

**CM Manage Case: Business Capabilities**

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Capability Question	Level 1	Level 2	Level 3	Level 4 & 5
<b>Business Capability Descriptions</b> <b>This Section provides general background on the Business Process at Level 1 – 3. It is used to identify the differences between Levels.</b>				
Is this business process primarily manual or automated?	The process consists primarily of manual, paper based steps. Information is manually compiled; decisions based on interventions are subjectively determined.	This process is a mix of manual and automated reporting processes. Compiled data includes a mix of information gathered manually and automated reports.	Automation of most activities is in the workflow process. Notifications, requests for information, and other communications are transmitted using EDI standards.	
VA As Is	<p><b>2010 MITA:</b> Most agencies are operating at a Level 1 with most business processes primarily manual. Some agencies are in a Level 2.</p> <p><b>2007 MITA:</b> DMAS has <b>Manage Case</b> business processes that are primarily manual.</p>	<p><b>2010 MITA:</b> Some agencies are operating in a level 2.</p> <p><b>2007 MITA:</b> Some DMAS <b>Manage Case</b> program areas scan documents; have automated case files that are shared among case managers. Some case files are web enabled like level 3.</p>		
VA To Be			<p><b>2010 MITA:</b> All agencies would like to get to a Level 3 with the goal of having the same level of technical functionality.</p> <p><b>2007 MITA:</b> Most DMAS <b>Manage Case</b> units want to get to level 3 with the primary goal of having all</p>	

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			units having the same level of technical functionality.	
Does this business process use standards?	Manual actions are used to monitor compliance thresholds established by state and federal regulations, professional standards, or administrative rules governing the appropriate management of a case. Case data is indeterminate.	A mix of manual and automated processes is used to monitor compliance thresholds established by state and federal regulations, professional standards, or administrative rules. Some case data is based on HIPAA data standards.	MITA standard interfaces are used.	
VA As Is	<b>2010 MITA:</b> DMAS and other agencies use a manual process to monitor compliance thresholds.			
VA To Be		<b>2010 MITA:</b> The goal of DMAS and the other agencies is to automate the processes to monitor compliance thresholds.		
How does the Medicaid agency collaborate with other agencies or entities in performing this process?	The business process consists primarily of manual processes (e.g., telephone contacts, facsimile, letters) to gather and share information between social services agencies, physician offices, and other provider types to coordinate care.	An automated process documents care plan and tracks cases. Authorized users are permitted to access other databases and retrieve pertinent information about the patient (i.e., eligibility, claims history).	Medicaid enterprise and other agencies collaborate through specific agreements to share responsibility in the identification, management, and funding of cases.	
VA As Is	<b>2010 MITA:</b> All agencies are			

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	working at a Level 1 with manually gathering and sharing information between agencies.			
VA To Be		<b>2010 MITA:</b> All agencies would like to continue to work towards automating process documents and moving towards a Level 2 and 3.		
Business Capability Quality: Timeliness of Process				
How timely is this end-to-end process?	The process meets State and Federal guidelines and national utilization review standards for timeliness of case reviews. Gathering of case data is dependent on manual processes and ability to locate information.  Timeliness is negatively impacted due to the manual processes.	The process uses automated reports for tracking compliance with state and federal guidelines for case management and for the delivery of care, improving timeliness over Level 1.	All information needed to manage the case is immediately available. Any manual interventions that occur outside of the Level 3 business service is an exception.	
VA As Is	<b>2010 MITA:</b> All agencies are mostly manual for timeliness of case reviews. DMAS and the other agencies are able to meet or exceed program-specific requirements (mostly through automated support systems). <b>Examples of Timeliness Processing:</b> <ul style="list-style-type: none"> <li>▪ Program-specific</li> </ul>	<b>2010 MITA:</b> No changes  <b>2007 MITA:</b> Those programs at DMAS that have automation are able to meet stricter time requirements for example, the FAMIS program is able to meet a 10-day eligibility and enrollment requirement.		

