

# Enterprise Objective Monitoring and Control Services

Medicaid Information Technology Architecture  
Deliverable D12 – 2020 MITA State Self-Assessment Report  
and Concept of Operations

Version 1.0



GOVERNMENT OF PUERTO RICO

Department of Health  
Medicaid Program

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## 1.0 MITA State Self-Assessment Report Purpose

The Puerto Rico Department of Health (PRDoH), Puerto Rico Medicaid Program (PRMP), and Administración de Seguros de Salud de Puerto Rico (ASES) are making efforts to advance their Medicaid Information Technology Architecture (MITA) maturity levels through business process and technology improvements. In 2015, PRMP conducted its initial MITA State Self-Assessment (SS-A) and is embracing MITA's vision and goals of improving data quality and data integration across the Medicaid Enterprise. The MITA SS-A is providing PRMP insight into existing processes, identifying potential areas for improvement, and assisting them in making strategic decisions to advance MITA maturity across the Puerto Rico Medicaid Enterprise (PRME).

Since the MITA SS-A in 2019, PRMP implemented the Puerto Rico Medicaid Management Information System (PRMMIS) Phase III, which increased automated data transfer and validation processes resulting in improvement in data quality and reliability. As a result, individual capabilities in several MITA Business Process (BP) areas experienced MITA maturity increases.

The 2020 MITA SS-A Annual Update (AU) is based on the assessment of the PRME's As-Is environment time frame between January 2021 and July 2021. The 2020 MITA SS-A Report provides information on these assessments in the following sections:

- Section 2 – Puerto Rico MITA SS-A Background – provides an overview of the PRME, MITA, a summary of the 2019 MITA 3.0 SS-A, and the 2020 MITA SS-A AU
- Section 3 – 2020 MITA SS-A 3.0 Toolkit – provides information on the project documentation, business process review, 2020 MITA SS-A AU materials, and validation materials
- Section 4 – PRME Concept of Operations (COO) – provides information on the COO including the vision for PRME; a listing of PRME stakeholders and data exchanges; identifies system drivers and enablers, summarizes the As-Is and To-Be environments, and business improvements made since the last MITA assessment
- Section 5 – 2020 AU Assessment Results – provides an overview of the Business Architecture (BA) and the business assessment; BA profiles; and a list of business area owners, BA development, and gap analysis
- Section 6 – Business Assessment Summary – provides an update for each of the MITA business areas
- Section 7 – Information Architecture (IA) Update – provides an update on the PRME IA and associated components
- Section 8 – Technical Architecture (TA) Update – provides an update on the PRME TA and associated components
- Section 9 – Conclusion – provides an overall summary of the 2020 MITA SS-A AU findings related to PRMP's overall MITA maturity

- Appendix A – Puerto Rico 2019 MITA SS-A Summary of Assessment – provides the 2019 MITA SS-A BA maturity levels by business area
- Appendix B – Business Process Forms and Capabilities – provides detail on where the information is maintained
- Appendix C – SS-A Terms and Acronyms

PRMP has developed and continues to update business process forms for each of the following MITA business areas:

- Business Relationship Management (BR)
- Care Management (CM)
- Contractor Management (CO)
- Eligibility and Enrollment (EE) Management
- Financial Management (FM)
- Member Management (ME) (Future Release)
- Operations Management (OM)
- Performance Management (PE)
- Plan Management (PL)
- Provider Management (PM)

PRMP also has developed MITA Maturity Scorecards to measure process improvements achieved by technology investments and a repository for documentation related to the BA, IA, and TA.

In addition, Puerto Rico is currently implementing a Health Information Exchange (HIE) platform, which could support future connectivity and interoperability between PRMP and its stakeholders for a variety of business processes.

Upon completion and approval of the Puerto Rico 2020 MITA 3.0 SS-A AU, Puerto Rico will have 12 months to prepare for and complete the 2021 AU, which will assess the PRME based upon an As-Is time frame between November 2021 and July 2022.

## 2.0 Puerto Rico's MITA 3.0 SS-A Background

### 2.1 PRME

The PRME and is comprised of the following partner state agencies:

- PRDoH – The single state agency designated to administer medical assistance in Puerto Rico under Title XIX of the Social Security Act of 1935, as amended. PRDoH is accountable for helping to ensure the appropriate delivery of healthcare services under Medicaid and the Children's Health Insurance Program (CHIP) in Puerto Rico.
- PRMP – PRMP is a division of the PRDoH responsible for facilitating the processes of eligibility for Medicaid and access to health services offered to the indigent medical population and those with socioeconomic disadvantages who do not have a health plan. PRMP manages Medicaid provider enrollment, program integrity, MMIS and eligibility system vendor contracts, federal reporting, and Medicaid program policy.
- ASES – ASES or the Puerto Rico Health Insurance Administration, was created under Act Number 72 of 1993 (Act 72), also known as the Puerto Rico Health Insurance Administration Act. ASES is a public corporation working with the PRDoH as part of the PRME. According to Act 72, ASES is responsible for implementing, administering, and negotiating “a health insurance system by means of contracts with insurers, entities and health service purveyors, which will eventually give all the residents of the island access to quality medical and hospital care, regardless of the financial condition and capacity to pay.”<sup>1</sup>

In Puerto Rico, the Medicaid program operates completely under a managed healthcare model. Under this model, ASES is responsible for managing each of the contracts for multiple Management Care Organizations (MCOs) that execute several functions of the MITA business processes. ASES, with support from several external contractors, prepares and validates financial calculations used in managing the MCO contracts. ASES has been given legal authority to enter into contracts and engage professional, technical, and consulting services that are necessary for the performance and the compliance of its duties under Puerto Rico's legislature. ASES also has oversight responsibility for performance of the majority of the MITA FM processes.

The PRMMIS has historically been the central IT system within the PRME supporting the Medicaid Managed Care program managed and operated by ASES. The ASES Enterprise System (ASES ES) focuses on Medicaid program information management and retrieval and interfaces with existing MCO systems used for claims processing and member and provider information management. PRMP has implemented the first phase of its Eligibility and

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<sup>1</sup> “Puerto Rico Health Insurance Administration Act,”

[http://www.presupuesto.pr.gov/Budget\\_2012\\_2013/Aprobado2013Ingles/suppdocs/baselegal\\_ingles/187/72-1993.pdf](http://www.presupuesto.pr.gov/Budget_2012_2013/Aprobado2013Ingles/suppdocs/baselegal_ingles/187/72-1993.pdf), rev. June 20, 2012.

Enrollment (EE) solution known as MEDITI3G. The MEDITI3G is being developed to manage and communicate beneficiary eligibility for the PRME. PRMP has also deployed a Provider Enrollment Portal (PEP), which will eventually serve as the source of truth for all Medicaid provider enrollment information used in processing all incoming Medicaid claims and encounters.

The ASES IT Department automates file transfers using a Secure File Transfer Protocol (SFTP) Service that routes files for processing according to the file extensions. MCOs are required to sign a trading partner agreement to transmit Health Insurance Portability and Accountability Act (HIPAA) of 1996 standard transaction set electronic data interchange (EDI) files. Responses for EDI files, including 837s and National Council for Prescription Drug Programs (NCPDP) 4.2 files, have been automated by the PRMMIS.

ASES requires vendors to conform to standards and regulations defined by organizations such as the Centers for Medicare & Medicaid Services (CMS), World Wide Web Consortium (W3C), the American Institute of Certified Public Accountants (AICPA). Vendors are also responsible for compliance with those standards and regulations designated within the HIPAA, Code of Federal Regulations (CFRs), Generally Accepted Accounting Principles (GAAP), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and Health Information Exchange (HIE).

ASES requires each MCO to maintain a claims management system that meets World Wide Web Consortium (W3C) standards to facilitate integration with ASES and other PRME systems adhering to a Service-Oriented Architecture (SOA). MCO systems must maintain audit trails, and all data must be retained for 10 years following the end of the contract term. ASES also requires MCOs to perform any system interface updates to help ensure compliance with any ASES data sharing agreements. MCO system interfaces must also help ensure that timely submission and accuracy of all data shared with PRMMIS is ready for the submission of TMSIS data to CMS at all times.

## 2.2 MITA Overview

The MITA SS-A helps PRMP establish strategic goals and objectives for its program, operations, and supporting technology investments. State Medicaid Agencies (SMAs) are required to submit an annual MITA SS-A to CMS as part of its Advanced Planning Document (APD) process for receipt of enhanced federal funding.

During the MITA SS-A, SMAs evaluate the prescribed MITA business processes to determine the alignment and maturity with the MITA framework. PRMP requested BerryDunn's support in developing its 2020 MITA 3.0 SS-A AU through the Federal Fiscal Year (FFY) 2021 Enterprise Objective Monitoring and Control (EOMC) services Statement of Work (SOW).

## 2.3 Puerto Rico 2019 MITA 3.0 SS-A

BerryDunn held the 2019 MITA SS-A Kickoff meeting in November 2019 with PRMP and ASES stakeholders. BerryDunn also facilitated MITA fact-finding sessions from February to June 2020. The information included in the 2019 MITA 3.0 SS-A AU Report was prepared as a result of the

multiple MITA fact-finding sessions conducted with PRMP and ASES business area owners and additional Subject Matter Experts (SME) resources as needed.

During the MITA Fact-Finding Sessions, BerryDunn assessed the MITA business areas and their related business processes by gathering information for each business process and utilizing the CMS MITA 3.0 business process form as a guide. BerryDunn also discussed the current state of each business process performed by PRMP and ASES confirmed any MITA maturity advancements against the previous 2015 MITA 3.0 SS-A AU maturity levels.

An assessment of Health Information Technology (HIT) was also conducted by BerryDunn, which occurred in parallel during the 2019 MITA 3.0 SS-A AU. This HIT assessment utilized the Office of National Coordinator (ONC) Health Information Sharing Maturity Model (HISMM) as a framework for assessing maturity of the HIT capabilities in Puerto Rico. The results of the HIT assessment were represented in the 2019 MITA 3.0 SS-A Report as inclusive of general PRDoH vision and goals for HIT. The HIT vision and goals are respective of MITA goals and objectives as it relates to the Puerto Rico Health Information Exchange (PRHIE) and the future integration into the PRME.

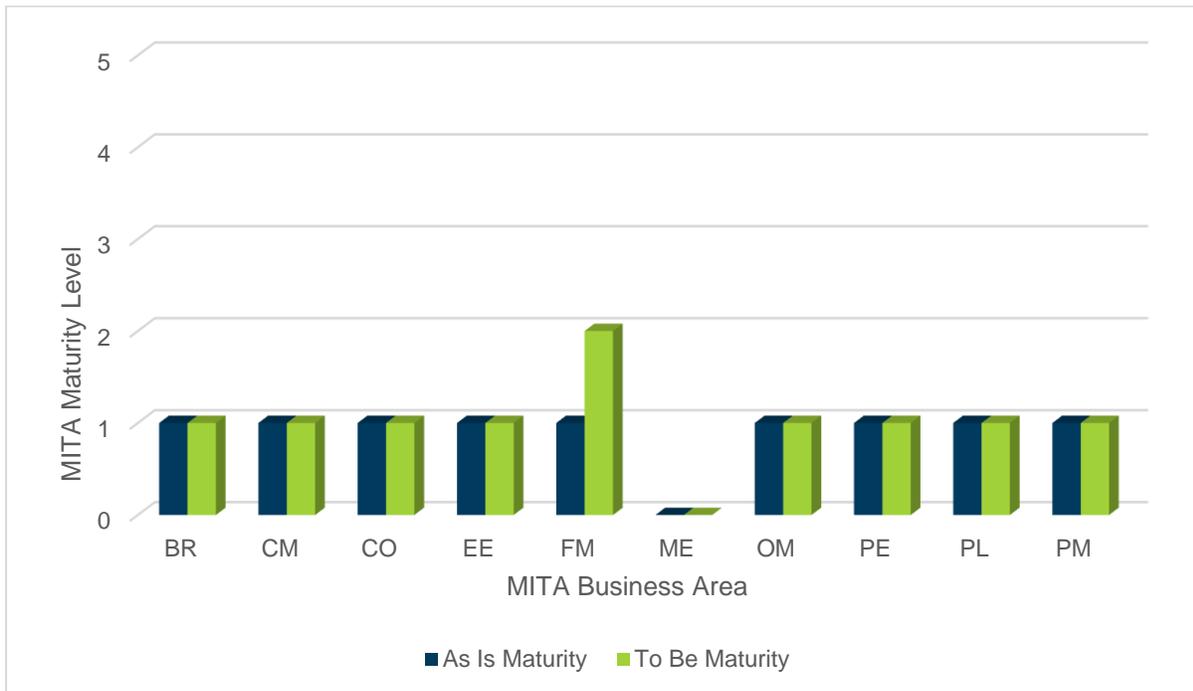
The business processes of the PRME operations were compared against the MITA 3.0 Framework and measured to capture the appropriate maturity level for the As-Is process. The expected To-Be levels were determined utilizing all known information about the PRMMIS Phase II efforts. This included identifying the business areas and processes that PRMP expected to see MITA improvements once the PRMMIS Phase II system enhancements were fully deployed

PRMP expected to realize operational improvements in several capabilities across many business processes as a result of the PRMMIS Phase II implementation; however, these capability improvements were not expected to increase the overall business area maturity levels because not all capabilities and processes within each business area would realize maturity Level 2 capabilities. PRMP planned to implement the PRMMIS in multiple releases, and it is in these planned releases that the full MITA maturity benefits will be realized for those business process improvements.

The As-Is level across all business areas in 2019 was at Level 1. PRMMIS Phase II was expected to increase the FM business area to a Level 2 in the short term. An additional 32 MITA business processes were expected to increase in MITA maturity within the next five years.

Figure 1 below represents the MITA As-Is and To-Be business area maturity results as assessed in the 2019 MITA 3.0 SS-A AU.

Figure 1: 2019 As-Is and To-Be Maturity



### 2.4 Puerto Rico’s 2020 MITA 3.0 SS-A AU

BerryDunn held the 2020 MITA SS-A Kickoff meeting in January 2021 followed by a MITA Executive Visioning Session with PRMP and ASES leadership in March 2021. BerryDunn began execution of the 2020 SS-A AU project by facilitating MITA business area fact-finding session from May to July 2021. These fact-finding sessions were attended by the Puerto Rico Medicaid key stakeholders and MITA business area owners identified in Sections 4.2 and 5.3 of this report. 2020 MITA SS-A AU results for the BA, IA and TA are reported in Sections 5.0, 6.0, 7.0, 8.0, and 9.0 of this report.

## 3.0 2020 MITA 3.0 SS-A Toolkit

The 2020 MITA 3.0 SS-A toolkit provides templates and tools necessary to conduct the 2020 MITA 3.0 SS-A AU Report and Roadmap. The toolkit has been expanded to include planning tools, checklists, and workflows. This section describes the background, purpose, and use of the toolkit.

### 3.1 Project Documentation

The documents necessary to complete the 2020 MITA 3.0 SS-A AU and Roadmap for submission to CMS include:

- MITA 3.0 SS-A AU Report
- MITA Roadmap
- BA, IA, and TA Scorecard Workbooks

BerryDunn assessed all applicable MITA business areas and business processes by defining each business process using the CMS description of the MITA 3.0 Business Process Form. Several sections from the 2019 Business Process Forms were used as guidance to conduct the MITA Fact-Finding Sessions and capture the 2020 update for the business process steps, data exchange partners for the IA, and the systems/applications for the TA. BerryDunn also assessed the MITA maturity for each process using the CMS-supplied MITA Capability Maturity Matrices (CMMs).

