

**Table 5-1. MITA Technical Capabilities Matrix**

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
B.0 Business Enabling Services						
B.1 Forms Management	MM Level 2, O4, G6	Manual data entry on hardcopy forms	Online data entry on electronic forms			
VA As Is		<p><b>2010 MITA:</b> Manual data entry on some hardcopy forms. This is still an inconsistent process for all agencies.</p> <p>DOC is currently processing at a Level 1 for Offender health care records.</p> <p>DSA DDS for Medicaid clients receives fax and or hardcopy forms.</p> <p><b>2007 MITA:</b> Manual data entry on some hardcopy forms. Many are electronically input. Some are scanned/OCRed.</p>	<p><b>2010 MITA:</b> Some automated forms are at use in some agencies. This is still inconsistent process for all agencies.</p> <p>DOC has some Level 2 capabilities.</p> <p>DSA forms Cabinet is Intranet Based forms. Some are printed and completed, others are completed online, some are tied to applications and partially completed by applications.</p> <p>DSA Docfinity: Content Management system has an acceptable forms library that identifies a form type document index and other indices for electronic document management, some are tied to applications.</p>	<p><b>2010 MITA:</b> DSA Docfinity Content Management system has workflow and barcoding capabilities. Proposed expansion of use to contracts and VR client case folders.</p> <p>DSA - DDS for SSA clients: Uses scanning, indexing, and other electronic import methods for document intake/workflow for case processing with fully integrated Content Management accessible from case processing applications.</p>	<p><b>2010 MITA:</b> DSA DDS for SSA clients: Accepts HL7 medical records for those providers participating in HIE</p>	