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	<p>requirements are unchanged.</p> <ul style="list-style-type: none"> <li>However, all program areas are bound to the Department of Social Services 45 day limit to determine overall Medicaid program eligibility. Some exceptions apply for time standards and they are: 10 days for Pregnant Woman and 90 days for Disability Determination.</li> </ul> <p><b>2007 MITA: DMAS Manage Case</b> programs are mostly manual. Since there isn't a standard for how timeliness is measured across programs, DMAS is able to meet or exceed program-specific requirements (mostly through automated support systems) such as 14 days to determine appropriateness for a waiver, 3 days to enter Baby care information and 5 days to process level of care for long term care and waivers. However all program areas are bound to the Department of Social Services 45 day limit to determine overall Medicaid program eligibility.</p>			

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VA To Be		<p><b>2010 MITA:</b> Mostly meeting Level 2 requirements. The goal is to move into compliancy for Level 2 and move towards a Level 3.</p> <p><b>2007 MITA:</b> DMAS wants all <b>Manage Case</b> business processes to be more automated in order to handle cases in a more timely manner; particularly entry of enrollment and eligibility information into VAMMIS.</p>	<p><b>2010 MITA:</b> Virginia Health Information (VHI) is another state agency that data sharing should be set-up for.</p> <p><b>2007 MITA:</b> DMAS <b>Manage Case</b> programs would like to have data sharing with other state agencies: DMV, DSS, Taxation, VDH and others.</p>	
<b>Business Capability Quality: Data Access and Accuracy</b>				
How accurate is the information used in this process?	Manual processes result in subjective selection of data to be used. Some data may be incomplete, inaccurate, or irrelevant.	Automation and use of HIPAA standards increases accuracy and consistency of data over Level 1.	Use of MITA standard interfaces and data definitions improves accuracy of data over Level 2.  Data accuracy is measured at 90% of total data collected.	
VA As Is	<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> Almost all DMAS research processes for <b>Manage Case</b> has manual components. DMAS applies</p>			

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	different case standards based on program area for data.			
VA To Be		<p><b>2010 MITA:</b> All agencies would like more automation for their processes. More web access for the provider community is desired. The providers would like to enter data one time.</p> <p><b>2007 MITA:</b> DMAS <b>Manage Case</b> programs want more automation for their processes. They want more web access for themselves and providers.</p>		
How accessible is the information used in this process?	<p>The process manually gathers State-specific data elements.</p> <p>Access to data is controlled manually. Data access may take several business days.</p>	<p>The process is automated making information immediately available to authorized users. Data content and format uses its version of national data standards (e.g., HIPAA) for interfaces. It may use State specific standards for processing.</p> <p>The process uses on-line access to data. Data access is faster than at Level 1.</p>	<p>The process utilizes MITA standards for its interfaces and processing.</p> <p>The process has immediate access to standardized data. Data access takes no more than 3 seconds.</p>	
VA As Is	<b>2010 MITA:</b> All agencies are			

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	manually gathering state specific data elements with the desire to move to a Level 2.			
VA To Be		<b>2010 MITA:</b> All agencies want more automation for their processes. More web access for themselves and the providers is desired.		
<b>Business Capability Quality: Cost Effectiveness</b>				
What is the ratio of the cost to perform this process compared to the benefits of the results?	The process meets State budget guidelines or established dollar thresholds for cost savings.	Improvements in automation increase cost effectiveness over Level 1.	The process demonstrates the Return on Investment projected by the Medicaid enterprise due to MITA standard interfaces. Cost effectiveness improves over Level 2.	
VA As Is	<b>2010 MITA:</b> No changes for all agencies.  <b>2007 MITA:</b> DMAS would like to have enrollees assigned to their targeted programs sooner. While an enrollee goes through the 45-day process of enrollment with the Department of Social Services, the enrollee may not be receiving targeted services or the services that they are receiving are through a delivery system with a	<b>2010 MITA:</b> No changes for all agencies.  <b>2007 MITA:</b> For programs like FAMIS that are more automated are able to re-direct staff to other work including marketing and outreach.		