The 2020 MITA SS-A AU Report compiles the findings of these assessment documents into the business area summaries and profiles found in Section 6.0 of this report. Additionally, BerryDunn used the CMS-provided CMMs to conduct a gap analysis of the As-Is state and To-Be environment to develop the MITA Roadmap Transition and Sequencing Plan, as defined in the CMS MITA 3.0 SS-A Guidelines.

Finally, BerryDunn compiled the maturity and gap analysis results in the Scorecard Workbooks for each of the three MITA Architectures – BA, IA, and TA. For future reference, and as the maturity documentation necessary to begin the AU for each following year, PRMP should consider maintaining the MITA 3.0 SS-A AU Report and Roadmap after the submission of these documents to CMS.

### 3.1 Business Process Review

The approach taken to the MITA Business Process Review included a planning process, the development of an assessment and maturity methodology, and the approach for validating business processes for the 2020 AU. The process consisted of documenting changing requirements and process details as the assessment progressed and pain points began to emerge during any point in time throughout the project. The processes delivered working documents and material drafts throughout the assessment as the business area assessments were completed. Subject matter experts (SMEs) worked together on a daily basis throughout the project to develop a business-driven assessment of the PRME. This included development

of the documents produced and used to assist in this process, such as organizational charts, carrier contracts, process flows, reports, documentation inventory, and MITA Scorecard Workbooks. The initial MITA SS-A preparations, approach, and steps taken by BerryDunn in the MITA SS-A process were the following:

### **MITA SS-A Preparations**

1. Reviewed 2019 MITA SS-A and identified additional business areas of focus for the current MITA SS-A efforts.
2. Submitted documentation requests to collect documentation from ongoing projects, including evidence of system and process improvements from PRMP and ASES business area owners:
  - Example documents typically included in a documentation request included but were not limited to: PRMMIS Phase II Certification artifacts, strategic plan, vendor contracts, reporting guides, reports, system and data flow diagrams, etc.
3. Identified previously created MITA SS-A documentation that BerryDunn could leverage using the following templates for the MITA SS-A AU documentation:
  - Business Process Forms
  - MITA BA, IA, and TA Scorecard Workbooks
  - Capability Matrices:
    - Business Capability Matrices (BCMs)
    - Information Capability Matrices (ICMs)
    - Technical Capability Matrices (TCMs)
  - MITA Profiles

### **MITA SS-A Update Approach**

1. Confirmed the scope for the MITA SS-A with PRMP across the various business areas, business processes, and supporting MITA SS-A documentation.
2. Identified and confirmed existing business area owners within the PRME.
3. Conducted MITA business area Fact-Finding Sessions to understand the As-Is and To-Be environments for each business process.
4. Updated Business Process Forms and Capability Matrices.
5. Performed an SME review of documentation.
6. Completed and analyzed MITA Scorecard Workbooks and MITA Profiles to determine improvement approaches within each business process.

7. Prepared a business area summary document for each business area.
8. Validated business area summary documents with PRMP and ASES and obtained final approval of documentation from business area owners.
9. Updated and drafted the MITA SS-A Report, including the gap analysis.
10. Connected with resources identified by PRMP (i.e., vendors and staff) to confirm details of MITA SS-A and its associated documentation.
11. Reviewed and confirmed the finalized MITA SS-A Report and associated documentation with PRMP.

BerryDunn can help facilitate discussions with CMS about the MITA SS-A Report and its associated findings upon PRMP's request.

### 3.3 2020 AU Materials

- Materials used in the 2020 MITA SS-A UA included: Business Process Forms – These forms define the current state of each business process identified in the PRME architecture. Business Process Forms were developed and completed for each business process to document changes and improvements that have occurred since the 2019 MITA 3.0 SS-A was completed.
- Capability Matrices – Business, Information, and Technical Architectures were developed for each business process in the MITA 3.0 Framework. During the 2020 AU, each completed capability matrix was used to document maturity levels.
- Scorecard Workbooks – Scorecard Workbooks were developed for each architecture. Scorecard Workbooks documented the PRME performance measures levels in use for the current and future environments. The 2020 AU provides details about the results of the assessment of maturing processes.
- MITA Profiles – For each business area in which processes have matured subsequent to the MITA 3.0 SS-A, a MITA Profile was completed for the 2020 AU that demonstrates the maturity levels of each architecture.

### 3.4 Validation Materials

For the 2020 AU, BerryDunn created the Business Process Forms and Capability Matrices upon completion of the MITA Fact-Finding Sessions for each business area at PRMP's request, BerryDunn prepared business area summaries from the findings of each of the MITA Fact-Finding Sessions. These business area summaries were approved by PRMP and ASES prior to the preparation of this MITA SS-A Report. Section 6.0 of this report contains the information validated and approved in the business area summaries.

BerryDunn documented the gap analysis in the preparation of Scorecard Workbooks based on documentation related to the processes under assessment and validated in the business area summaries. The business area owners will receive the Business Process Forms, Business Area

Summaries, MITA Scorecard Workbooks, and Capability Matrices to maintain on file for future reference and the next MITA AU. The business area MITA Profiles reflecting the validated As-Is and To-Be maturity for each business area is contained in Section 6.0 of this report.

## 4.0 PRME's Concept of Operations (COO)

The COO helps frame Puerto Rico's vision and showcases its target future environment. The COO is a compilation of information that supports department and agency plans for the future state of its Medicaid programs and services, as well as aligns the BA, IA, and TA with the MITA 3.0 Framework. The COO forms the basis of the MITA 3.0 SS-A Roadmap Transition and Sequencing Plan for eliminating the gaps and establishing the transformation pathway to achieve the goals and objectives of the COO through the management of MITA business process improvement.

The COO consists of the following components:

- Vision for the Medicaid Enterprise: Information on the Agency vision for a future that meets Medicaid goals as defined by the SMA and CMS.
- Stakeholders and Data Exchanges: A description of Medicaid enterprise stakeholders, as well as data exchanges that occur among stakeholders.
- Drivers and Enablers: Information that provides a summary of drivers or enablers of technology that propels and supports the transformation of the SMA.
- As-Is and To-Be Environments, and Business Improvements: Information that describes the As-Is environment, validates the levels of operational maturity found in the State today, and describes both the target vision over a time frame and the impacts of the transformation to each of the identified stakeholders.

### 4.1 Vision for the Medicaid Enterprise

PRMP is the single state agency responsible for administering PRMP. The PRME goals include:

- Establish PRMMIS as a single source of truth
- Simplify and reduce the number systems
- Simplify the data architecture including existing ASES data
- Focus on system capacity and sustainability as new poverty levels have been established and more citizens are eligible for services
- Provide citizens with more options for determining eligibility or accessing Medicaid services
- Implement the interoperability rule

The PRME goals identified by PRMP and ASES for the 2020 MITA SS-A include:

- Improve program effectiveness and efficiency
- Leverage technology to enhance performance and decision-making

- Assess, implement, and monitor compliance with all relevant federal laws and regulations (e.g., ACA, State Medicaid Manual, HIPAA)
- Help ensure program quality
- Enhance and improve efficient, effective, and meaningful outreach and communication
- Enhance the security, timeliness and accuracy of data exchanged with authorized and authenticated business partners
- Improve healthcare outcomes for members
- Improve interoperability for Eligibility and Enrollment Management
- Improve operational efficiency and reduce costs in the healthcare system
- Improve access to information necessary for operations management
- Improve effectiveness and efficiency of Performance Management function
- Simplify process for submission of provider information
- Minimize risk and maximize value from contracted services and products
- Enhance ability for members to participate in and exercise responsibility for their personal health choices
- Improve Provider access to real-time data
- Enhance the Bureau's ability to analyze the effectiveness of potential and existing benefits and policies
- Improve consistency of Plan Management processes and effective communication of policy

Improvements are needed to meet these goals and objectives to achieve maturity of the Medicaid Enterprise. The following solutions have been identified in the MITA SS-A as strategies that will result in these improvements:

- MMIS Phase III
  - Operational improvements to financial systems reconciliation, data and information sharing between systems, claims visibility, and financial transaction and reporting timeliness
  - Integration of technology and business processes into a single modular FM solution
  - Verification of beneficiary eligibility from PRMMIS member and provider data stores
- MEDITI3G
  - Automated interfaces with federal and local data verification sources
  - Integration with the PRMMIS and PRME Data Warehouse

- MAGI Verification Plan
- PRMMIS
  - Automation of more PEP interfaces with federal and local data verification sources
  - Provider utilization of EDI and EHR technologies to increase volume of provider data interfacing with PRMMIS
  - Program Integrity enhancement to increase collaboration with intrastate and federal agencies
  - Definition of business rules for calculating and tracking spend-down amounts
- PRDoH HIE and Enterprise Data Warehouse (EDW) Implementation (HIE/EDW)
  - A Medicaid EDW supporting the HIE will improve accuracy, timeliness, and access to data needed for improvements in the CM, EE, OM, and PM business processes.
  - Increased connectivity to hospital, provider, FQHC, and lab systems.
- Compliance with Interoperability and Patient Access Rule
- Increased data sharing from needed data sources
  - Enhancements to data sharing between PRMMIS and ASES ES
  - Enhanced use of electronic data exchange through electronic forms and use of ShareFile for storage, management, and reporting
  - Integration of PRMES and HIE EDW
- Increase contracting maturity
  - Transparency tool for electronic documentation
  - Increased use of KPIs and SLAs into new contracts and renewals, MOUs, and other data exchange agreements
  - Envisioned solution for contract requirements
- ASES COMP tool to automate the tracking of MCO reporting

## 4.2 Stakeholders and Data Exchanges

Several stakeholders exchange information with the PRMP. In accordance with the MITA 3.0 Framework, these data exchange stakeholders are comprised of beneficiaries, providers, MCOs, payers, payer agencies, regulators, legislators, and the public. The information that these stakeholders provide is critical to the operation and success of the PRMP. The key stakeholders in the PRME include:

- PRMP
- ASES
- PRDoH
- PRMMIS
- PRHIN
- CMS
- Contractors:
  - Gainwell
  - RedMane
  - Milliman
  - MedRx
  - Abarca
  - MC-21
  - MCOs

**Table 1: Key Stakeholders and Major Data Exchanges**

Key Stakeholder and Definition	Major Data Exchanges
<p><b>Providers:</b> Includes pharmacists, hospitals, case managers, and home- and community-based caregivers serving the Medicaid population.</p>	<ul style="list-style-type: none"> <li>• Providers submit enrollment applications via the PEP.</li> <li>• Providers submit claims to MCOs for reimbursement electronically, using HIPAA standard transactions and paper-based claims.</li> <li>• Medicaid responds to providers electronically via the PEP.</li> <li>• Paper is used to exchange some information with providers.</li> <li>• Providers receive electronic payments via Electronic Funds Transfer (EFT).</li> </ul>
<p><b>MCOs:</b> An MCO is a health care provider or a group of organizations of medical service providers that offer health care services through contracted agreements with PRMP. The MCOs contract with insurers or self-insured employers and finances and delivers Medicaid health care services using a specific set of provider network</p>	<ul style="list-style-type: none"> <li>• X12N 820 transactions are sent to MCOs weekly.</li> <li>• MCOs submit encounter data to Medicaid using the X12N 837 standard transactions.</li> </ul>

Key Stakeholder and Definition	Major Data Exchanges
and Medicaid services and products. Current MCOs are First Medical, Medicare y Mucho Más Multihealth, Plan de Salud Menonita, and Triple-S Salud.	<ul style="list-style-type: none"> <li>MCOs submit encounter data no later than 90 days after the end of the quarter in which the encounters occurred.</li> </ul>
<p><b>Beneficiaries:</b> Puerto Rico residents who apply for or who receive Medicaid Enterprise benefits.</p>	<ul style="list-style-type: none"> <li>Applicants submit applications directly to a caseworker.</li> <li>Beneficiaries submit eligibility verifications in electronic and paper format.</li> <li>Beneficiaries receive multiple notices regarding eligibility from the Medicaid Enterprise and the MCO.</li> </ul>
<p><b>Federal Oversight: U.S. Congress and Financial Oversight and Management Board for Puerto Rico,</b> the oversight board established by U.S. Congress in 2016 Puerto Rico Oversight, Management, and Economic Stability Act (PROMESA).</p>	<ul style="list-style-type: none"> <li>Medicaid Enterprise responds to requests for information and receives approval for budget initiatives.</li> </ul>
<p><b>Puerto Rico Oversight Agencies:</b> Oversight and Management Board (OMB), Autoridad de Asesoría Financiera y Agencia Fiscal de Puerto Rico (AAFAF), and the FOMBPAR.</p>	<ul style="list-style-type: none"> <li>In the event of a merge of PRMP and ASES, these boards would contribute to guiding Medicaid processes and decisions.</li> </ul>
<p><b>Resident Commissioner and Puerto Rico Federal Affairs Administration.</b></p>	<ul style="list-style-type: none"> <li>Resident Commissioner is elected by Puerto Rico voters and represents Puerto Rico as a non-voting member of U.S. House of Representatives</li> <li>PRFAA is similar to a State-Federal relations office and serves as the primary liaison between Puerto Rico's officials, the White House, Congress, and the federal agencies of the United States</li> </ul>
<p><b>CMS:</b> A branch of the U.S. Department of Health and Human Services (HHS). CMS is the federal agency that administers Medicare, Medicaid, and CHIP. CMS provides information for health professionals, regional governments, and consumers.</p>	<ul style="list-style-type: none"> <li>Medicaid Enterprise submits invoices and Transformed Medicaid Statistical Information System (T-MSIS) reports via an interface.</li> <li>Medicaid Enterprise electronically submits CMS budget reports using the Medicaid Budget and Expenditure System/State Children's Health Insurance Program (CHIP) Budget and Expenditure System (MBES/CBES).</li> </ul>
<p><b>Other Payers:</b> Other benefit programs with liability to cover medical costs for Medicaid recipients. Includes private insurers.</p>	<ul style="list-style-type: none"> <li>Benefit information is exchanged prospectively.</li> </ul>

Key Stakeholder and Definition	Major Data Exchanges
<p><b>Other Agencies:</b> State, local, and federal agencies that exchange information with Medicaid (e.g., Medicare, Internal Revenue Service [IRS], Treasury, and Department of Finance and Accounting).</p>	<ul style="list-style-type: none"> <li>Medicaid Enterprise responds to requests for information from the state legislature, governor, and other state agencies; CMS; other federal agencies; and the public by manually accessing data from multiple sources using different media, connectivity, format, and data content.</li> </ul>
<p><b>Mental/Behavioral Health Providers:</b> The integration of physical and behavioral healthcare can improve quality and decrease costs, especially for Medicaid beneficiaries with complex healthcare needs<sup>2</sup>.</p>	<p>Integration of physical and behavioral health models that data exchange/interoperability can support:</p> <ul style="list-style-type: none"> <li>Managed Care</li> <li>Enhanced Care/Case Management</li> <li>Patient Centered Medical Home</li> <li>Health Homes</li> <li>Medicare Advantage Organizations (MAOs)</li> </ul>
<p><b>Public Health Registries:</b> Existing and planned registries internal to the PRDoH where PRMP was identified as being a primary user in the HIT Assessment.</p>	<ul style="list-style-type: none"> <li>Puerto Rico Immunization Registry (PRIR): Data exchange types include electronic health records (EHRs), SFTP/batch jobs, and secure email with potential future support to include data exchange with PRHIE. Updates are planned in the To-Be environment.</li> <li>Other registries are planned to be enabled to participate in the PRHIN in the To-Be environment of the HIE implementation.<sup>3</sup></li> </ul>
<p><b>Major Laboratory Networks:</b> Rapid introduction of the COVID-19 Proof of Concept that connected major labs to the Epidemiology Department in compliance with CMS security standards is serving the island’s population, including Medicaid patients.</p>	<ul style="list-style-type: none"> <li>Unidirectional modality of test results only for COVID-19 to the data exchange hub.</li> <li>The Data Exchange Hub transfers data to the secured Data Warehouse where it is transformed to the Epidemiology Health Level Seven (HL7) format and structure.<sup>32</sup></li> <li>Automated lab data through digital exchange to reduce cost.</li> </ul>

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<sup>2</sup> Assessing Changes to Medicaid Managed Care Regulations: Facilitating Integration of Physical and Behavioral Health Care, Commonwealth Fund, Elizabeth Edwards, October 24, 2017.