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<p><b>2010 MITA:</b> Continue to incorporate Level 2 capabilities with the thought of moving towards Level 3 capabilities.</p> <p>DOC is currently reviewing vendors. This will move DOC offender health records to a Level 3 by end of year 2011.</p> <p><b>2007 MITA:</b> Targeted web based Direct Data Entry for some forms.</p>	<p><b>2010 MITA:</b> Continue to focus on moving towards Level 3 capabilities for SOA, standard compliant services supporting user/citizen self-directed service capabilities.</p> <p><b>2007 MITA:</b> Medicaid Enterprise Architecture strategy (MEA) - Define MITA standard SOA interface adapters, connects major MEA components to SOA; SOA based workflow planned. Forms management/workflow (SOA/EDMS) to be determined using available MITA standards.</p>		
B.2 Workflow Management	O4, G4, G6	Manual routing of hardcopy files to individuals involved in processing	Electronic routing of files to business processes and individuals involved in processing Responsible for processing completion and other individual and business processes			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As IS		<p><b>2010 MITA:</b> Most agencies are operating at a Level 1. Some agencies (DSS &amp; VDH) have a few capabilities operating in a Level 2.</p> <p>DOC is currently processing at a Level 1 for offender health care records.</p> <p><b>2007 MITA:</b> Manual routing of hardcopy files to individuals involved in processing. No workflow tools employed</p>	<p><b>2010 MITA:</b> Agencies route files electronically internally and externally. However, most of these routes are handled via batch job schedules.</p> <p>DOC has some Level 2 capabilities. For other major areas of DOC, operations are at Level 2</p> <p>DSA Docfinity: Content Management system has workflow and barcoding capabilities. Proposed expansion of use to contracts and VR client case folders.</p> <p>DSA DDS for SSA clients: Uses scanning, indexing, and other electronic import methods for document intake/workflow for case processing with fully integrated Content Management accessible from case processing applications.</p> <p>DSA Online user directed workflow for purchase requisitions; work orders and staff leave accounting.</p>			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<p><b>2010 MITA:</b> All agencies will be focusing on automating work flow processes.</p> <p>DOC is currently reviewing vendors. This will move DOC offender health records to a Level 3 by end of year 2011.</p> <p><b>2007 MITA:</b> Replace the multiple electronic libraries with an electronic document management system (EDMS); no workflow planned as part of this step <b>(Completed in 7/2010 as part of FAS contract).</b></p>	<p><b>2007/2010 MITA:</b> Define MITA standard interfaces and SOA components external to MMIS, connects major MEA components (EDMS) to SOA; SOA based workflow planned.</p>		
B.3 Business Process Management (BPM)	G4	Manual, by user		Specification and management of business processes in conformance with MITA BPM standards (e.g., Business Process Execution Language [BPEL])		
VA As Is		<p><b>2010 MITA:</b> All agencies are operating at a Level 1.</p> <p><b>2007 MITA:</b> Manual, by user</p>	<p><b>2010 MITA:</b> DSA DDS: application based business process management</p>			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy – put BPM in same data center as most of the State’s major systems that are currently part of the Medicaid Enterprise.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy. Define MITA interface standards and SOA components external to MMIS, connects major MEA components to SOA</p> <p>Start MITA compliant SOA based workflows/multi-agency and multi-organization process improvements. SOA capable of outputting industry standard XML based WS-BPEL. All services are HL7 standards based.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Continue MITA compliant SOA/EDMS based workflows/multi-agency and multi-organization process improvements</p>	
