

Program Management (PM)

PM: Manage State Funds							
Item	Details						
Description	Funding sources for BH services may come from a variety of sources and are often spread across programs. The Manage State Funds business process monitors state and other funds through ongoing tracking and reporting of expenditures and ensures accuracy in reporting of funding sources. Management of other funding sources likely overlaps with this process.						
MITA Reference	Source Process Name: <i>Manage State Funds</i> Source Process Business Area: <i>Program 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Client Information</td> <td style="width: 50%;">State Financial Management</td> </tr> <tr> <td>Provider/contractor Information</td> <td>Applications</td> </tr> <tr> <td>Accounting Tables</td> <td>Payment History</td> </tr> </table>	Client Information	State Financial Management	Provider/contractor Information	Applications	Accounting Tables	Payment History
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PM: Manage State Funds: Maturity Levels

Level 1	Level 2	Level 3	Level 4	Level 5
<p>The business process is focused primarily on meeting reporting requirements as required as conditions for funding. The process uses primarily paper/ phone/fax based processing and some proprietary internal systems, using non-standard formats and data making reporting and analysis difficult. The process is inconsistent in rules application, data reporting, and response timing. Most data used is administrative and reporting ; analysis use is costly and resource intensive.</p> <p>This Level complies with agency requirements.</p>	<p>The process is increasingly automated, incorporating Web interfaces to cross agency funding data. Formats and data are standardized within the state. All programs use HIPAA X12 standards for claims and other billing and payment transactions. Process automation improves timeliness of compiling funding history.</p> <p>This Level includes additional data and quality edits.</p>	<p>The process has virtual access to administrative and clinical records; self adjusting business rules; and uses some clinical data to improve monitoring. Data and formats are standardized nationally. BHspecific funding requirements are phased out and aligned with national standards, allowing cross program comparison. Cross agency collaboration results in a one-stop shop, with shared processes for some steps. 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>Funding information is accessible to any authorized party through HIEs statewide. Real time payment processing makes current funding figures available almost immediately. Decision support and sophisticated analytic tools allow for ad hoc analysis and reporting in real time. Pointers to selected clinical information link it to funding data to allow ongoing monitoring. Additional information on other funding sources is available for use in this process.</p> <p>This Level adds clinical data.</p>	<p>Funding information is federated with HIEs nationally so that any stakeholder can access funding information to the extent authorized nationwide. Complete virtual clinical record and administrative data access facilitates real time analysis and decisions. The process uses national guidelines and best practices, and eliminates redundant collection and interchange of data and improves real-time monitoring. Most services are instantly authorized or denied from point of service; payment is automatically established without need of invoice.</p> <p>This Level adds nationwide technical interoperability.</p>

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:				
VA To Be:				

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:				
VA To Be:				
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:				
VA To Be:				
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:				
VA To Be:				
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:				
VA To Be:				