<sup>3</sup> Health Gorilla: Professional Services Agreement for the Puerto Rico Medicaid Program Health Information Technology, March 2021

### 4.3 Drivers and Enablers

Drivers and enablers propel and support the transformation of the Agency. While specific drivers and enablers vary over time as goals are accomplished (and in response to policy and legislative changes), the role of drivers and enablers in transformation does not change.

Drivers—including legislation, policies, and other initiatives—directly impact the strategic direction of Puerto Rico Medicaid by focusing efforts on a target (e.g., compliance or greater interoperability). Enablers are the projects that drive PRMP’s strategic direction and turn that direction into operational impacts that meet the established strategic goals and objectives. These are projects aimed toward business process or technology improvements.

The following national policy drivers have shaped, and will continue to shape, the landscape of Puerto Rico Medicaid:

- CMS OBC Pilot Initiatives
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020
- 2020 Updates to the Adult and Child Core Health Care Quality Measurement Sets
- Medicaid Bipartisan Budget Act (BBA) of 2018 and Changes to Medicaid Provisions Passed in April 2019 – Third-Party Liability (TPL) in Medicaid and CHIP
- Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for SMA Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021
- Proposed Rule: Medicaid Fiscal Accountability Regulation (MFAR)
- 21<sup>st</sup> Century Cures Act
- Section 5052 of the SUPPORT for Patients and Communities Act – State Plan Option Under Section 1915 (I) of the Social Security Act
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- Section 5052 of the SUPPORT for Patients and Communities Act – State Plan Option Under Section 1915(I) of the Social Security Act
- MITA Framework, Version 3.0
- Transformed Medicaid Statistical Information System (T-MSIS)
- International Classification of Diseases, Version 10 (ICD-10) (Compliance Date of October 1, 2015)

- Medicaid Provider Enrollment Compendium (MPEC): Compliance with Specific Federal Regulations at 42 CFR § 455<sup>4</sup>
- Medicaid and CHIP Mental Health Parity Final Rule
- Medicaid and CHIP Managed Care Final Rule
- Mental Health and Substance Use Disorder (SUD) Parity Compliance Toolkit
- Affordable Care Act (ACA)
- National Correct Coding Initiative (NCCI)

### PRME Drivers

- HIE/EDW
- Congress' expectations that PRMP complete MMIS Phase III as soon as possible
- CMS initiatives to increase Value-Based Care, Population Health Management, and interoperability
- CMS request for IT Roadmap
- Medicaid Enterprise Organizational Structure Initiative
- 21<sup>st</sup> Century Cures Act: Interoperability and Patient Access Final Rule
- American Recovery and Reinvestment Act (ARRA): Medicaid Promoting Interoperability Programs (PIP)
- Substance Use Disorder (SUD) Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act
- HIPAA
- Puerto Rico Law 40 of 2012, Puerto Rico Health Information Electronic Exchange and Administration Act
- Broadband Expansion Laws, HB1294 and HB1976: Critical foundation for expansion of both provider and patient HIE, access, and usage<sup>5</sup>
- Puerto Rico Joint Senate Resolution 491: Reduction of barriers and increased flexibility for providers practicing telemedicine<sup>6</sup>
- Puerto Rico Act No. 70-2017, Controlled Medication Prescription Monitoring Program

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<sup>4</sup> "Medicaid Provider Enrollment Compendium (MPEC)." CMS. <https://www.medicaid.gov/affordable-care-act/provisions/downloads/mpec-032116.pdf>

<sup>5</sup> Puerto Rico Department of Health. Health Information Technology Assessment Report. July 2020.

<sup>6</sup> Ruling Letter. CN-2020-270-DD. Access to Telemedicine Services in Health Insurance Plans. [http://ocs.gobierno.pr/enocspr/files/Cartas%20Normativas%202020/CN-2020-270-D\\_ENG.pdf](http://ocs.gobierno.pr/enocspr/files/Cartas%20Normativas%202020/CN-2020-270-D_ENG.pdf)

- Public Health Services Act (PHSA), Section 330
- Puerto Rico Executive Order 2020-062, and amendment OE-2020-064: Response to the COVID-19 pandemic response and reporting
- Occupational Safety and Health Administration (OSHA) Act
- CARES Act

Enablers have been implemented or are planned in response to these drivers, including (but not limited to) the following:

- MITA 3.0 SS-A 2020 AU
- PRMMIS (MITA)/PRDoH HIE/EDW
- DMS
- TMS
- Provider Enrollment Project
- MEDITI3G System
- Program Management Support
- Organizational Integration Support Services for the PRME
- Annual MARS-E Assessments
- NIST Security Assessments
- Additional Security Assessment Services
- PRHIE
- Municipal Contact Tracing and Assistance System
- Prescription Drug Monitoring Program (PDMP)
- Emergency Implementation of Lab Reporting using BioPortal

#### 4.4 As-Is and To-Be Business Improvements

The As-Is and To-Be environments are represented in the SS-A documentation gathered and analyzed for this AU, including Business Process Forms, capability matrices, and scorecards. The As-Is environment will drive the state's To-Be goals and objectives. Business improvements are documented in the 2020 MITA 3.0 Roadmap. Additionally, BerryDunn reviewed information from CMS advanced planning document (APD) approval letters that reinforce the PRME As-Is environment. The As-Is environment drives the state's To-Be goals and objectives.

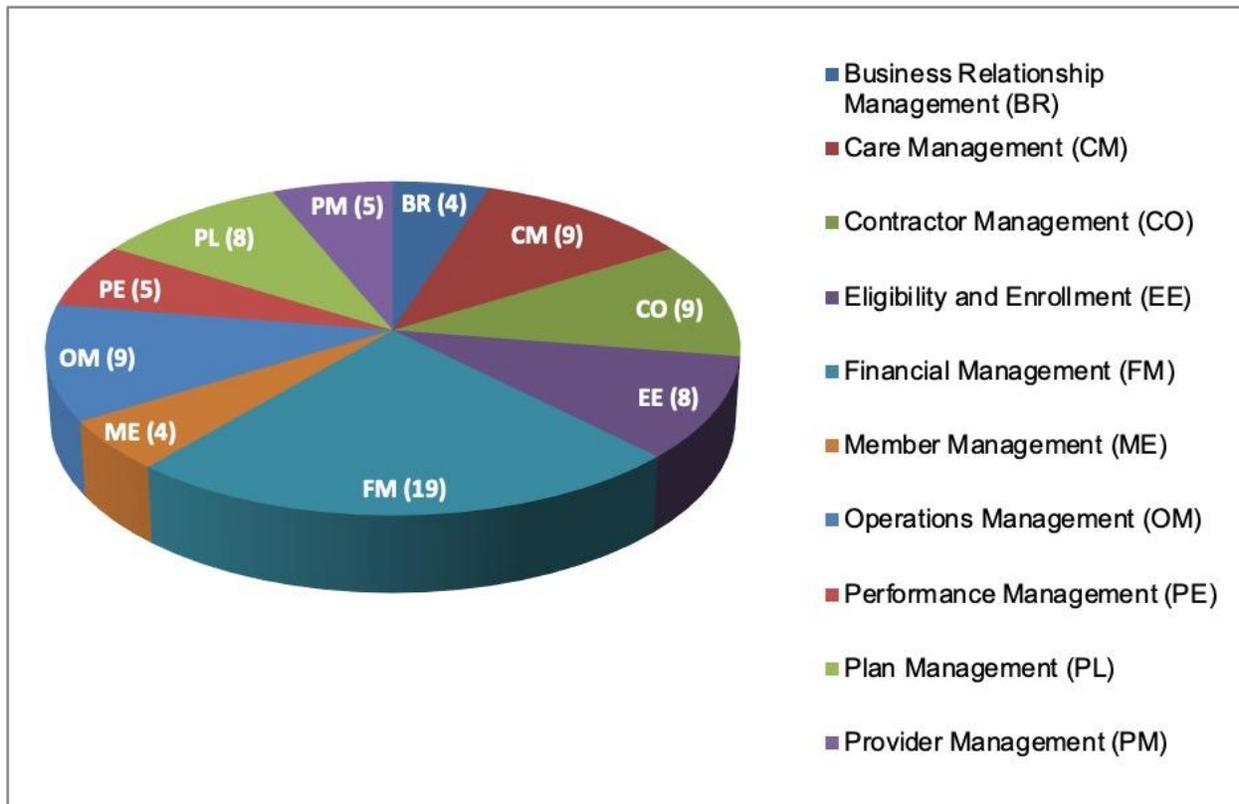
## 5.0 2020 AU Assessment Results

### 5.1 Business Assessment Overview

The CMS MITA 3.0 Framework consists of 10 business areas, 20 business categories, and 80 business processes that outline the business operations of the enterprise.

Figure 2 below indicates the number of business processes in each of the 10 MITA business areas.

**Figure 2: CMS MITA 3.0 Framework Business Processes**



The 2020 AU assessed nine business areas as the Member Management Business Area is still pending final release by CMS. Within the nine MITA business areas, 76 business processes were assessed.

### 5.2 MITA Profiles

BerryDunn assessed the current As-Is and future To-Be maturity levels for the BA, IA, and TA during the development of the 2020 AU using the guidelines as set forth in the MITA 3.0 Framework, including the MITA Maturity Model (MMM), the BCM, the Information Capability Matrix (ICM), and the Technical Capability Matrix (TCM). The To-Be assessment reflected planned changes to the business process due to technology, increased efficiency, and/or policy changes within the next five years.

MITA Profiles for the BA, IA, and TA were developed to outline maturity levels by business process based on the 1 – 5 scale as indicated in the MITA 3.0 Framework. The MITA Profiles are located on Section 6.0 for each business area.

### 5.3 Business Area Ownership

The current BA of the PRMP was assessed through a series of fact-finding sessions. Owners were identified for each of the business areas, categories, and processes.

**Table 3: Business Area Ownership for the 2020 MITA SS-A 3.0**

Business Area	PRME Owners	PRME Agency
Financial Management (FM)	Lydia Torres	PRMP
	Carlos Negrón	ASES
	Carmen Rodríguez	ASES
Care Management (CM)	Edna Marin	PRMP
	Iván Santiago	ASES
	Milagros Soto	ASES
Operations Management (OM)	Edna Marin	PRMP
	Iván Santiago	ASES
	Madeline Figueroa	ASES
	Edanit Torres	ASES
	Managed Care Organizations (MCOs)	
Business Relationship Management (BR)	Edna Marin	PRMP
	Jorge Galva	ASES
Provider Management (PM)	Hector Boria	PRMP
	Iván Santiago	ASES
	Carlos Delgado	ASES
Contractor Management (CO)	Antonio Quilichini	PRMP
	Edanit Torres	ASES
Eligibility and Enrollment Management (EE)	Edna Marin	PRMP
	Evelyn Santos	PRMP
	Iván Santiago	ASES
	Rafael Vázquez	ASES
	Ramiro Rodríguez	ASES

Business Area	PRME Owners	PRME Agency
Performance Management (PE)	Edna Marin	PRMP
	María García	PRMP
	Madeline Figueroa	ASES
	Carlos Delgado	ASES
Plan Management (PL)	Edna Marin	PRMP
	Iván Santiago	ASES
	Milagros Soto	ASES

## 5.4 BA Development

During each fact-finding session, participants reviewed business area details from the 2019 MITA SS-A and provided updates to any business process steps. The participants also reviewed the systems and data sharing partners related to all business processes and updated as needed.

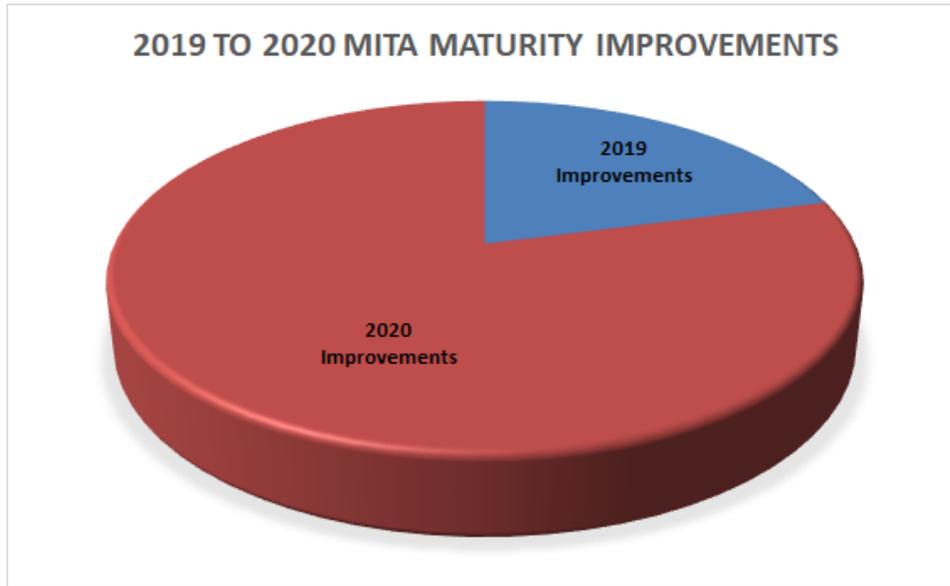
## 5.5 Gap Analysis

BerryDunn performed an analysis of gaps between the As-Is and To-Be environments for each business process, incorporating ongoing and upcoming projects and initiatives. Gaps, created by obstacles in capability that must be overcome before the process can advance to the desired maturity level, were identified when the As-Is maturity is expected to improve in the To-Be environment. A solution is required in order to close these gaps and move the process to a higher level of business process capability maturity due to the improvements that are achieved by the solution.

If a process is not anticipated to mature (e.g., a process was at Level 1 and will remain at Level 1), there is no gap. In some instances, a process might be expected to mature in part, but improvement is not sufficient to fully meet the criteria to achieve a higher maturity level; in these instances, partial improvement is noted. The gap analysis describes the initiative, project, or activity that Puerto Rico has selected to achieve maturity for the process.

The 2020 MITA SS-A AU determined that 53 processes have increased in MITA maturity since the 2019 MITA SS-A, and 44 processes are expected to increase in MITA maturity within the next five years.

**Figure 3: 2019 to 2020 MITA maturity improvements maturity increases.**



## 6.0 Business Assessment Summary

Sections 6.1 – 6.10 contain summary information for each of the 10 MITA 3.0 business areas.

Each summary description contains the following:

- **Overall Business Area Description:** Includes a general description of the business processes contained in each business area.
- **Medicaid Enterprise MITA 3.0 Business Area Assessment:** Summarizes the results of the 2019 MITA 3.0 SS-A for that business area.
- **Vision:** Includes the To-Be maturity levels for the future business environment.
- **Gap Analysis:** Discusses the gaps between the As-Is and To-Be maturity levels.
- **Solution:** Includes the solutions for each business area to close the gap within the prescribed five-year time frame.
- **Maturity Level Profile Tables:** Tables that outline the assessed As-Is and To-Be Levels for the BA, IA, and TA.