B.4 Business Relationship Management (BRM)	O4	Manual (e.g., by attaching annotations to case files)		Basic BRM, including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services they have requested and received	Advanced BRM, which includes basic BRM plus analytics support and personalization capabilities	
VA As Is		<p><b>2010 MITA:</b> All agencies are operating at a Level 1.</p> <p><b>2007 MITA:</b> Manual (e.g., by attaching annotations to case files)</p>	<p><b>2010 MITA:</b> DSA batches payment requests between case management systems and CARS</p>	<p><b>2010 MITA:</b> DSA DDS application based business relationship management between HIE capable providers and DDS case processing/ support staff.</p>		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be		<p><b>2010 MITA:</b> Re-evaluate BRM at next SS-A session.</p> <p><b>2007 MITA:</b> BRM needs to be re-evaluated in next SS-A effort.</p>				
B.5 Foreign Language Support	<p>1. Manage Applicant and Member Communication, Level 3</p> <p>2. O4</p>	<p>Manual translation of messages into supported foreign languages</p>		<p>Foreign language translation support for real-time and offline interaction with beneficiaries in designated languages</p>		
VA As Is		<p><b>2010 MITA:</b> Most agencies are operating at a Level 1. DMV uses an outsourced company for translation to support foreign languages.</p> <p>Will depend on vendor capabilities, however, all areas of DOC now have manual Level 1 processes.</p> <p><b>2007 MITA:</b> Manual translation of messages into supported foreign languages</p>		<p><b>2010 MITA:</b> DSA Automated translation of internet facing web content see <a href="http://www.vadrs.org/">http://www.vadrs.org/</a></p>		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be		<p><b>2010 MITA:</b> Foreign language support needs to be re-evaluated at next SS-A session.</p> <p><b>2007 MITA:</b> Foreign language support needs to be re-evaluated on next SS-A effort.</p>				
B.6 Decision Support						
B.6.1 Data Warehouse	G5, O7			Extracting, transforming, and loading data from multiple databases into a data warehouse that conforms with the MITA Logical Data Model		
VA As Is		<p><b>2010 MITA:</b> No changes from 2007 MITA.</p> <p><b>2007 MITA:</b> File extracts serve same function as a data warehouse for ad-hoc reporting at DMAS. Files do not contain all MMIS data elements.</p> <p>VDSS uses a data warehouse for enrollment data. The MMIS provides monthly files for loading into it.</p>	<p><b>2010 MITA:</b> DSA data warehouse for case management systems client, case and services data—convertible to SPSS system file format</p> <p>DDS SSA data warehouse for case management systems integrated with local case processing databases. Programmatic extracts to industry standard exchange formats available</p>			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<p><b>2010 MITA:</b> New data warehouse/ESS component underway at DMAS. No other changes.</p> <p><b>2007 MITA:</b> Medicaid Enterprise Architecture strategy – Establish new data warehouse /ESS component.</p>	<p><b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA interface standards external to MMIS, connects major MEA components to SOA</p> <p>SOA Extract, Transform, Load (ETL) products/ components introduced and efforts initiated based on available MITA standards.</p> <p>ESS extended to support Quality of Care (QoC) reporting files/interfaces required for meaningful use. Uses federally specified report/file interface specifications.</p> <p>The DOC is investigating a warehouse solution with the intention of attaining a Level 3 rating fully in 2012.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>MITA compliant ETL available</p>	
B.6.2 Data Marts	G5, O7			Importing data into data marts that conform with the MITA Logical Data Model		

