client data.	
Interoperability				
Level 1	Level 2	Level 3	Level 4	Level 5
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
	VA As Is 2010: CSBs are operating at a Level 2. Using their claims systems to interface with other systems. The			

	Facilities are all operating at a Level 2.			
		VA To Be 2010: CSBs and the Facilities would like interoperability among other systems.		