In addition to the information stated above, CM, EE, and PM business areas also include an additional section:

- **HIT Assessment:** Includes the high-level summary of planned HIT capabilities impacting business processes and the HIE initiative alignment.

### 6.1 Business Relationship Management (BR)

The BR Business Area includes four business processes. These processes include activities related to contractual agreements and the exchange of information required to establish and maintain business relationships with business and trading partners. Puerto Rico enters into a variety of business relationships with intrastate agencies, MCOs, and other administrative vendors. This business area describes the types of relationships; how the relationships are established, maintained, and terminated; and how data is exchanged among partners.

The following BR business processes were assessed in the 2020 MITA 3.0 SS-A AU:

- Establish Business Relationship (BR01)
- Manage Business Relationship Communication (BR02)
- Manage Business Relationship Information (BR03)
- Terminate Business Relationship (BR04)

#### Medicaid Enterprise MITA 3.0 Business Area Assessment

During the 2020 MITA 3.0 SS-A AU, the overall BA maturity level for BR was assessed at an As-Is Level 1 and a To-Be Level 2. Most of the BR business processes use a mix of manual and automated tools to complete tasks. Execution of processes within this business area occur in a

variety of ways, including EDI, Secure File Transfer Protocol (SFTP), ShareFile, and interfaces with various external MCO, vendor, and intrastate agency systems.

The BR business processes use SLAs, MOUs, and user agreements for all intrastate and outside entities. There are standard operating processes associated with establishing business relationships with PRMP and ASES. All business partners are required to comply with HIPAA and all state and federal regulations, which include those established within the PRMP Data Governance Plan.

The following table provides a list of PRMP and ASES contractors and their roles identified during the 2020 MITA 3.0 SS-A AU assessment:

**Table 4: PRMP/ASES Contractors and Roles**

<b>PRMP Vendor/Contractor</b>	<b>Role</b>
BerryDunn	Enterprise Objective Monitoring and Control (EOMC) for PRMMIS
Gainwell	PRMMIS solution vendor
Intervoice	Project Management Office (PMO) MEDITI3G and MMIS operations – provider enrollment support
LinkActiv	Central printing for Medicaid
Manpower	Staffing support for the Puerto Rico Managed Medicaid Information System (PRMMIS) and the Puerto Rico Eligibility and Enrollment (PREE/MEDITI3G)
RedMane	MEDITI3G vendor
Telecontacto	Call center for MEDITI3G and provider enrollment
Truenorth	PRMMIS, MEDITI3G, MEDITI interface support
V2A	Organizational Change Management (OCM), stabilization support for MEDITI3G
Wovenware	Local Interface vendor for MEDITI3G/MMIS operations
<b>ASES Vendor/Contractor</b>	<b>Role</b>
Abarca	Pharmacy Program Administrator (PPA)
MC-21 corporation	Pharmacy Benefit Manager (PBM)
Milliman	Actuarial support
Med Rx360	Medicaid Recovery Audit Contractor (RAC)
First Medical	Managed Care Organization (MCO)
Medicaid y Mucho Más	MCO
Molina	MCO
Triple-S Salud, Inc.	MCO
Menonita	MCO

PRMP Vendor/Contractor	Role
Mercer	Federal legislation and Medicaid program requirements advisors
Milliman MedInsight	Beneficiaries utilization database

The Establish Business Relationship (BR01) business process uses a mix of manual and automatic processes to gather, store, share, and submit information to its business partners. PRMP worked to determine which specific data points and metrics the PRME should measure to most effectively reflect achievement of business priorities or avoidance of risk. Standard KPIs define the data exchange requirements, security protocols, and privacy requirements being used when a business relationship is established with intrastate agencies and vendors. This business process was assessed at an As-Is Level 2.

The Manage Business Relationship Communication (BR02) business process is supported by contractual agreements, MOUs, and EDI with intrastate agencies, MCOs, and other vendor relationships. PRMP shares information with business partners using SFTP, and information is de-identified to help ensure the security of any Protected Health Information (PHI). Provider inquiries are managed via email, call centers, or through the provider portal.

Formal communications are signed by the PRDoH Executive Director and managed through the PRDoH Communications Area. Communication plans are standard across all PRMP vendors and forwarded to CMS for approval. Communication plans are internal to the agency and are available upon request.

Informal or operational communications to business partners can come from the PRMMIS Operations Manager or the business area receiving the inquiry. The As-Is maturity for this process was assessed at an As-Is Level 2.

The Manage Business Relationship Information (BR03) business process for the MCOs is managed by ASES through an internal ShareFile system managed by its IT Department. The ShareFile folder established for all MCOs contains templates for the input of specific information required by ASES. Attachment 12 of the MCO contracts includes a listing of all reports required for delivery to ASES along with their initial submission dates and frequency.

PRMP uses contracts that define the requirements and management expectations of the information being shared with its business partners. Currently, the information exchange with providers is one way through the provider portal. Providers can update information through the portal; however, ASES and PRMP do not reply or provide information directly back to providers using the portal. If PRMP needs to communicate directly to a provider, they will send an email to the provider with that contains with a link to a secure site, which is accessed by a unique provider identification number assigned by PMRP. The As-Is MITA maturity for BR03 is Level 2.

Per the terms of the MCO contracts held by ASES, termination of a business relationship can be by the following events:

- MCO default with any terms of contract upon 30 calendar days' notice
- Immediately in the event of MCO insolvency or bankruptcy

- Immediately for non-sufficient funding for payment of ASES' obligation under the contract
- An MCO shareholder, director, officer, or employee is under investigation, has been accused, convicted, or sentenced to prison for any crime involving corruption, fraud, embezzlement, or unlawful appropriation of public funds

ASES issues a written notice of termination to the MCO by certified mail, return receipt requested, or in person with evidence of delivery of the termination notice to the provider. Contract termination is effective at 11:59 p.m. EDT on the termination date of the contract.

In most cases, the business relationship terminates once the contract expires, and the vendor is not rehired. Upon contract termination, the vendor must provide any contractually required data to PRMP via a transition plan, which varies on a case-by-case basis. The Terminate Business Relationship (BR04) business process consists primarily of manual activities; therefore, the As-Is maturity is at a Level 1.

### **Vision**

The To-Be environment is envisioned at Level 2 for this business area. Future MES objectives include further defining and documenting PRMP and PRDoH's policies and procedures to support BR management and the Medicaid Enterprise. Policy areas to be addressed include the following:

- PRMP Desk-Level Procedure (DLP) documents: Allow PRMP staff and its business partners the ability to align according to standardized processes. This supports formalized and coordinated processes that increase productivity and transparency, and reduce the risk of errors, compliance incidents, and the appearance of unfair or unethical partnership awards or terminations.
- Identification and description of open interfaces: Providing open interfaces helps to create and maintain long-term, effective, and efficient business relationships. The removal of unnecessary barriers to Medicaid data allows business partners to work more efficiently and increases the success rate of the projects and initiatives they have been contracted to perform. It also can reduce manual efforts and the amount of time spent by Medicaid staff in gathering, formatting, and sending data to business providers.

### **Gap Analysis**

In 2020, the As-Is BR business area maturity is assessed at Level 1 for the BA, IA, and TA. The BR business area is envisioned to improve to Level 2 maturity for the BA as well as the To-Be environments for the IA and TA. Below are improvements to the BR business processes that will result in increased maturity.

The To-Be MITA maturity levels for the Establish Business Relationship (BR01) and Manage Business Relationship Communication (BR02) business processes are expected to mature from an As-Is Level 2 to a To-Be Level 3. PRMP is increasing the use of KPIs during the development of Trading Partner Agreements (TPAs), Memoranda of Understanding (MOU) with other agencies, and EDI agreements with providers and carriers. Currently, PRMP is using

SLAs to help ensure the timeliness of a vendor’s response to inquiries and increasing the use of vendor solutions that offer configurable data management capabilities.

The To-Be MITA maturity level of the Manage Business Relationship Information (BR03) business process is expected to mature to from an As-Is Level 2 to a To-Be Level 3. PRMP plans to be in compliance with the new CMS Interoperability and Patient Access rule in 2022. PRMP’s compliance to the new rule will allow healthcare data to flow freely between payers, providers, and patients, and will increase the automation of data collection. Increasing the automation of data collection improves the reliability of internal and external sources of information.

The To-Be MITA maturity level of the Terminate Business Relationship (BR04) business process is anticipated to mature to from an As-Is Level 1 to a To-Be Level 2. PRMP’s adoption of the CMS Interoperability and Patient Access Rule will support a maturity increase in this process by making provider directory information publicly available via a standards-based API.

**Solution**

Compliance with the new CMS Interoperability and Patient Access Rule will help the Manage Business Relationship Information (BR03) and Terminate Business Relationship (BR04) business processes gain MITA maturity in the future. The new rule requires SMAs to develop systems that will support the seamless exchange of provider information and drive system interoperability to increase patient and provider access to health information using Federally Facilitated Exchanges (FfEs).

Increased use of KPIs and SLAs into new contracts and renewals, MOUs, and other data exchange agreements will help increase the maturity of the Establish Business Relationship (BR01) and Manage Business Relationship Communication (BR02) business processes. PRMP has committed to implement stronger vendor engagement and strategic planning processes, especially for healthcare delivery contracts, by utilizing requests for information or other mechanisms to identify current challenges, innovations, and opportunities.

The MMIS Phase III activities require technical architecture designs addressing requirements that include, but are not limited to: modularity, scalability, capacity, extensibility, adaptability, performance, availability, stability, and security. Phase III solutions will operate in cloud environments, and vendors will be held responsible for ensuring the privacy and security of all PRMP data gathered, exchanged, and stored for the administration of the Medicaid program.

**Table 5: Business Area – BR Maturity Level Profile BA**

BR Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
BR01 – Establish Business Relationship	Maturing		As-Is	To-Be		

BR Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
BR02 – Manage Business Relationship Communication	Maturing		As-Is	To-Be		
BR03 – Manage Business Relationship Information	Maturing		As-Is	To-Be		
BR04 – Terminate Business Relationship	Maturing	As-Is	To-Be			

**IA Maturity Assessment**

The IA maturity levels for BR are identified in the table below. Most business relationship processes are expected to increase to a MITA maturity To-Be Level 3 through the adoption of the PRME Data Governance Plan. The governance plan supports enterprise modeling, industry standards, and other nationally recognized standards for intrastate exchange of information. Overall PRME business objectives include strengthening the trust in and improving the quality of data across the Medicaid Enterprise, which will be accomplished through increased use of open interfaces, compliance to the CMS Interoperability Rule, and continued integration of disparate systems across the PRME.

**Table 6: Business Area – BR Maturity Level Profile IA**

BR Business Area – Maturity Level Profile (IA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
BR 01 – Establish Business Relationship	Maturing		As-Is	To-Be		
BR 02 – Manage Business Relationship Communication	Maturing		As-Is	To-Be		
BR 03 – Manage Business Relationship Information	Maturing		As-Is	To-Be		
BR 04 – Terminate Business Relationship	Maturing	As-Is	To-Be			

**TA Maturity Assessment**

The BR Business Area TA is at a maturity Level 2 in the As-Is and To-Be environments. Recent trading partner agreements between ASES and the MCOs include selected ASC X12N

standards as applicable for all data dictionaries, segment dictionaries, code sets, and transmission controls referenced in those standards. Specifically, trading partners will send ASES the following documents:

- X12N837 I – Health Care Claim/Encounter: Institutional
- X12N837 P – Health Care Claim/Encounter: Professional
- X12N837 D – Health Care Claim/Encounter: Dental
- NCPDP D.0 – Pharmacy Post-Adjudication Transactions

The TA for this business area has made improvements with the implementation of Extensible Markup Language (XML) reporting process and automation through the ShareFile application used by ASES. The following systems were identified as composing the current BR TA in the PRME:

- PRMMIS
  - Provider Eligibility Portal
  - Eligibility and Enrollment (E&E) System
- MIP (ASES Financial System)
- SharePoint
- ASES ES system

**Table 7: Business Area – BR Maturity Level Profile TA**

BR Business Area – Maturity Level Profile (TA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
BR 01 – Establish Business Relationship	Maturing		As-Is	To-Be		
BR 02 – Manage Business Relationship Communication	Maturing		As-Is	To-Be		
BR 03 – Manage Business Relationship Information	Maturing		As-Is	To-Be		
BR 04 – Terminate Business Relationship	Maturing	As-Is	To-Be			

## 6.2 Care Management (CM)

The CM business area encompasses nine business processes supporting the care of individuals and specific populations. The CM business area also includes the promotion of targeted health education and awareness outreach, registries, and authorization of Medicaid services and payment.

The CM business area includes the following business processes:

- Establish Case (CM01)
- Manage Case Information (CM02)
- Manage Population Health Outreach (CM03)
- Manage Registry (CM04)
- Perform Screen and Assessment (CM05)
- Manage Treatment Plan and Outcomes (CM06)
- Authorize Referral (CM07)
- Authorize Service (CM08)
- Authorize Treatment Plan (CM09)

### **Medicaid Enterprise MITA 3.0 Business Area Assessment**

During the 2020 MITA 3.0 SS-A AU, many of the processes in the CM business area have achieved As-Is Level 1 and Level 2 in maturity; however, the overall MITA maturity for the CM business area remains at Level 1 for As-is and is expected to mature to Level 2 in the To-Be environment.

ASES uses the CMS MCO contract template and updates the standard MCO contract every two years. During the COVID-19 Public Health Emergency, ASES ensured coverage of the vaccine and protection of services through a series of orders to the MCOs and expanded MCO contracts to include telemedicine visits.

ASES monitors MCO CM quality through a pre-contract onboarding process, review of MCO standard operating procedures and policies, oversight, and audits. The Comprehensive Oversight Monitoring and Planning (COMP) tool routes reports and identifies anomalies, improving ASES monitoring and audit capability.

Carriers send encounters and claims to ASES and the PRMMIS, and the PRMMIS creates and sends T-MSIS reports to CMS. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) reporting is included in the T-MSIS submission.