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VA As Is			<p><b>2010 MITA:</b> No changes to report from 2007 MITA.</p> <p><b>2007 MITA:</b> Data marts not in use.</p>		<p><b>2010 MITA:</b> DOC uses a Data Mart for Offender information, however, health care is not part of this.</p>		
VA To Be			<p><b>2007/2010 MITA:</b> "Revisit" business need at next SS-A effort.</p>				
B.6.3 Ad hoc Reporting	MG2 Level 2		Ad hoc reporting, typically using coded procedures	Ad hoc reporting against databases using COTS tools			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As Is		<p><b>2010 MITA:</b> Most agencies have ad hoc reporting using coded procedures.</p> <p>DOC does not have ad-hoc reporting capabilities outside of a limited number of users in the Research Department.</p> <p><b>2007 MITA:</b> Ad-hoc reporting accomplished using COTS (SAS) against datasets extracted from online database. Extracts retained and serve same function as a data warehouse. Many data elements not available in file extracts.</p> <p>Also ad-hoc extraction is available using SURs, CS-SURS (COTS), and output of MMIS reports in excel format (selected reports).</p> <p>Typical business users cannot build their own ad-hoc reports.</p>	<p><b>2010 MITA:</b> DRS uses internal data warehouse as does DSS. DMAS uses SAS files and is getting an ESS for management decision support (will not replace SAS files).</p> <p>DSA use SPSS, Active Reports, Crystal Reports Project underway with VITA systems development for a employment one stop client database using VITA BI tool and existing AWARE participant module</p> <p>DDS SQL, IBM query tools, Crystal Reports available for extracting management decision support data.</p>			

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VA To Be		<p><b>2007/2010 MITA:</b> Expand selection of reports that support formatted (printable) and unformatted (excel extracts) user selectable output options.</p> <p>Provide a better mechanism for business users to construct simple ad-hoc reports.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Include a new data warehouse /ESS component.</p> <p>Ad-hoc reporting accomplished using COTS (SAS, etc.). Business users access ESS.</p>	<p><b>2010 MITA:</b> DMAS ESS extended to support Quality of Care (QoC) reporting files/interfaces required for meaningful use. Uses federally specified report/file interface specifications.</p>		
B.6.4 Data Mining	MG2 Level 2	Data mining to detect patterns in large volumes of data, typically using coded procedures	Data mining to detect patterns in large volumes of data using COTS tools			
VA As Is		<p><b>2010 MITA:</b> Most agencies are at a Level 1. Most agencies are not using data mining tools.</p> <p><b>2007 MITA:</b> Data mining accomplished using COTS (SAS) against datasets extracted from online database. Extracts retained and serve same function as a data warehouse.</p>				
VA To Be		<p><b>2007/2010 MITA:</b> "Revisit" business need at next SS-A effort.</p>	<p><b>2010 MITA:</b> DMAS begins to leverage Quality of Care (QoC) reporting files/interfaces in the ESS as well as ICD10 claims data.</p>			

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B.6.5 Statistical Analysis	MG2 Level 2	Statistical analyses (e.g., regression analysis), typically using coded procedures	Statistical analyses of designated data (e.g., regression analysis) using COTS tools			
VA As Is		<b>2010 MITA:</b> DOC does not have statistical analysis capabilities outside limited set of users in Research Department; none for health care records.	<b>2010 MITA:</b> No changes from 2007 MITA.  DSA uses SPSS for numerous reports across service lines, trends, program evaluation and QA efforts  <b>2007 MITA:</b> Statistical analysis accomplished using COTS tools (SAS, CS-SURS, etc..)			
VA To Be			<b>2010 MITA:</b> Revisit Statistical Analysis at next SS-A.			
B.6.6 Neural Network Tools	MG2 Level 2	None	Analyses using neural network (e.g., learning) tools			
VA As Is		<b>2010 MITA:</b> All agencies are at a Level 1 for use of Neural Network tools (not in use).  <b>2007 MITA:</b> Not in use				

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VA To Be		<p><b>2010 MITA:</b> "Revisit" business need at next SS-A effort.</p> <p><b>2007 MITA:</b> "Revisit" business need at next SS-A effort.</p>				
A.0 Access Channels						
A.1 Portal Access	<ul style="list-style-type: none"> <li>1. O4</li> <li>2. MM Level 2</li> <li>3. Enroll Provider, Level 2</li> <li>4. Manage Applicant and Member Communications, Level 2</li> </ul>	Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices	Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point	Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point		