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	higher reimbursement.			
VA To Be			<p><b>2010 MITA:</b> All agencies are striving to collaborate with other agencies and move into a Level 3. The Department of Education needs to be added as an agency to collaborate with.</p> <p><b>2007 MITA:</b> Collaboration with other state agencies is a highly desired goal for the <b>Manage Case</b> programs.</p>	
<b>Business Capability Quality: Effort to Perform; Efficiency</b>				
How efficient is this process?	Manual processes identify services or actions to be performed and points for intervention. Opportunities for improvements exist at many points in the process.	Combination of manual and automated processes results in reduced time to identify services/actions to be performed and points for intervention. Efficiency improves over Level 1.	The process is fully automated to push and pull data from other systems and improve communications between case manager, member, and providers.	
VA As Is	<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> Research is usually done on a case-by-case basis with few opportunities to group like or similar requests together.</p>	<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> DMAS has automated applications for verifying eligibility but similar functionality is not available to inquiry at the <b>Manage Case</b> level.</p>		
VA To Be		<b>2010 MITA:</b> No changes from 2007 MITA.	<b>2010 MITA:</b> No changes from 2007 MITA.	

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		<b>2007 MITA:</b> All <b>Manage Case</b> programs would like more automated processes and less paper processes.	<b>2007 MITA:</b> DMAS wants more automated sharing of data across state agencies.	
<b>Business Capability Quality: Accuracy; Usefulness of Process Results</b>				
How accurate are the results of this process?	<p>The process meets State and Federal expectations for member education, coordination of care between providers, and maintaining the plan of care.</p> <p>Decision making for the process is manually performed using established parameters and guidelines and may result in some subjective and inconsistent decisions.</p>	<p>Decision making for the process is based on Medicaid enterprise policy which has been automated resulting in uniform decisions in most situations. Outliers are reviewed on case-by-case basis using State and Federal guidelines.</p> <p>Process results are more consistent than at Level 1.</p>	<p>MITA standard interfaces and automation of the workflow further increase accuracy over Level 2.</p> <p>Process results are consistent at least 95% of the time.</p>	
VA As Is	<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> There is some manual documentation of cases throughout the <b>Manage Case</b> programs. There is disparity between fee-for-service and managed care delivery systems that may produce inconsistent results among enrollees.</p>	<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> Most <b>Manage Case</b> programs have automated result documents. These documents can be reviewed on VaMMIS.</p>		
VA To Be		<b>2010 MITA:</b> No changes	<b>2010 MITA:</b> No changes	

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		<p>from 2007 MITA.</p> <p><b>2007 MITA:</b> DMAS would like an interface with the MCOs.</p>	<p>from 2007 MITA.</p> <p><b>2007 MITA:</b> DMAS <b>Manage Case</b> programs would like standard automated interfaces within the agency and with other outside agencies.</p>	
<b>Business Capability Quality: Utility or Value to Stakeholders</b>				
How satisfied are the stakeholders?	Stakeholder satisfaction is negatively impacted with few resources dedicated to improvement and few measurements in place, e.g. reliance on complaints, legal mandates for action regarding improving stakeholder satisfaction.	States begin to identify gaps in level of satisfaction and stakeholder expectations and priorities. Improvements are made strategically, increasing stakeholder satisfaction over Level 1.	Medicaid enterprise conducts internal and external audit/focus groups which take into consideration the results of its previous research along with other national standards to identify additional stakeholder expectations and priorities. Improvements are made based on national and MITA best practices, improving stakeholder (members, providers, tax payers) satisfaction over Level 2.	
VA As Is		<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> DMAS <b>Manage Case</b> programs benefit from the automation that they have.</p>		
VA To Be			<b>2010 MITA:</b> No changes	

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			<p>from 2007 MITA.</p> <p><b>2007 MITA:</b> DMAS would like to move to this level with standard intra agency interfaces and standard interfaces with other state agencies.</p>	