Planned solution enhancements that will combine to advance the CM business area maturity to Level 2 in the To-Be environment include:

- HIE expansion and adoption

- CMS Interoperability Standards compliance
- PRMMIS and ASES data warehouse integration
- MEDITI3G Eligibility and Enrollment System
- MMIS Phase III

### **BA Maturity Assessment**

The overall BA maturity level for the CM business area has matured from As-Is Level 1 in 2019 to As-Is Level 2 for the majority of CM processes in 2020. All processes in this business area have been automated to the fullest extent possible within the enterprise, resulting in a less labor-intensive workflow and improved access, efficiency, and accuracy. Two business processes, Manage Case Information (CM02) and Manage Treatment Plan and Outcomes (CM06), increased to Level 2. The process maturity achieved was due to:

- Automation of carrier reporting through the use of the XML format
- Improvements in data sharing between ASES and PRMMIS through the ASES Enterprise System (ASES ES) data warehouse
- Electronic documentation management
- Improved communications through business rules and electronic forms

### **HIT Assessment Findings**

In the HIT assessment submitted in July 2020, BerryDunn cross walked the CM processes to HIT capabilities and identified all nine CM processes as impacted by HIT capability implementation in the To-Be environment. HIT capabilities are related to CM among patient engagement, clinical, public health, and master patient index categories.<sup>7</sup> The implementation outcome provides opportunity for maturity of the business processes by the data exchange, analytics and reporting, and promotion of interoperability to yield alignment with PRMP's vision to "leverage technology advancements to improve healthcare outcomes for its citizens."<sup>8</sup>

The As-Is HIT environment of the PRMES includes the PRMMIS and the MEDITI3G Eligibility and Enrollment system. The following system implementations are currently operational:

- PRMMIS Phase I was implemented in March 2018 and certified by CMS January 2020; includes claims, encounters, and risk-based capitation payments processed by MCOs
- PRMMIS Phase II was implemented in April and May 2020 releases and certified by CMS in December 2020; includes all capabilities of case tracking, provider enrollment, and provider screening via the PEP<sup>74</sup>

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<sup>7</sup> Puerto Rico Department of Health. Health Information Technology Assessment Report. July 2020

<sup>8</sup> Source: PRMP MMIS and E&E Medicaid Update (MS PowerPoint Presentation), January 2020

- MEDITI3G Release 1 was implemented in May 2021 and certified by CMS for go-live in April 2021; includes enrollment through Citizen and Caseworker portals and authorization from CMS to connect to the Federal Data Services Hub (FDSH)

MEDITI3G Release 2 is expected to occur in the To-Be environment that leverages increased automation, data verification, reporting, and additional enhancements that might lead to opportunities for maturity in CM.

The HIE is currently connecting multiple EHR customers, laboratory systems, public health registries, and many other stakeholders to promote a network that is anticipated to support the care of populations in the To-Be environment.

Provider and patient portals could be used as a method to promote patient education and outreach and broaden the CM business area in the To-Be environment via increased health information access across various electronic mediums, including a mobile application. Expanded hospital and individual provider participation in the HIE will promote interoperability and support many current and planned public health registries and disease surveillance programs.

Puerto Rico's 2021 contract with Health Gorilla<sup>9</sup> supports To-Be expectations established in the HIT Assessment, including:

- Aggregation and normalization of clinical data across the enterprise
- National data standards, cloud-based storage, Master Patient Index, and a Master Dataset
- Analytics and reporting capabilities for population management
- Healthcare Effectiveness Data and Information Set (HEDIS) and other quality metric reporting

PRMP has a vision to encourage the future use of the HIE by carriers. As the HIE becomes more robust, PRMP will need to revise carrier contracts to fully realize HIE benefits to Medicaid.

### **Vision**

A MITA Executive Visioning Session was conducted for the 2020 SS-A AU, and system interoperability and HIE/EDW were identified as basic building elements to achieving Value-Based Care, interoperability compliance, and population health management. A later phase of MMIS Phase III includes a vision for an immunization tracking system for EPSDT.

The To-Be environment for the CM BA is envisioned at Level 2. All nine CM processes are expected to increase in MITA maturity following implementation and adoption of the HIE. HIE

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<sup>9</sup> Puerto Rico Department of Health. Professional Services Agreement for the Puerto Rico Medicaid Program Health Information Technology "HIT" March 2021

data exchange projects allow for automation of patient identification and tracking of patient treatment plans, health outcomes, immunization registry, and disease management.

The To-Be IA and TA environments are envisioned at Level 3. CM processes will mature through the use of web-based communications, enhanced reporting capabilities, and improved vendor communications, which could allow for:

- Standardization
- Electronic forms
- Access to HIE and EHR data
- Automation via alerts
- Increases in efficiency and accuracy on a broader scale across the enterprise through improved use of business rules

### Gap Analysis

All nine processes will mature over the next five years through advancements in data exchange and standardization from improvements to reporting and implementation of HIE/EDW.

Five processes are expected to mature from the current As-Is MITA maturity Level 2 to Level 3:

- Establish Case (CM01)
- Manage Case Information (CM02)
- Manage Population Health Outreach (CM03)
- Perform Screening and Assessment (CM05)
- Manage Treatment Plan and Outcomes (CM06)

Four CM processes are expected to mature from the current As-Is MITA maturity Level 1 to Level 2:

- Manage Registry (CM04)
- Authorize Referral (CM07)
- Authorize Service (CM08)
- Authorize Treatment Plan (CM09)

Recommended actions to achieve To-Be maturity include:

- Increased intrastate information exchange, with a target of 95% efficiency
- Increased use of the MITA 3.0 Framework, as well as industry and national standards for information exchange

- Developing a strategy for data exchange to allow greater access to patient health information at the point of decisions about patient care

### Description of Gaps

The To-Be MITA maturity level of the Establish Case (CM01) process is expected to mature to Level 3 following implementation of data exchange improvements planned as part of upcoming HIE projects to allow for tracking of patient treatment plans, health outcomes, and disease management.

The To-Be MITA maturity level of the Manage Case Information (CM02) process is expected to mature to Level 3 after implementation of the HIE, which might enable tracking of patient treatment plans, health outcomes, and disease management.

The To-Be MITA maturity level of the Manage Population Health Outreach (CM03) process is expected to mature to Level 3. Data exchange improvements planned as part of HIE projects are expected to allow increased collaboration and data sharing. The PRMMIS and ASES ES are collecting encounters and claims information that could be analyzed to develop priorities for outreach.

The To-Be MITA maturity level of the Manage Registry (CM04) process is expected to increase to Level 2. Planned opportunities for advancement in maturity are anticipated with implementation of the 2021 HIT contract implementing Health Gorilla technology across major lab networks to enable sending real-time COVID-19 data in accordance with CMS security standards to the PRDoH Epidemiology Department to facilitate tracking, prevention, and treatment.<sup>93</sup>

The To-Be MITA maturity level of the Perform Screening and Assessment (CM05) process is expected to mature to Level 3 as a result of data exchange improvements planned as part of HIE projects to allow tracking patient health information, facilitating evaluations and recording results.

The To-Be MITA maturity level of the Manage Treatment Plan and Outcomes (CM06) process is expected to mature to Level 3 as a result of data exchange improvements planned as part of HIE projects to allow tracking of patient treatment plans, health outcomes, and disease management.

The To-Be MITA maturity level of the Authorize Referral (CM07) process is expected to mature to Level 2. Data exchange improvements planned as part of HIE projects might allow increased collaboration, data sharing, and use of business rules in decision-making.

The To-Be MITA maturity level of the Authorize Service (CM08) process is expected to mature to Level 2. Data exchange improvements planned as part of HIE projects might allow increased collaboration, data sharing, and use of business rules in decision-making.

The To-Be MITA maturity level of the Authorize Treatment Plan (CM09) process is expected to mature to Level 2 as a result of planned HIE improvements to enable more agile business rule changes and data exchange.

**Solution**

The implementation of the HIE is integral to increasing the maturity of the CM Business Area. HIT initiatives such as EHR adoption and interoperability compliance promote greater HIE usage and access to patient health information for providers and Medicaid.

The MEDITI3G system determines eligibility and assigns the beneficiary an eligibility category. ASES receives the eligibility data and assigns beneficiaries to an MCO as part of member enrollment. Eligibility data sent to the PRMMIS includes indicators used to associate beneficiaries with claims, encounters, and coverage codes.

The MMIS Phase III envisions integration of PRMP data and ASES ES into a PRMP data warehouse. With access to beneficiary, provider, and payment information, PRMP could define criteria for moving beneficiaries into and out of the HCHN registry and eligibility category and communicate beneficiary eligibility group reassignment seamlessly to MCOs.

These solutions will enhance the capabilities of processes in the CM business activities, along with implementing enhanced use of electronic data exchange through electronic forms and use of the ShareFile for storage, management, and reporting of vendor and data partner agreements and business rules.

**Table 8: Business Area – CM Maturity Level Profile BA**

Business Area – CM Maturity Level Profile BA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
CM01 – Establish Case	Maturing		As-Is	To-Be		
CM02 – Manage Case Information	Maturing		As-Is	To-Be		
CM03 – Manage Population Health Outreach	Maturing		As-Is	To-Be		
CM04 – Manage Registry	Maturing	As-Is	To-Be			
CM05 – Perform Screening and Assessment	Maturing		As-Is	To-Be		
CM06 – Manage Treatment Plan and Outcomes	Maturing		As-Is	To-Be		
CM07 – Authorize Referral	Maturing	As-Is	To-Be			

Business Area – CM						
Maturity Level Profile BA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
CM08 – Authorize Service	Maturing	As-Is	To-Be			
CM09 – Authorize Treatment Plan	Maturing	As-Is	To-Be			

**IA Maturity Assessment**

The CM business area IA remains at Level 2 in the As-Is environment and will mature to Level 3 in the To-Be environment through the use of the enhanced data collection, analytics, reporting, and data exchange now available to the enterprise through XML automation of MCO reporting.

Greater efficiency, accuracy, and utility to stakeholders, along with improvements related to accessing information will result through automation of:

- Standard web-based communications
- Electronic forms
- Communications automation through the use of business-rules-driven alerts
- Document management workflows

Provider enrollment systems include data models for the electronic data exchange between the enrollment system and state and federal agency licensing systems. The newly implemented eligibility system will help with population health models to enhance the current environment and plans for the future will help ensure further maturity in the To-Be environment. The planned HIT implementation supports the IA with data governance and standardization plans to achieve greater knowledge of the data used in this business area and improve access, accuracy, and CM processes.

**Table 9: Business Area – CM Maturity Level Profile IA**

Business Area – CM						
Maturity Level Profile IA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
CM 01 – Establish Case	Maturing		As-Is	To-Be		
CM 02 – Manage Case Information	Maturing		As-Is	To-Be		
CM 03 – Manage	Maturing		As-Is	To-Be		

Business Area – CM						
Maturity Level Profile IA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
Population Health Outreach						
CM 04 – Manage Registry	Maturing		As-Is	To-Be		
CM 05 – Perform Screening and Assessment	Maturing		As-Is	To-Be		
CM 06 – Manage Treatment Plan and Outcomes	Maturing		As-Is	To-Be		
CM 07 – Authorize Referral	Maturing		As-Is	To-Be		
CM 08 – Authorize Service	Maturing		As-Is	To-Be		
CM 09 – Authorize Treatment Plan	Maturing		As-Is	To-Be		

### TA Maturity Assessment

ASES requires vendors to conform with standards and regulations defined by organizations such as CMS and World Wide Web Consortium (W3C); and with those standards and regulations designated within the HIPAA, Code of Federal Regulations (CFRs), and the HITECH Act and HIE. Increased use of standards and automation have improved data quality and position Medicaid to mature CM as the HIE is further implemented and adopted.

CMS certified two phases of the PRMMIS and the first release of MEDITI3G. By implementing PRMMIS Phase III, PRMES will further align with the CMS MITA Technical Architecture and enable shared use and modularity to eliminate barriers between different applications and diverse data types. PRMMIS and MEDITI3G implementations and enhancements use a modular, flexible approach to solution development, separation of standardized business rule definitions from core programming, security and privacy compliance, and the availability of standardized business rule definitions in both human and machine-readable formats.

The CM business area TA is assessed at Level 2 in the As-Is environment and will mature to Level 3 in the To-Be environment. Improvements in PRMMIS, MEDITI3G, and HIE adoption will increase CM business area maturity and help PRMP realize the vision of value-based care and population health management.

The following systems comprise the CM TA in the PRME:

- PRMMIS
- MEDITI3G Eligibility and Enrollment System
- ASES ES
- HIE
- Carrier Electronic Claims Management (ECM)
- Prior Authorization (PA) Systems
- Pharmacy/Clinical Web Portal
- ASES Comprehensive Oversight Monitoring Pool (COMP) tool
- Micro Information Processing (MIP) – ASES Accounting System
- Carrier Case Management Systems
- MCO website
- Virtual meeting tool

**Table 10: Business Area – CM Maturity Level Profile TA**

Business Area – CM Maturity Level Profile TA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
CM 01 – Establish Case	Maturing		As-Is	To-Be		
CM 02 – Manage Case Information	Maturing		As-Is	To-Be		
CM 03 – Manage Population Health Outreach	Maturing		As-Is	To-Be		

Business Area – CM						
Maturity Level Profile TA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
CM 04 – Manage Registry	Maturing		As-Is	To-Be		
CM 05 – Perform Screening and Assessment	Maturing		As-Is	To-Be		
CM 06 – Manage Treatment Plan and Outcomes	Maturing		As-Is	To-Be		
CM 07 – Authorize Referral	Maturing		As-Is	To-Be		
CM 08 – Authorize Service	Maturing		As-Is	To-Be		
CM 09 – Authorize Treatment Plan	Maturing		As-Is	To-Be		

### 6.3 Contractor Management (CO)

The CO business area includes nine business processes. These business processes include the solicitation, management, and closeout of administrative and health services contracts with state contractors. Contractors are defined as vendors (i.e., entities that assist the state by performing prescribed work).

The following CO business processes were assessed in this update:

- Manage Contractor Information (CO01)
- Manage Contractor Communication (CO02)
- Perform Contractor Outreach (CO03)
- Inquire Contractor Information (CO04)

- Produce Solicitation (CO05)
- Award Contract (CO06)
- Manage Contract (CO07)
- Close Out Contract (CO08)
- Manage Contractor Grievance and Appeal (CO09)

### **Medicaid Enterprise MITA 3.0 Business Area Assessment**

During the 2020 MITA 3.0 SS-A AU, the CO business area As-Is maturity is assessed at Level 2 within the BA because of increased automation to accomplish tasks in several business processes. The improvement in business process maturity over the 2019 MITA 3.0 SS-A AU is also due to the reduction of manual processes and the increased use of electronic methods for sharing and communicating contract information with vendors. The contract information management, contractor communication, and inquiries for contract information to vendors are often completed using email, SharePoint, ShareFile, Secure FTP Service, portals, and automated reporting in XML format. PRMP has contracts with several vendors including a call center, solution vendors for the PRMMIS and eligibility system, an EOMC vendor, among others. ASES also has contracts with several vendors including an actuarial vendor and Medicaid Managed Care carriers, among others.

### **BA Maturity Assessment**

The CO business area As-Is maturity and To-Be environment are both at Level 2 based on the assessment of BA capability for each business process. The MITA maturity for the CO business area has improved overall since the Puerto Rico 2019 MITA 3.0 SS-A AU was conducted. In the 2019 MITA SS-A AU, the overall As-Is and To-be maturity levels of CO were assessed at Level 1. This business area increased to Level 2 in the As-Is state due to the implementation of electronic methods to perform tasks. There are also MMIS Phase III system requirements that show how PRMP is supporting the standardization and optimization of contract language for vendors. Although PRMP and ASES maintain separate internal contract management processes, there is data sharing between these agencies. In addition, there is a project that intends to integrate data sharing across PRMP and ASES by consolidating contractual information in a searchable format. These improvements in data sharing have improved the BA with increased accessibility, collaboration between agencies, process automation, and reduction in manual effort to complete processes.

### **Vision**

The To-Be environment for the CO Business Area is envisioned at Level 2. PRMP and ASES have expressed a desire to enhance some CO processes such as Inquire Contractor Information (CO04). Regarding this process, both PRMP and ASES are developing a transparency tool. The PRMP tool is for internal and external use by individuals wanting to conduct further research of PRMP's contracts, and ASES has been developing a tool for information related to FOIA requests, publishing professional services, prior awards, among others. PRMP's tool is being developed and is expected to launch in August 2021. This

transparency tool is intended for all types of contracts and will be public and available in PRMP's website. PRMP will also make the transparency tool available to ASES.