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VA As IS		<p><b>2010 MITA:</b> Most agencies are a Level 1 for Portal Access. DMV is operating at a Level 2 in this area.</p> <p>DOC has web access to offender management system, VirginiaCORIS is controlled through FirePass authentication for external users. Planned extension of that login process to offender health records in 2011.</p> <p>DSA a substantial web presence for service providers, their locations and web sites</p> <p>DDS SSA web presence for service providers and data exchange</p> <p><b>2007 MITA:</b> Providers have access to appropriate Medicaid business functions via alphanumeric devices (AVRS, Web portal, etc).</p> <p>Beneficiaries have access to a simple provider list by localities on the web. No other services offered (other than calling their assigned case worker).</p>	<p><b>2010 MITA:</b> DMV is operating at a Level 2 using a web portal to access business functions.</p> <p>DSA Providers – both COV and partners have portal web site to access secured business functions. For VR, providers have capability to check out cases, perform a set of limited functions and check the case back into a web portal</p> <p>DDS SSA web services for providers to perform secured business functions and data exchange.</p> <p><b>2007 MITA:</b> Providers have a web portal to access appropriate business functions.</p>			

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VA To Be		<p><b>2007/2010 MITA:</b> Beneficiary access to appropriate Medicaid business functions via manual or alphanumeric devices (AVRS, Web portal, etc.).</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy Provide self-directed portal for all HHS programs</p> <p>Providers and beneficiaries have consistent web interface and features.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy Define MITA standard interfaces external to MMIS, connects major MEA components to SOA</p> <p>Introduces the citizen self-directed SOA portal and single online access point for all HHS program. Multi-agency and multi-organization process improvement efforts are undertaken to implement MITA SOA workflows .</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Continues the multi-agency/federal process improvement efforts are undertaken to implement MITA SOA workflows</p>	
A.2 Support for Access Devices	<ul style="list-style-type: none"> <li>1. O4</li> <li>2. MM Level 2</li> <li>3. Enroll Provider, Level 2</li> <li>4. Manage Applicant and Member Communications, Level 2</li> </ul>	Beneficiary and provider access to services via manual submission, alphanumeric ("green screen") devices, or EDI	Beneficiary and provider access to services via browser, kiosk, voice response system, or mobile phone	Beneficiary and provider access to services online via PDA		

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VA As IS		<p><b>2010 MITA:</b> All agencies are operating at a Level 1.</p> <p>DOC has no capabilities now for offender health records. This will depend on vendor and DOC architecture standards implemented for 2011 and beyond capabilities.</p> <p>DSA Browser access for web based case management, EDI for payments for some providers</p> <p>DDS SSA browser access for intranet based case management information integrated with legacy technologies</p> <p><b>2007 MITA:</b> Beneficiary access to services via manual submission (or call case worker). Simple provider search by locality available on web.</p> <p>Providers have EDI and other electronic tools.</p>	<p><b>2007/2010 MITA:</b> Medicaid providers currently access services via browser and voice response system</p>			

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VA To Be			<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy –Expand self-directed web access via multiple media devices.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard interfaces external to MMIS, connects major MEA components to SOA</p> <p>Introduces the SOA portal and single online access point. Additional portal devices start to be supported (PDAs, smart phones etc..)</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Additional portal devices are widely-available (PDAs, smart phones etc..)</p>	
I.0 Interoperability						
I.1 Service-Oriented Architecture						
VA As Is		<p><b>2010 MITA:</b> Most agencies are operating at a Level 1. One agency (DMV) is moving towards a Level 2.</p> <p><b>2007 MITA:</b> MMIS has a SOA ESB available (BEA AquaLogic). No state ESB available to connect to with.</p>		<p><b>2010 MITA:</b> DOC is in the process of implementing SOA for all offender information; to date there has been no demand for specific health records.</p>		

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VA To Be		<p><b>2007/2010 MITA:</b> VITA has established Policy and Standards for SOA. Some SOA products are available and in use by VDSS.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard interface external to MMIS, connects major MEA components to SOA</p> <p>Targeted multi-agency and multi-organization process improvement efforts identified and chartered to be implemented using SOA products. Available MITA standard interfaces utilized.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Multi-agency and multi-organization process improvement efforts continue and are compliant with MITA standards.</p>	
I.1.1 Service Structuring and Invocation	G4, O2, O5	Nonstandardized definition and invocation of services	Service support using architecture that does not comply with published MITA service interfaces and interface standards	Services support using architecture that complies with published MITA interfaces and interface standards	Services support using a cross-enterprise services registry (to be verified)	
VA As Is		<p><b>2010 MITA:</b> Making progress in this area. All agencies are at a Level 1.</p> <p>The DOC is a Level 1 trending to Level 2 in 2011.</p> <p><b>2007 MITA:</b> Nonstandardized definition and invocation of services</p>				

