

## Program Management (PM)

PM: Generate Financial and Program Analysis Reports							
Item	Details						
<b>Description</b>	The <b>Generate Financial &amp; Program Analysis/Report</b> process begins with a request for information or a time table for scheduled correspondence. The process includes defining the required reports format, content, frequency and media, as well as the state and federal budget categories of service, service codes, provider/contractor types and specialties (taxonomy), retrieving data from multiple internal sources, compiling the data, and formatting into the required data set. <b>NOTE:</b> This process does not include maintaining service, reference, or program information.						
<b>MITA Reference</b>	Source Process Name: <i>Generate Financial &amp; Program Analysis/Report</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 <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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Client Information</td> <td style="width: 50%;">Service Information</td> </tr> <tr> <td>Provider/Contractor Information</td> <td>Reference Repository</td> </tr> <tr> <td>Payment History</td> <td></td> </tr> </table>	Client Information	Service Information	Provider/Contractor Information	Reference Repository	Payment History	
Client Information	Service Information						
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PM: Generate Financial and Program Analysis Reports: Maturity Levels				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>The process is done with a mix of tape, CD and some proprietary internal systems, using nonstandard formats and data. The process is inconsistent in the application of the rules, reporting, and response timing. Programs are siloed and multiple reviews may be conducted by different programs. Most data used is administrative and reporting data; 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 with other agencies, programs, and data; basic business rules, and enhanced consistency of responses and timing.</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. BH-specific 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.</p>	<p>This business process interfaces with other review and audit processes through HIEs statewide.</p> <p>This Level adds clinical data.</p>	<p>The process uses process collaboration and has full interoperability with other local, state, and federal programs with national virtual administrative data access and exchange.</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:				

<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
VA As Is:				
VA To Be:				
<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
VA As Is:				
VA To Be:				
<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
VA As Is:				
VA To Be:				
<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
VA As Is:				
VA To Be:				