Regarding the Produce Solicitation (CO05) business process, PRMP is currently reviewing procurement processes. PRMP is working on open bid processes and additional transparency in the contracting process as required by the new Governor Executive Order for current and future RFPs. PRMP is also following GAO report recommendations regarding competitive procurement and anticipates more RFP processes resulting from those report recommendations. In 2020, ASES began working on revising its contracting practices and procurement processes and has developed a workplan to address the GAO recommendations.

Regarding the Award Contract (CO06) business process, PRMP is looking to build a department through reorganization efforts to support contract awards and CO05 processes. PRMP contracts would still need to be approved and executed by the Legal Department of PRDoH. ASES has a Procurement Manager contractor and is also working toward building a Procurement Department for RFPs and RFQs in its workplan.

Regarding the Manage Contract (CO07) business process, PRMP is revising its current methodology and looking forward, maturing as a contracting division. As mentioned previously, PRMP anticipates changes to the contract language and modifications to the contracting process for vendors. For example, in the Close Out Contract (CO08) process, PRMP added new clauses in the contracts with requirements for the vendors in case PRMP terminates the vendor. Another clause was added allowing PRMP to cancel a contract within 30 days for performance.

### **Gap Analysis**

The current As-Is and To-Be Environment for the CO Business Area maturity are assessed at Level 2 for the BA, IA, and TA. One process, CO01 Manage Contractor Information, is expected to mature to Level 3.

### **Description of Gaps**

The To-Be maturity level of Manage Contractor Information (CO01) will improve from Level 2 to Level 3 due to increased automation and use of electronic methods and systems to submit information and automate the generation of reports. Currently, the only manual process is the review of the reports and data.

### **Solution**

The MMIS Phase III Enhancement project and subsequent procurements will support greater maturity for the CO business area. The envisioned solution for contract requirements is intended to continue improving contracting practices and vendor requirements. PRMP is also currently working on revising its solicitation and vendor award processes. Both agencies are also working on a transparency tool that will facilitate the access to documentation electronically. The transparency tool and increased automation for managing contractor information will help raise the maturity of this business area within the next five years.

**Table 11: Business Area – CO Maturity Level Profile BA**

CO Business Area – Maturity Level Profile (BA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
CO 01 – Manage Contractor Information	Maturing		As-Is		To-Be		
CO 02 – Manage Contractor Communication	Non-Maturing		As-Is	To-Be			
CO 03 – Perform Contractor Outreach	Non-Maturing		As-Is	To-Be			
CO 04 – Inquire Contractor Information	Non-Maturing		As-Is	To-Be			
CO 05 – Produce Solicitation	Non-Maturing		As-Is	To-Be			
CO 06 – Award Contract	Non-Maturing		As-Is	To-Be			
CO 07 – Manage Contract	Non-Maturing		As-Is	To-Be			
CO 08 – Close Out Contract	Non-Maturing		As-Is	To-Be			
CO 09 – Manage Contractor Grievance and Appeal	Non-Maturing		As-Is	To-Be			

### IA Maturity Assessment

The IA maturity levels for CO are identified in the table below. Most business processes are expected to increase to Level 3 in maturity. The improvements facilitating the maturity of the IA include the automation of MCOs’ report files in XML format, the Project Management Office (PMO) system that is used to process change requests regarding contract amendments, and the use of SFTP for communication between state agencies and contractors. These functions help standardize structure for automated electronic intrastate interchanges and interoperability between agencies. The new transparency tool will also enhance the current environment and plans for future improvements, resulting in further maturity in the To-Be environment.

The IA for CO has been assessed at Level 2 with seven of the nine processes maturing to Level 3 due to the increased use of electronic methods for data management and sharing, which is supported by the following data exchange partners:

- PRDoH
- CMS
- PRMP
- ASES
- FOMB
- OMB
- OGP
- Carriers
- Oficina del Contralor
- Contractor

**Table 12: Business Area – CO Maturity Level Profile IA**

CO Business Area – Maturity Level Profile (IA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
CO 01 – Manage Contractor Information	Maturing		As-Is		To-Be		
CO 02 – Manage Contractor Communication	Maturing		As-Is		To-Be		
CO 03 – Perform Contractor Outreach	Maturing		As-Is		To-Be		
CO 04 – Inquire Contractor Information	Maturing		As-Is		To-Be		
CO 05 – Produce Solicitation	Maturing		As-Is		To-Be		
CO 06 – Award Contract	Non-Maturing		As-Is	To-Be			

CO Business Area – Maturity Level Profile (IA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
CO 07 – Manage Contract	Maturing		As-Is		To-Be		
CO 08 – Close Out Contract	Non-Maturing		As-Is	To-Be			
CO 09 – Manage Contractor Grievance and Appeal	Maturing		As-Is		To-Be		

### TA Maturity Assessment

Most of the TA As-Is maturity levels assessed in this update for the CO business processes are Level 2 for the As-Is state and the To-Be environment. Some of the following systems compose the CO TA in the PRME:

- SFTP
- ShareFile
- SharePoint
- PMO System
- PRDoH Website
- ASES Website
- ASES ES
- Email
- Phone

Within this architecture, only one of the processes has achieved As-Is maturity Level 2 and is expected to mature to Level 3 in the To-Be environment through the use of performance measures, the implementation of the transparency tool, and the increased use of electronic methods to amend and manage vendor information. PRMP is adopting the MITA Framework and industry standards, leading to increase technical interoperability.

**Table 13: Business Area – CO Maturity Level Profile TA**

CO Business Area – Maturity Level Profile (TA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
CO 01 – Manage Contractor Information	Maturing		As-Is		To-Be		
CO 02 – Manage Contractor Communication	Non- Maturing		As-Is	To-Be			
CO 03 – Perform Contractor Outreach	Non- Maturing		As-Is	To-Be			
CO 04 – Inquire Contractor Information	Non- Maturing		As-Is	To-Be			
CO 05 – Produce Solicitation	Non- Maturing		As-Is	To-Be			
CO 06 – Award Contract	Non- Maturing		As-Is	To-Be			
CO 07 – Manage Contract	Non- Maturing		As-Is	To-Be			
CO 08 – Close Out Contract	Non- Maturing		As-Is	To-Be			
CO 09 – Manage Contractor Grievance and Appeal	Non- Maturing		As-Is	To-Be			

## 6.4 Eligibility and Enrollment (EE)

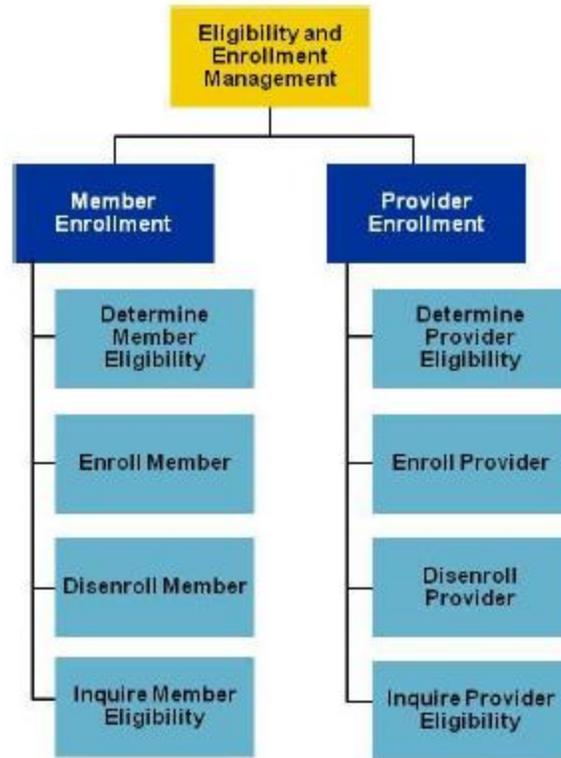
The EE Business Area is divided into two categories, organized based on CMS guidance: Member Enrollment and Provider Enrollment, each containing four processes. This Business Area is responsible for the EE information of the member data store as well as the provider data store.

The business processes in the Member Enrollment category facilitate the determination of Medicaid eligibility for new prospective members, redetermination for existing members, and enrolling and disenrolling members.

The Provider Enrollment business category and related business processes focus on the activities necessary to determine if a provider is eligible to provide services to Medicaid recipients. Provider eligibility determination helps ensure patient safety and fraud prevention through functions such as determining screening level (i.e., limited, moderate, or high) for provider verifications. These processes share a common set of provider-related data for determination of eligibility, enrollment, and inquiry to provide services. The business processes in this area also address the steps in the process necessary to disenroll a provider and the means to inquire provider information.

The EE Business Area includes eight business processes:

- Determine Member Eligibility (EE01)
- Enroll Member (EE02)
- Disenroll Member (EE03)
- Inquire Member Eligibility (EE04)
- Determine Provider Eligibility (EE05)
- Enroll Provider (EE06)
- Disenroll Provider (EE07)
- Inquire Provider Information (EE08)



**Medicaid Enterprise MITA 3.0 Business Area Assessment**

During the 2020 MITA 3.0 SS-A, the overall As-Is business maturity level for EE is assessed at Level 2 with To-Be maturity increasing to Level 3.

PRMP has implemented MEDITI3G and the PEP. MEDITI3G allows applicants to apply online via the citizen portal and to upload scanned documents for verification by caseworkers as needed. Caseworker assignments are now determined from an automated queue, and ex parte renewal functionality is available.

The second major release of MEDITI3G, planned for September 2021, will include the ability for a member to submit a change of circumstance and renewals online via the citizen portal. Online appeals capability is planned for the January 2022 release. Each MCO performs enrolling and disenrolling members in response to daily eligibility updates from MEDITI3G.

The PEP is fully implemented and provides a secure enrollment site for Medicaid providers and authorized users to review Provider Enrollment applications, upload attachments, and view audit trails. Providers are also able to:

- Check the status of their enrollment
- Receive Medicaid training through the Learning Management System (LMS)
- Receive answers to their questions through the call center or from the PRMP Provider Enrollment Unit

The PEP provides a link to a web portal for provider applicants, State staff, and contractor staff to follow the Provider Enrollment process as set by the rules of the PRMP Provider Enrollment Administration. The portal includes information such as downloadable enrollment forms, claims and special billing forms, upcoming training announcements, field representatives' names and phone numbers, banner messages, a link to the agency website, frequently asked questions, and other state-approved materials.

The PRMMIS is the source of record for Medicaid provider information. MCOs are responsible for enrolling providers into health plans, and each MCO has its own process and system for Provider Enrollment. The PRMMIS sends provider data to the ASES ES, and ASES uses the PEP data to validate Provider Enrollment in Medicaid. MCOs do not share provider information with each other, but ASES ES maintains provider information from MCOs and PRMP.

Planned solution enhancements that will combine to advance the EE Business Area maturity to Level 3 include:

- Increased automation of data verification interfaces for member and provider eligibility
- PRMMIS Phase III Enhancements
- HIE expansion and adoption

### **BA Maturity Assessment**

The maturity of all EE processes increased to Level 2 due to the implementation of the MEDITI3G and PEP systems.

PRMP's implementation of MEDITI3G and the PEP have expanded PRMES capabilities in:

- Data sharing with partners across the enterprise
- Communication
- Use of electronic forms for data capture
- Use of the capabilities for reporting, analytics, and data retrieval
- Enhanced use of business rules
- Electronic information exchange between state and federal agencies, vendors, members, providers, and other stakeholders

MEDITI3G automates Modified Adjusted Gross Income (MAGI) eligibility, and PRMP is achieving compliance with MAGI eligibility policy through:

- CMS approval of MEDITI3G Operational Readiness Review in April 2021
- Submission of MAGI, Eligibility Process, and Application state plan amendments (SPA) to CMS in June 2021
- Submission of MAGI Verification Plan to CMS in July 2021
- Planned Certification Review in December 2021

PEP automates Provider Enrollment processes to achieve compliance with federal program integrity requirements. PRMP received final certification approval of the PEP from CMS in January 2021 as part of the MMIS Certification Review.

### **HIT Assessment Findings**

In the HIT assessment submitted in July 2020, BerryDunn identified the following HIE capabilities that would support the EE To-Be environment:

- Utilization of enterprise service bus (ESB) technology that leverages data from systems such as the PRMP's PDMP, PRMMIS, and MEDITI3G systems
- Promotion of reporting and patient portal initiatives supported by the data housed in an EDW
- Increased interoperability through a potential bi-directional connection between MEDITI3G and the HIE to share eligibility and benefit information to support provider understanding of treatment options covered by payers<sup>10</sup>
- Integration and access to PDMP data including prescriptions for controlled substances and insurance fraud investigation tools, supporting the Determine Provider Eligibility (EE05) process

### **Vision**

At the MITA Executive Visioning Session conducted for the 2020 SS-A AU, PRMP leadership identified these high priority objectives<sup>11</sup>:

- Simplify the data architecture and systems across the PRMES
- Establish the PRMMIS as the single source of truth for Medicaid data
- Provide more options for determining eligibility or accessing Medicaid services, including self-service kiosk

The To-Be environment for the BA, IA, and TA are at Level 3. EE processes will mature as:

- Automated interfaces are established with Puerto Rico agencies for data verification
- PRMP and ASES further integrate data across the PRMES
- Data exchange and interoperability with the HIE are established

### **Gap Analysis**

The current As-Is EE business area maturity is assessed at Level 2 and is envisioned to improve to Level 3 for the BA, IA, and TA. All processes are expected to mature.

### **Description of Gaps**

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<sup>10</sup> Puerto Rico Department of Health. Health Information Technology Assessment Report. July 2020

<sup>11</sup> 2020 MITA AU Executive Visioning Session Notes, March 2021

The To-Be maturity level of Determine Member Eligibility (EE01) is envisioned at Level 3. Implementation of MEDITI3G interfaces with Puerto Rico agencies will improve data access and accuracy; and system enhancements to reduce manual caseworker verification tasks could improve timeliness.

To-Be MITA maturity Level 3 is envisioned for the Enroll Member (EE02) process. Prior to start of work for the MMIS Phase III solution, PRMP anticipates that carriers will send X12 834 transaction files directly to the PRMMIS increasing data accuracy while integrating member enrollment/assignment data.

To-Be MITA maturity envisioned for the Disenroll Member (EE03) is Level 3. Data accuracy is expected to increase as MCOs send 834 transaction files to the PRMMIS to integrate member disenrollment data.

Inquire Member Eligibility (EE04) is expected to increase to To-Be Level 3. The MCO contract requires providers to verify member eligibility. MCOs respond to HIPAA X12 270 Eligibility/Benefit Request transactions with X12 271 Eligibility/Benefit Response transactions. Providers can also verify member eligibility using a lookup tool on the Medicaid website that is updated by MEDITI3G. HIE implementation could improve accessibility and timeliness in retrieving member eligibility information.

The MITA maturity level for the Determine Provider Eligibility (EE05) process is expected to increase to Level 3. PRMP has implemented the PEP to streamline and centralize the Provider Enrollment process. Some PEP processes for conducting background checks and verifying provider credentials with federal and State agencies are automated. PRMP plans for this process to include:

- Automating data exchange with more partners
- Automating collection of the application fee
- Simplifying the Provider Enrollment process by enabling a single point of contact for providers to enroll with multiple MCOs

To-Be MITA maturity Level 3 is envisioned for the Enroll Provider (EE06). PRMP plans for this process include updating MCO contracts to help ensure that:

- Providers not enrolled through PEP are not eligible for payment for Medicaid services
- Provider enrollment tasks performed by PEP do not require duplication by MCOs

The To-Be MITA maturity Level of the Disenroll Provider (EE07) process is expected to increase to Level 3 following further automation of data verification with PEP data partners. Data accessibility might be improved following the implementation of HIT data exchange initiatives.