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VA To Be			<p><b>2007/2010 MITA:</b>            Medicaid Enterprise Architecture strategy Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps and connections to SOA (utilize emerging MITA standards harmonized by HITSAC)</p>	<p><b>2007/2010 MITA:</b>            Medicaid Enterprise Architecture strategy - Define MITA standard SOA interface adapters external to MMIS, connects major MEA components to SOA</p> <p>Targeted multi-agency and multi-organization process improvement efforts identified and chartered to be implemented using SOA products. Available MITA standard interfaces utilized. HITSAC harmonized standards employed. Active participation in MITA standards committees planned.</p>	<p><b>2007/2010 MITA:</b>            Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Multi-agency and multi-organization process improvement effort continue and compliant with MITA interface standards.</p>	
I.1.2 Enterprise Service Bus	G4, O2, O5	None or nonstandardized application integration	Reliable messaging, including guaranteed message delivery (without duplicates) and support for nondeliverable messages	MITA-compliant ESB	MITA-compliant ESB interoperable outside of a State Medicaid agency	

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VA As Is		<p><b>2010 MITA:</b> There are no standards in place and being used for the ESB. All agencies are functioning at a Level 1.</p> <p>DOC is at Level 1 - 2; investigating further ESB opportunities with VITA and vendors in 2011; DOC currently leverages in a limited fashion several of the Microsoft integration tools, such as BizTalk; no demand for services for health records.</p> <p><b>2007 MITA:</b> MMIS has an ESB available (BEA AquaLogic) but VITA does not have an ESB.</p>				

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VA To Be		<p><b>2007/2010 MITA:</b> VITA has established Policy and Standards for SOA. Some SOA products are available and in use by VDSS.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy- Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard interfaces external to MMIS, connects major MEA components to SOA. Industry-standard ESB and SOA products in use.</p> <p>Targeted multi-agency and multi-organization process improvement efforts identified and chartered to be implemented using SOA products. Available MITA standard interfaces utilized.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Multi-agency and multi-organization process improvement effort continue and compliant with MITA standards.</p>	
	I.1.3 Orchestration and Composition	G4, O2, O5	Nonstandardized approaches to orchestration and composition of functions within and across the Medicaid Management Information System (MMIS)		MITA-standard approach to orchestrating and composing services	
VA As Is		<p><b>2010 MITA:</b> No changes to report. All agencies are a Level 1.</p> <p><b>2007 MITA:</b> MMIS has an ESB available (BEA AquaLogic) but VITA does not have an ESB or workflows.</p>				

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VA To Be		<p><b>2007/2010 MITA:</b> Nonstandardized approaches to orchestration and composition of functions within and across the Medicaid Management Information System (MMIS)</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard interfaces external to MMIS, connects major MEA components to SOA.</p> <p>Targeted multi-agency and multi-organization process improvement efforts identified and chartered to be implemented using SOA products. Available MITA standard workflows in SOA.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Multi-agency and multi-organization process improvement effort continue and compliant with MITA workflow standards in SOA.</p>	
I.2 Standards-Based Data Exchange	G3	Ad hoc formats for data exchange		Data exchange (internally and externally) using MITA standards		Data exchange (internally and externally) in conformance with MITA-defined semantic data standards (ontology-based)
VA As Is		<p><b>2010 MITA:</b> Working towards using 5010 and ICD10.</p> <p>DOC Level 1; no current medical data exchanges.</p> <p><b>2007 MITA:</b> Ad hoc formats for data exchanges used as well as some agreed standards with vendors.</p>	<p><b>2007/2010 MITA:</b> Data exchanges compliant with HIPAA X12, NCPDP, etc..</p>			

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VA To Be			<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard interfaces external to MMIS, connects major MEA components to SOA.</p> <p>Efforts initiated towards MITA standards based data exchange (some legacy data translation in adapters as well as ETL). Active participation in standard work groups planned. Emerging MITA standards may be utilized.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>MITA compliant data exchanges using MITA data standards (combination of SOA adapters and ETL).</p>	
1.3 Integration of Legacy Systems		Ad hoc, point-to-point approaches to systems integration		Service-enabling legacy systems using MITA-standard service interfaces		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As Is		<p><b>2010 MITA:</b> All agencies are operating at a Level 1.</p> <p>DOC Level 1; majority of legacy systems have been phased out. Remainder should be gone by 2011 except HR. No legacy offender health system existed.</p> <p><b>2007 MITA:</b> Ad hoc, point-to-point approaches to systems integration</p>	<p><b>2010 MITA:</b> DSA uses all SQL based systems except DDS – ensures capability for xml data exchange</p> <p>DDS uses SQL compliant database architecture capable of programmatic xml data exchange.</p>			
VA To Be			<p><b>2010 MITA:</b> MMIS has web based screens as of June 2010. This creates a web service layer between the browser and MMIS screens.</p> <p><b>2007 MITA:</b> Medicaid Enterprise Architecture strategy – Put web service abstraction layer around the MMIS. Sets the stage for the legacy systems integration <b>(completed June 2010)</b>.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard interfaces external to MMIS, connects major MEA components to SOA.</p> <p>Targeted multi-agency and multi-organization process improvement efforts identified and chartered to be implemented using SOA products. Available MITA standard interfaces utilized. Integration of Virginia legacy systems into SOA begins.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy - Use MITA standard interfaces and SOA internal to MMIS (breaks internal MMIS links/interfaces)</p> <p>Multi-agency and multi-organization process improvement effort continue and compliant with MITA standards. Integration of Virginia legacy systems into SOA complete.</p>	