The To-Be MITA maturity level of the Inquire Provider Information (EE08) process is expected to increase to Level 3. PRMP is implementing a Provider Verification Tool (PVT) that will be available on the Medicaid website in September 2021. PVT will help laboratories, pharmacies,

and all providers that receive a prescription or referral from a Medicaid provider to confirm that a provider is enrolled in Medicaid. PRMP also plans to centralize provider directories.

### **Solution**

The MITA maturity of the EE Business Area is expected to improve as:

- More interfaces automate member and provider verification data sources
- PRMP collaborates with other agencies to adopt HIPAA standards and EDI transactions
- Data integration within the PRMES and data sharing with the HIE progress

Automated interfaces for many data verification sources are used for MEDITI3G and the PEP. PRMP has received CMS Authority-to-Connect (ATC) approval for MEDITI3G based on security audits and testing, and MEDITI3G access to the Federal Data Services Hub (FDSH) for verification of member eligibility for those federal data sources used. PRMP has submitted a MAGI Verification Plan to CMS describing detailed data verification policy for compliance purposes. Implementation of essential MEDITI3G local interfaces is anticipated prior to the scheduled Certification Review in December 2021, and other local interfaces will be implemented in 2022 releases.

The PEP has full or partial automation for verification of provider data with System for Award Management (SAM); Provider Enrollment, Chain, and Ownership System (PECOS); and Office of Regulation and Certification of Professionals Board of Licensing and Medical Discipline (ORCPS). PRMP plans to create automated interfaces between PEP and data partners such as Mental Health and Anti-Addiction Services Administration (ASSMCA) and the Puerto Rico Background Check Program (PRBCP).

The MMIS Phase III solution envisions:

- Carriers sending beneficiary enrollment and disenrollment data via X12N 834 transactions directly to the PRMMIS, reducing validation time and increasing data reliability
- PRMMIS member and provider data stores verifying beneficiary eligibility for services that have been provided and provider eligibility to receive the capitation payment

Integration of PRMES and HIE EDW will provide an additional source of provider background information for Medicaid enrollment, including information regarding prescriptions for controlled substances and insurance fraud investigation. HIE implementation will also improve access to information regarding eligibility of members to receive services and enrollment of providers in Medicaid.

**Table 14: Business Area – EE Maturity Level Profile BA**

EE Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
EE 01 – Determine Member Eligibility	Maturing		As-Is	To-Be		
EE 02 – Enroll Member	Maturing		As-Is	To-Be		
EE 03 – Disenroll Member	Maturing		As-Is	To-Be		
EE 04 – Inquire Member Eligibility	Maturing		As-Is	To-Be		
EE 05 – Determine Provider Eligibility	Maturing		As-Is	To-Be		
EE 06 – Enroll Provider	Maturing		As-Is	To-Be		
EE 07 – Disenroll Provider	Maturing		As-Is	To-Be		
EE 08 – Inquire Provider Information	Maturing		As-Is	To-Be		

**IA Maturity Assessment**

The EE Business Area IA increased to Level 2 in the As-Is and is expected to increase to Level 3 in the To-Be environment. The MEDITI3G and the PEP IAs provide the foundation for shared data models, data definitions, and data standards to be developed across PRMES.

Further integration of PRMP and ASES data is enabling the PRMMIS to become the source of record for provider and member data, and improving efficiency, data access, accuracy, and utility to stakeholders.

The planned HIT implementation supports the IA with data governance and standardization plans to achieve greater knowledge of the data used and management of data.

Data Exchange Partners include:

- PRMP
  - PRMP Office of Inspector General (OIG)
- ASES

- MCOs
- Member/Applicant
- Provider
- Government Agencies
  - CMS
  - Departamento de la Familia
  - Office of Regulation and Certification of Professionals Board of Licensing and Medical Discipline (ORCPS)
  - Secretaría Auxiliary Acreditación de Facilidades de Salud (SARAFS)
  - Mental Health and Anti-Addiction Services Administration (ASSMCA)

**Table 15: Business Area – EE Maturity Level Profile IA**

EE Business Area – Maturity Level Profile (IA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
EE 01 – Determine Member Eligibility	Maturing		As-Is	To-Be		
EE 02 – Enroll Member	Maturing		As-Is	To-Be		
EE 03 – Disenroll Member	Maturing		As-Is	To-Be		
EE 04 – Inquire Member Eligibility	Maturing		As-Is	To-Be		
EE 05 – Determine Provider Eligibility	Maturing		As-Is	To-Be		
EE 06 – Enroll Provider	Maturing		As-Is	To-Be		
EE 07 – Disenroll Provider	Maturing		As-Is	To-Be		
EE 08 – Inquire Provider Information	Maturing		As-Is	To-Be		

### TA Maturity Assessment

The TA for this Business Area is assessed at Level 2 maturity in the As-Is and Level 3 in the To-Be environment, as outlined in the table below.

MEDITI3G and PEP implementations and enhancements use a modular, flexible approach to solution development, separation of standardized business rule definitions from core programming, security and privacy compliance, and the availability of standardized business rule definitions in both human and machine-readable formats.

The EE TA includes the following:

- PRMMIS
  - PEP
- MEDITI3G
- ASES Core
- ASES ES
- Federal Data Service Hub (FDSH)
- PVT
- Puerto Rico Hub for local interfaces
- Carrier systems
  - MCO ECM
- Public Assistance Reporting Information System (PARIS)
- System for Award Management (SAM)
- CMS Data Exchange System (DEX)
- PECOS
- Mail
- EDI
- Email

**Table 16: Business Area – EE Maturity Level Profile TA**

EE Business Area – Maturity Level Profile (TA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
EE 01 – Determine Member Eligibility	Maturing		As-Is	To-Be		

EE Business Area – Maturity Level Profile (TA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
EE 02 – Enroll Member	Maturing		As-Is	To-Be		
EE 03 – Disenroll Member	Maturing		As-Is	To-Be		
EE 04 – Inquire Member Eligibility	Maturing		As-Is	To-Be		
EE 05 – Determine Provider Eligibility	Maturing		As-Is	To-Be		
EE 06 – Enroll Provider	Maturing		As-Is	To-Be		
EE 07 – Disenroll Provider	Maturing		As-Is	To-Be		
EE 08 – Inquire Provider Information	Maturing		As-Is	To-Be		

## 6.5 Financial Management (FM)

The Financial Management (FM) business area is a collection of business processes to support the payment of providers, managed care organizations, other agencies, insurers, Medicare premiums, and supports the receipt of payments from other insurers, providers, and member premiums and financial participation. These processes share a common set of payment- and receivables-related data. The FM business area is responsible for the financial data store and is supported by multiple financial systems and the PRMMIS.

The following FM business processes were assessed in this update:

- Manage Provider Recoupment (FM01)
- Manage TPL Recovery (FM02)
- Manage Estate Recovery (FM03)
- Manage Drug Rebate (FM04)
- Manage Cost Settlement (FM05)
- Manage Accounts Receivable Information (FM06)
- Manage Accounts Receivable Funds (FM07)
- Prepare Member Premium Invoice (FM08)

- Manage Contractor Payment (FM09)
- Manage Member Financial Participation (FM10)
- Manage Capitation Payment (FM11)
- Manage Incentive Payment (FM12)
- Manage Accounts Payable Information (FM13)
- Manage Accounts Payable Disbursement (FM14)
- Formulate Budget (FM16)
- Manage Budget Information (FM17)
- Manage Fund (FM18)
- Generate Financial Report (FM19)

The following FM business processes were reviewed for assessment and found not applicable to the PRMES at the time of this assessment:

- FM03 Manage Estate Recovery
- FM05 Manage Cost Settlement
- FM08 Prepare Member Premium Invoice
- FM10 Manage Member Financial Participation
- FM15 Manage 1099

### **Medicaid Enterprise MITA 3.0 Business Area Assessment**

During the 2020 MITA 3.0 SS-AAU, the FM Business Area As-is Maturity is assessed at Level 2. The FM business processes assessed within the MITA BA were found to have matured to Level 2 or higher. This improvement in business process maturity over the 2019 MITA SS-A AU is due to the reduction of manual processes, and further automation of business processes and the increased use of system interfaces. The business processes that remained at Level 2 or matured from Level 1 to Level 2 did so because of continued dependence on a mix of manual and automated processes and the lack of a direct interface between the ASES accounting system and the carrier systems that currently remains unchanged. The automation of carrier reporting through use of the XML format has improved maturity for most processes even in the absence of an interface. Improvements in the ASES ES data-sharing capability with the PRMMIS has also improved maturity for many processes through greater interoperability capability and data capacity across the PRMES to support FM business processes.

ASES, PRMP, and the greater Government of Puerto Rico follow guidance issued each year by the federally appointed Financial Oversight and Management Board for Puerto Rico (FOMB). In addition to meeting federal requirements, ASES and PRMP must also abide by regulations established by the Government of Puerto Rico.

ASES and PRMP work with several Medicaid Enterprise Solution (MES) vendors in support of the FM processes. These vendors are identified in the analysis of the IA and TA supporting the FM business area.

The solution enhancements planned that will combine to bring the FM business area maturity to Level 3 in the To-Be environment include the following:

- MMIS Phase III Enhancements Project
- PRMMIS, ASES and HIE EDW DSS development
- CMS Interoperability Standards compliance
- PERM requirements
- HIE expansion and adoption
- MEDITI3G implementation

### **BA Maturity Assessment**

Puerto Rico's FM Business Area As-Is maturity is at Level 2 and Level 3 in the To-Be environment based on the assessment of BA capability for each process in the FM Business Area. The MITA maturity for the FM Business Area has improved overall since the Puerto Rico 2019 MITA SS-A AU was conducted. In the 2019 MITA SS-A AU, the overall As-Is maturity level of FM was assessed at Level 1, and the overall To-Be was a Level 2. Since the MITA SS-A AU in 2019, PRMP and ASES have automated data transfer and validation processes, carrier reporting and financial information. These improvements in data sharing have improved the BA with increased timeliness, data quality and reliability, process automation, and reduction in manual effort to complete processes.

### **Vision**

Previously PRMP and ASES expressed a desire to jointly modernize financial processes, specifically around the Manage Capitation Payment (FM10) process in the Financial Management Assessment (FMA) was conducted in 2020. PRMP is using the FMA report to guide future MMIS improvement projects. The MITA business processes envisioned for improvement through modernization is documented in the 2020 PRMP Financial Management Assessment (FMA). The desired improvements were described as a need to upgrade the capitation system and infrastructure as a part of the FM module implementation. Additionally, the FMA identified an interest in integrating accounts payable information into the PRMMIS to reduce the need for file transfer improvements.

Following completion of the FMA and the submission of the 2020 MITA SS-A Report, a session was held to develop requirements for an FM Module for the PRMMIS, and subsequently a MITA Visioning Session was conducted for the 2020 SS-A AU to establish the vision for the FM To-Be state. PRMP has begun realizing this vision and the improvements that will result for the FM business area have begun with the MMIS Phase III enhancements project.

The MMIS Phase III Enhancement project was identified as the priority for achieving the vision for the PRMES. The Advanced Planning Document (APD) and requirements for the Request for Proposal (RFP) were subsequently prepared for submission to CMS for approval for the purchase of the MMIS Phase III Enhancements solution. This process resulted in requirements for improvements to the PRMMIS through enhanced technology that will initially benefit four of the key processes identified for improvement in the FMA and 12 additional processes in later procurement phases that will achieve phased enhancements.

The business processes that have been identified to benefit from the improvements in technology achieved by the first release for MMIS Phase III project include the following:

- FM 11 – Manage Capitation Payment
- FM 12 – Manage Incentive Payment
- FM 18 – Manage Fund
- FM 19 – Generate Financial Report

Subsequent procurement releases for the MMIS Phase III project will achieve improvements for the following processes:

- FM 01 – Manage Provider Recoupment
- FM 02 – Manage TPL Recovery
- FM 04 – Manage Drug Rebate
- FM 06 – Manage Accounts Receivable Information
- FM 07 – Manage Accounts Receivable Funds
- FM 09 – Manage Contractor Payment
- FM 13 – Manage Accounts Payable Information
- FM 14 – Manage Accounts Payable Disbursement
- FM 15 – Manage 1099
- FM 16 – Formulate Budget
- FM 17 – Manage Budget Information
- FM 18 – Manage Fund

The two subsequent releases for the MMIS Phase III project define the vision for the FM business area To-Be environment.

### **Gap Analysis**

The current As-Is FM Business Area maturity are assessed at Level 2 for the BA, IA, and TA. The FM business area is envisioned to improve to Level 3 maturity for the BA as well as in the To-Be environment envisioned for the IA and TA. The improvements to processes that will result in the desired maturity are described below.

## Description of Gaps

The To-Be maturity level of Manage Provider Recoupment (FM01) has improved to Level 3 due to automation of carrier reporting and the ability of the ASES ES to automatically capture the data and share with the PRMMIS. HIPAA standard X12 transactions are used, and while PRMP and ASES have no plans to implement direct payer-to-payer payments as they are made by the carriers, the further automation of systems that can share data across systems, infrastructure for improve data governance, and the ability to process data through the use of business rules will result in Level 3 maturity in the To-Be environment.

The To-Be maturity level of Manage TPL Recovery (FM02) is envisioned Level 4 with future releases of the MMIS Phase III Enhancement project. The future vision for the MMIS TPL capabilities to achieve Level 4 include implementation of payer-to-payer coordination of benefits (COB) functionality, enhanced E&E system capabilities, DSS enhancements for the MMIS, HIE and ASES EDW systems resulting in improvements in data sharing across state systems and system access to national databases. PRMP aims to improve timeliness and technology through improvements to automation, the use of business rules to process and analyze data, and the use of a data warehouse in the To-Be environment. The TPL information and analysis improvements will improve the TPL Recovery process. Implementation of KPIs to measure accuracy with a goal of improving accuracy to a standard of 90% could increase the relevance of information used in decision-making processes. These improvements support Level 4 maturity in the To-Be environment.

PRMP will consider implementing processes to allow the execution of the Manage Estate Recovery (FM03) as allowed contractually with vendors and carriers. Definite plans for improvements that would begin the capabilities, business, information, and technical architectures in this business area have not been developed; it is currently only under consideration.

PRMP has a plan for migration of the Manage Drug Rebate (FM04) process to the federal standards in 2022. The MITA SS-A analysis suggests that improving the accessibility of data and automated reporting processes and tools might help support gaining efficiencies within the FM04 process will ultimately enable this business process to achieve maturity Level 4 in the To-Be environment.

Because information currently resides in multiple systems, such as the ASES EDW, data must be pulled from several sources and manually integrated to allow insight into status and trends. Currently, real-time data is not consistently available from the data sources in the disparate financial systems to support timely decision-making. Implementation of enterprise data governance strategies might help streamline data validation and data integrity processes.

Centralized processing of financial data, including consolidation of the information into a central data store to create a direct interface from the data warehouse to the PRMMIS, could help increase the availability and quality of data. Puerto Rico could improve timeliness through greater integration with the PRMMIS by reducing the number of transfer iterations and the need for validation after each file transfer.

The To-Be maturity level envisioned for the Manage Accounts Receivable Information (FM06) is Level 3. Although some automated processes are used, communication between the accounting systems and the PRMMIS could be increased. Recommended actions to achieve Level 3 include:

- Increased use of HIPAA compliant standard transactions.
- Increased communication and integration between the PRMMIS Financial functions, People Soft, and the ASES Financial System and ASES ES.
- Increased use of the MITA 3.0 Framework, as well as industry and national standards for information exchange.
- Increased process automation and standardization.