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
D.0 Data Management and Sharing						
D.1 Data Exchange Across Multiple Organizations	G5, G6	Manual data exchange between multiple organizations, sending data requests via telephone or e-mail to data processing organizations and receiving requested data in nonstandard formats and in various media (e.g., paper)	Electronic data exchange with multiple organizations via a MITA information hub using secure data, in which the location and format are transparent to the user and the results are delivered in a defined style that meets the user's needs	Electronic data exchange with multiple organizations via a MITA information hub that can perform advanced information monitoring and route alerts/alarms to communities of interest if the system detects unusual conditions		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As Is		<p><b>2010 MITA:</b> Some agencies are using data exchanges with HL7. Continue moving towards all being compliant with Level 2.</p> <p>DOC Level 1 / 2; most data exchanges use ETL via Microsoft SSIS and flat files via SFTP. Some movement now towards web services, but still limited. Vendor selected for offender health records must be able to use HL7.</p> <p>DSA DDS for Medicaid clients uses fax and hardcopy</p> <p><b>2007 MITA:</b> Some manual data exchange occurs between multiple organizations via telephone or e-mail requests. Widespread use of data exchanges in a variety of nonstandard formats and in various media (e.g., paper)</p>	<p><b>2007/2010 MITA:</b> No MITA information hub in use; Electronic data exchanges using HIPAA X12, NCPDP, and other non-standard formats.</p> <p><b>2010 MITA:</b> DSA DDS for SSA clients uses fax, hardcopy, web portal, and HL7 exchange based on provider participation in HIE</p>			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be		<b>2010 MITA:</b> Revisit Data Management and Sharing at the next SS-A.		<b>2010 MITA:</b> draft COV-HIE strategic and operational plans submitted to ONC. Draft State Medicaid HIT Plan (SMHP) submitted to CMS. Plans support information exchange via a SOA hub architecture.		
D.2 Adoption of Data Standards	G3, O3	No use of enterprise-wide data standards.	Data model that conforms to the MITA model and maps data exchanged with external organizations to this model	Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model	Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model and includes standards for clinical data and electronic health records	Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model and that includes national standards for clinical data and electronic health records and other public health and national standards
VA As Is		<b>2010 MITA:</b> No changes. All agencies reporting at a Level 1.  2007 MITA: No use of enterprise-wide data dictionary and data model standards. Use of X12, NCPDP, and other data interface standards in use.	<b>2010 MITA:</b> COV vendor data standard and employee data standard under development	<b>2010 MITA:</b> DOC Vendor selected for offender health records must be able to use HL7.		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy. Efforts by HITSAC are initiated to align Virginia data model/dictionary standardization efforts.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy- Define MITA standard interfaces external to MMIS, connects major MEA components to SOA.</p> <p>SOA ETL and legacy adaptors used in concert to provide HITSAC harmonized standard information based on HL7. Data mapping/standards provided to external trading partners.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy Use MITA standard interfaces via SOA internal to MMIS (breaks internal MMIS links/interfaces).</p> <p>SOA ETL and legacy adaptors used in concert to provide MITA standard information.</p>	<p><b>2007/2010 MITA:</b> Medicaid Enterprise Architecture strategy dependencies removed from MMIS (internal communication via MITA standard interfaces). MMIS components replaceable as business needs dictate with available MITA standard components that use MITA data models.</p>
P.0 Performance Measurement						
P.1 Performance Data Collection and Reporting	G2		Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics	Define, implement, collect, and report using a set of business process-related performance metrics that conform to MITA-defined performance metrics	Generate alerts and alarms when the value of a metric falls outside limits	
VA As Is		<p><b>2010 MITA: DOC</b> Level 1; no ad-hoc reporting capabilities outside limited set of users in Research Department; none for health care records.</p> <p><b>2007 MITA:</b> "Revisit" business need at next SS-A effort.</p>	<p><b>2010 MITA: DSA</b> Substantial efforts toward batch reporting of client specific data to federal grant partners. 1099 file reporting of vendors providing services</p>			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<b>2010 MITA:</b> Begin to employ SOA based workflow performance reporting and monitoring for cross-agency/organization measurements.			
P.2 Dashboard Generation	G2		Generate and display summary-level performance information (i.e., performance dashboards)	Generate and display summary-level performance information (i.e., performance dashboards) within a State Medicaid agency for all MITA-defined metrics		Generate and display summary-level performance information (i.e., performance dashboards) from external sources (e.g., other State's and agencies) within a State Medicaid agency for all MITA-defined metrics
VA As Is		<b>2010 MITA:</b> DOC Level 1; dashboard capabilities are limited to reporting from offender management system's data mart.  <b>2007 MITA.</b> VITA has project related dash-board reporting based on DMAS updates (projects). Other reports are manually prepared (paper/electronic).	<b>2010 MITA:</b> DSA Maintain Web Site Accessibility Dashboard see <a href="http://www.vadsa.org/scorecard/">http://www.vadsa.org/scorecard/</a> and BI Contractors scorecard see <a href="http://www.vadrs.org/cbs/apps/outcomes/">http://www.vadrs.org/cbs/apps/outcomes/</a> As with all state agencies we participate in the VA Performs Scorecard			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be			<p><b>2007-2010 MITA.</b>            Medicaid Enterprise Architecture strategy - introduces a data warehouse/ESS with dashboard capabilities specific to Medicaid.</p>	<p><b>2007 0 2010 MITA:</b>            Medicaid Enterprise Architecture strategy - Define MITA standard interfaces via SOA external to MMIS, connects major MEA components to SOA</p> <p>Expanded use of data warehouse/ESS and dashboards.</p>		
S.0 Security and Privacy						
S.1 Authentication	MM			User authentication using public key infrastructure in conformance with MITA-identified standards		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As Is		<p><b>2010 MITA:</b> DOC is at a Level 1; DOC software architecture relies heavily on the AD structure for access; software drives permissions; security standards are based on, and comply with VITA standards.</p> <p><b>2007 MITA.</b> Access to MMIS system capabilities via logon ID and password. A large number of program stovepipe components require separate logon ID and passwords.</p> <p>Changes to passwords expire and are changed periodically (passwords expire at differing intervals by system).</p>				
VA To Be			<p><b>2010 MITA.</b> Use of SOA technology reduces the need for program stovepipe required logins.</p>	<p><b>2010 MITA.</b> Employ industry standard security for SOA environment.</p>		
S.2 Authentication Devices				Support for user authentication via kiosks based on fingerprints and delivery of results to authentication and authorization functions	Support for user authentication via SecureID tokens and delivery of results to authentication and authorization functions	Support for user authentication via kiosks based on retinal scans and delivery of results to authentication and authorization functions

Technical Area/Technical Function		Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As Is			<b>2007 MITA:</b> "Revisit" business need at next SS-A effort.		<b>2010 MITA:</b> DOC No authentication devices (biometric, key fob) used.		
VA To Be			<b>2010 MITA:</b> "Revisit" business need at next SS-A effort.				
S.3 Authorization and Access Control				User access to system resources depending on their role at sign-on			
VA As Is			<b>2010 MITA:</b> DOC Trending toward Level 2 for all custom software; dependent on vendor architecture for COTS.	<b>2007-2010 MITA:</b> User access is controlled by roles controlling screen access per system (roles/groups)			
VA To Be				<b>2007-2010 MITA.</b> Medicaid Enterprise Architecture strategy – use of SOA sets the stage for multi-tiered security architecture.	<b>2007-2010 MITA</b> Medicaid Enterprise Architecture strategy - Define MITA standard security rules in SOA.  Expanded use of SOA and MITA standards support enhanced multi-tiered authorization and access control functions.		
S.4 Intrusion Detection			TBD	TBD	TBD	TBD	TBD

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
S.5 Logging and Auditing		Manual logging and analysis	Access to the history of a user's activities and other management functions, including logon approvals and disapprovals and log search and playback			
VA As Is		<b>2010 MITA:</b> DOC Level 1 trending to Level 2; requirements driven.	<b>2007 MITA</b> Have access to the history of a user's activities and other management functions, including logon approvals and disapprovals and log search. Playback not available. Inquiry transactions not logged for audit purposes except as required by SSA data sharing agreement.			
VA To Be				<b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy –SOA transaction logging begins to be employed/retained.		
S.6 Privacy		Procedural controls to ensure privacy of information		Access restriction to data elements based on defined access roles		
VA As Is		2010 MITA: DOC Low Level 1; some capabilities for current systems; future capabilities depend on vendor selection.	<b>2007-2010 MITA:</b> Access restriction to data elements based on defined access roles as per security and privacy procedures.			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be						
F.0 Flexibility – Adaptability and Extensibility						
F.1 Rules-Driven Processing	1. Determine Eligibility, Level 3 2. G4	Manual application of rules (and consequent inconsistent decision making)		Linking a defined set of rules into business processes or using applications executed with a Basic Rules Management System (often called a Rules Engine)		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA As Is		<p><b>2010 MITA:</b> DOC Level 1</p>	<p><b>2007-2010 MITA</b>  MMIS claims subsystem and the MMIS recipient subsystem use defined sets of business rules executed with a subsystem specific Rules Management System/Engine (often called a Rules Engine)</p> <p>Claims processing based on multiple claims in a processing cycle. Pharmacy POS claims are processed in near-real time (sub second cycle per claim).</p> <p>Other HHR agencies also use custom rules engines.</p> <p><b>2010 MITA:</b> DSA  DDS limited use of CPT and ICD9 codes to target disability determination decisions.</p>			

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
VA To Be				<p><b>2010 MITA:</b> Medicaid Enterprise Architecture strategy – Begin use COTS SOA based rules engine for all social services programs.</p> <p>Modifies MMIS Claims Rules Engine to run in real-time for all claim types.</p>		
F.2 Extensibility	G4	Extensions to system functionality that require pervasive coding changes		Services with points at which to add extensions to existing functionality (changes highly localized)		
VA As Is		<p><b>2010 MITA:</b> DOC No requirements beyond Level 1</p> <p><b>2007 MITA:</b> Extensions to MMIS and State system functionality require pervasive coding changes</p>		.		
VA To Be			<p><b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy - Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps. Use of SOA rules engine allows future localization of changes.</p>	<p><b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy - Define MITA standard SOA interfaces external to MMIS, connects major MEA components to SOA</p> <p>SOA supports MITA standard processes and standards (multi-agency) and use of SOA rules engine wide-spread</p>	<p><b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy breaks internal MMIS subsystem links and uses MITA standard interfaces exclusively. MMIS components can be replaced as business needs dictate.</p>	

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
F.3 Automate Configuration and Reconfiguration Services	G4	Configuration and reconfiguration of distributed application that typically requires extensive hard-coded changes across many software components and/or applications across the enterprise (and with significant disruption)			Consistent distributed applications using common business change processes that coordinate between active components and ensure minimal disruption	Consistent distributed applications using common business change processes that coordinate between active components and ensure minimal disruption
VA As Is		<b>2007-2010 MITA:</b> Configuration and reconfiguration of distributed application requires extensive hard-coded changes across many software components and/or applications across the enterprise and agencies (and with significant disruption)		<b>2010 MITA:</b> DOC architecture trending toward application configuration with minimal disruption for all applications. Material applications are configurable today as much as possible.		
VA To Be			<b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy - Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps.	<b>2007-2010 MITA:</b> Use of SOA and Object Oriented technology with COV enterprise governance and integrated change control are in wide-spread use.		

Technical Area/Technical Function	Applicable Sources	Level 1 Capabilities	Level 2 Capabilities	Level 3 Capabilities	Level 4 Capabilities	Level 5 Capabilities
F.4 Introduction of New Technology	O2, O5	Technology-dependent interfaces to applications that can be significantly affected by the introduction of new technology		Technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., data abstraction in data management services to provide product-neutral access to data based on metadata definitions)		
VA As Is		<b>2007-2010 MITA:</b> Technology-dependent interfaces to applications are significantly affected by the introduction of new technology	<b>2010 MITA:</b> DOC architecture trending toward Level 3 based on demand			
VA To Be			<b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy - Evaluation of VITA SOA tools, governance, and processes take place. Planning begins for identified gaps	<b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy- Define MITA SOA standard interfaces external to MMIS, connects major MEA components to SOA  SOA supports MITA standard processes and standards (multi-agency). Begin transition to technology-neutral MITA standard interfaces.	<b>2007-2010 MITA:</b> Medicaid Enterprise Architecture strategy breaks internal MMIS subsystem links and uses MITA standard interfaces exclusively  Transition to technology-neutral MITA standard interfaces complete. MMIS components can be replaced individually based on business need.	