The To-Be maturity level envisioned for Manage Accounts Receivable (FM07) is Level 3. Recommended actions needed to achieve Level 3 include:

- Increased process automation and standardization.
- Increased use of the MITA 3.0 Framework, as well as industry and national standards for information exchange.
- Increased collaboration with other intrastate agencies to adopt national standards, and to develop and share reusable business services.
- Increased automation of information collection and implementation of decision support using standardized business rules, with a target accuracy of 99%.
- Increased intrastate information exchange, with a target of 95% efficiency.

The To-Be maturity level envisioned for Manage Contractor Payment (FM09) is Level 3. Recommended actions needed to achieve Level 3 include:

- Increased overall process automation and standardization.
- Increased use of the MITA 3.0 Framework, as well as industry and national standards for information exchange.
- Increased collaboration with other intrastate agencies to adopt national standards, and to develop and share reusable business services.
- Increased automation of information collection and implementation of decision support using standardized business rules.
- Increased intrastate information exchange, with a target of 95% efficiency.

The To-Be maturity level for Manage Capitation Payment (FM11) process is envisioned to achieve Level 3. To improve overall utility and value, automation and standardization are needed to facilitate distribution of clear and useful information. The PRMMIS enhancement objectives include:

- Timeliness of Premium Payment calculations

- Timeliness of carrier Premium Payments
- Accuracy of premium payments to carriers
- Accuracy of premium rate adjustments

To advance maturity, PRMP will further adopt recognized standards such as the use of the HIPAA premium payment schema for identification of managed care enrollees and preparation of capitation premium payments. Additionally, PRMP will further facilitate collaboration and data exchange between intrastate agencies, carriers, and entities. Timeliness will be improved through closer integration with source data, and reduction of file transfers and data validation processes required in the PRMMIS enhancements to technology. Data access and accuracy will improve through the elimination of manual validation tasks via automation and the incorporation of standardized business rules. This process should achieve Level 3 maturity in the To-Be environment.

Increasing the Manage Accounts Payable Information (FM13) maturity from As-Is MITA Level 2 to To-Be Level 3 will be achieved through continued automation of information collection using industry and national standards resulting from the PRMMIS enhancements and improved integration of financial systems between PRMP and ASES. Reducing end-to-end process time is best achieved by increasing integration and regular communication between Puerto Rico's PeopleSoft financial systems and the PRMMIS.

The Manage Accounts Payable Disbursement (FM14) To-Be maturity will improve from As-Is maturity Level 2 to Level 3 by prioritizing automation initiatives, improving integration of financial system communications between ASES and PRMP, and implementing standardized business rules, which might reduce errors and improve accuracy. Implementation of KPIs to improve timeliness with a goal of no more than a week to complete a cycle could enhance process results.

The To-Be MITA maturity level envisioned for Formulate Budget (FM16) is Level 3. To reach Level 3, actions to reduce dependence on proprietary systems and data, implementing a Commercial Off-the-Shelf (COTS) or Software-as-a-Service (SaaS) Decision Support System solution are needed to facilitate predictive modeling and expenditure forecasting. Closer collaboration with other intrastate agencies to exchange data using HIPAA compliant transactions and EDI might reduce validation time and increase data reliability. Automating communication between ASES and PRMP financial systems and improved analytics and decision support capability for the EDW supporting the PRMMIS will improve this process to Level 3 maturity in the To-Be environment.

To increase the Manage Budget Information (FM17) To-Be maturity to MITA Level 3, PRMP prioritization of PRMMIS enhancement initiatives involving automation of transactions and increasing standardization through business rules, which reduce the need for manual intervention in decision-making processes with the use of business rules and EDS analytics. Automation and standardization will contribute to increased accessibility and reliability of information.

The As-Is MITA maturity level of Manage Fund (FM18) is Level 2, and the process is envisioned for To-Be Level 3 maturity with the introduction of COTS and SaaS solutions to support the PRMMIS automation and EDW in support of financial functions needed for this process. The ability to access information required for reporting and decision-making will be greatly enhanced with the MMIS Phase III Enhancements. Further integration of the PRMMIS and ASES ES, including integration of financial reporting structures, will increase data reliability and timeliness support improvement of the process to maturity Level 3 in the To-Be environment.

The As-Is MITA maturity level of Generate Financial Report (FM19) will improve from Level 2 to Level 3 To-Be maturity through the plans for increased use of standards and automation to reduce the end-to-end process time and increase readily available data for decision support through the enhancements to the MMIS EDW planned for the MMIS Phase III project. Confidence in data integrity will be greatly improved through the development of KPIs to measure accuracy of the financial reporting process, with a target of 90% accuracy. Making enhanced data quality in the system enhancement projects a priority will strengthen the trust in and quality of data across the Medicaid Enterprise. Integration and automated reporting that will result from the MMIS Phase III Enhancement project will improve Federal reporting with a focus on improved accuracy and timeliness:

- CMS-64
- CMS-37

### **Solution**

The MMIS Phase III Enhancement project will support greater maturity for the FM business area of the PRMES. The envisioned solution is intended to provide PRMP with operational improvements to financial systems reconciliation, data and information sharing between systems, claims visibility, and financial transaction and reporting timeliness. The MMIS Phase III Enhancement project largely focuses on the implementation of an FM module in incremental releases that will result in improvements and maturity for several of the processes within the FM business area in a phased approach to PRMMIS technology enhancement.

The MMIS Phase III Enhancements solution is intended to assist PRMP in improving the processing time and integration of financial data into a centralized location within the Medicaid Enterprise. Most notably, the MMIS Phase III Enhancements should integrate technology and business processes into a single modular FM solution. This solution should provide PRMP with benefits that include, but are not limited to:

- Integration of disparate solutions within the Medicaid Enterprise
- Enhanced visibility into premium payment rates and rate adjustments
- Increased automation of premium payment adjustments
- Greater visibility into the premium payments from carriers to providers
- Enhanced ability to reconcile premium payments to rates, capitation payments to providers, and capitation payments for beneficiary services

- Enhanced financial reporting capability
- Integrated solution functionality, business processes, and reporting to support PERM compliance

Specific requirements for interfaces and data exchanges, reporting capabilities and frequency, and level of desired vendor support are being defined to support higher levels of maturity as reflected in the To-Be assessment of processes. The To-Be maturity assessment of the BA, IA, and TA reflects the greatest improvement envisioned from the MMIS Phase III Enhancements and other current system implementations and planned solutions. These factors might not be known or fully realized until after the scope of the MMIS Phase III Enhancements procurement is completely rolled out over a period of three releases, each of which addresses a set of processes and related outcomes. Yet the increased alignment with national standards will begin to result in long-term cost savings by avoiding expensive customizations resulting from proprietary systems modifications to implement Puerto Rico-specific policies from the first release.

The To-Be vision PRMP has developed for procuring the MMIS Phase III Enhancements solution will implement more automation and standardization to financial processes. Increased data standardization might facilitate more seamless distribution of clear and useful information for financial reporting. The core operational improvements to be achieved by the FM Functions / Finance Module with the greatest impact on FM business process maturity, include:

- Capitation Payment Management System
- Implementation of HIPAA Compliant 820 transaction
- Payment Register Interface
- Shadow pricing implementation
- State Expenditure Reporting Capacity (CMS-37/CMS-64)

**Table 17: Business Area – FM Maturity Level Profile BA**

FM Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
FM 01 – Manage Provider Recoupment	Non- Maturing		As-Is	To-Be		
FM 02 – Manage TPL Recovery	Maturing		As-Is		To-Be	
FM 03 – Manage Estate Recovery	N/A					

FM Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
FM 04 – Manage Drug Rebate	Non- Maturing			As-Is	To-Be	
FM 05 – Manage Cost Settlement	N/A					
FM 06 – Manage Accounts Receivable Information	Maturing		As-Is	To-Be		
FM 07 – Manage Accounts Receivable Funds	Maturing		As-Is	To-Be		
FM 08 – Prepare Member Premium Invoice	N/A					
FM 09 – Manage Contractor Payment	Maturing		As-Is	To-Be		
FM 10 – Manage Member Financial Participation	N/A					
FM 11 – Manage Capitation Payment	Maturing		As-Is	To-Be		
FM 12 – Manage Incentive Payment	Maturing		As-Is	To-Be		

FM Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
FM 13 – Manage Accounts Payable Information	Maturing		As-Is	To-Be		
FM 14 – Manage Accounts Payable Disbursement	Maturing		As-Is	To-Be		
FM 15 – Manage 1099	N/A					
FM 16 – Formulate Budget	Maturing		As-Is	To-Be		
FM 17 – Manage Budget Information	Maturing			As-Is	To-Be	
FM 18 – Manage Fund	Maturing		As-Is	To-Be		
FM 19 – Generate Financial Report	Maturing		As-Is	To-Be		

### IA Maturity Assessment

The IA maturity levels for FM are identified in the table below. Most financial processes are expected to increase to MITA maturity Level 3 through modernization of FM processes and systems. The improvements facilitating the maturity of the IA include the direct transmission of transaction files from carriers to the MMIS, increased use of standards and automation for improved data quality, and improved quality assurance protocols and availability data for decision support from the MMIS EDW.

**Table 18: Business Area – FM Maturity Level Profile IA**

FM Business Area – Maturity Level Profile (IA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
FM 01 – Manage Provider Recoupment	Maturing		As-Is	To-Be		
FM 02 – Manage TPL Recovery	Maturing		As-Is		To-Be	
FM 03 – Manage Estate Recovery	N/A					
FM 04 – Manage Drug Rebate	Maturing			As-Is	To-Be	
FM 05 – Manage Cost Settlement	N/A					
FM 06 – Manage Accounts Receivable Information	Maturing		As-Is	To-Be		
FM 07 – Manage Accounts Receivable Funds	Maturing		As-Is	To-Be		
FM 08 – Prepare Member Premium Invoice	N/A					
FM 09 – Manage Contractor Payment	Maturing		As-Is	To-Be		

FM Business Area – Maturity Level Profile (IA)						
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5	
FM 10 – Manage Member Financial Participation	N/A					
FM 11 – Manage Capitation Payment	Maturing		As-Is		To-Be	
FM 12 – Manage Incentive Payment	Maturing		As-Is		To-Be	
FM 13 – Manage Accounts Payable Information	Maturing			As-Is	To-Be	
FM 14 – Manage Accounts Payable Disbursement	Maturing			As-Is	To-Be	
FM 15 – Manage 1099	N/A					
FM 16 – Formulate Budget	Maturing		As-Is	To-Be		
FM 17 – Manage Budget Information	Maturing		As-Is	To-Be		
FM 18 – Manage Fund	Maturing		As-Is	To-Be		
FM 19 – Generate Financial Report	Maturing		As-Is		To-Be	

## TA Maturity Assessment

ASES requires vendors to conform with standards and regulations defined by organizations, such as CMS, W3C the American Institute of Certified Public Accountants, and with those standards and regulations designated within the HIPAA, Code of Federal Regulations (CFRs), Generally Accepted Accounting Principles (GAAP), and the HITECH Act and HIE. Through increased use of standards and automation, improved data quality, and quality assurance, PRMP plans to reduce the end-to-end process time and increase readily available data for decision support.

The TA for FM has been assessed at Level 2 and will mature to Level 3 with improvements in technologies supporting most of the processes due to the implementations of financial process modernizations:

- ASES ES
- MIP (Peachtree) Finance
- Oracle DB (ASES)
- Secure FTP Service between carriers, ASES and any other Vendors – Sharefile (Citrix)
- MedInsight
- Peoplesoft
- PRMMIS

The MMIS Phase III Enhancements solution seeks a technical environment supported by open and reusable system architecture that aligns with CMS MITA Technical Architecture currently supported by the PRMES. All of the envisioned improvements in the PRMES technology comply with CMS standards and conditions to improve PRMES MITA maturity levels to support the financial management needs and modernization. The new MMIS enhanced solution enables shared use and modularity to eliminate the current barriers between different applications and diverse data types. The desired modular, flexible approach to the solution development, including the use of open interfaces and exposed Application Programming Interfaces (APIs), the separation of standardized business rule definitions from core programming, and the availability of standardized business rule definitions in both human and machine-readable formats.

The MMIS Phase III Enhancements solution includes, but is not limited to the following:

- Use of Systems Development Life Cycle (SDLC) methodology
- Identification and description of open interfaces
- Use of standardized business rule definition engines
- Submission of standardized business rule definitions to a U.S. Department of Health and Human Services designated repository as-is necessary

**Table 19: Business Area FM – Maturity Level Profile TA**

FM Business Area – Maturity Level Profile (TA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
FM 01 – Manage Provider Recoupment	Maturing		As-Is		To-Be	
FM 02 – Manage TPL Recovery	Maturing		As-Is		To-Be	
FM 03 – Manage Estate Recovery	N/A					
FM 04 – Manage Drug Rebate	Maturing		As-Is		To-Be	
FM 05 – Manage Cost Settlement	N/A					
FM 06 – Manage Accounts Receivable Information	Maturing		As-Is		To-Be	
FM 07 – Manage Accounts Receivable Funds	Maturing		As-Is		To-Be	
FM 08 – Prepare Member Premium Invoice	N/A					
FM 09 – Manage Contractor Payment	Maturing		As-Is	To-Be		

FM Business Area – Maturity Level Profile (TA)						
Business Process	Level 1	Level 2	Level 3	Level 4	Level 5	
FM 10 – Manage Member Financial Participation	N/A					
FM 11 – Manage Capitation Payment	Maturing		As-Is		To-Be	
FM 12 – Manage Incentive Payment	Maturing		As-Is	To-Be		
FM 13 – Manage Accounts Payable Information	Maturing		As-Is	To-Be		
FM 14 – Manage Accounts Payable Disbursement	Maturing		As-Is	To-Be		
FM 15 – Manage 1099	N/A					
FM 16 – Formulate Budget	Maturing		As-Is	To-Be		
FM 17 – Manage Budget Information	Maturing		As-Is	To-Be		
FM 18 – Manage Fund	Maturing		As-Is	To-Be		
FM 19 – Generate Financial Report	Maturing		As-Is		To-Be	

## 6.6 Member Management (ME) – *Pending Future Release by CMS*

## 6.7 Operations Management (OM)

The OM Business Area encompasses nine business processes. This business area is critical to the administration of the Medicaid program and includes activities necessary for processing claims and encounters, applying mass adjustments for larger-scale claims reprocessing, responding to payment inquiries, generating remittance advice, preparing provider payments, and managing the collection and transmittal of data.

The following OM business processes were assessed in this update:

- Submit Electronic Attachment (OM04)
- Apply Mass Adjustment (OM05)
- Process Claims (OM07)
- Generate Remittance Advice (OM14)
- Inquire Payment Status (OM18)
- Calculate Spend-Down Amount (OM20)
- Prepare Provider Payment (OM27)
- Manage Data (OM28)
- Process Encounters (OM29)

### **Medicaid Enterprise MITA 3.0 Business Area Assessment**

The overall As-Is BA maturity level for the OM Business Area remains at Level 1 since the 2019 MITA 3.0 SS-A AU. Most processes still require manual intervention for the completion of tasks.

In the Submit Electronic Attachment (OM04) process, providers may submit clinical attachments in either paper or electronic format. MCO manual intervention and data entry is still required to associate paper attachments to transactions and interpret data for providers who are not actively participating in an HIE. The As-Is for this process is Level 1 with a projected To-Be Level 2.

Although various transactions are electronic and automated in the Inquire Payment Status (OM18) process, the MCOs are still using a manual process for the payment of paper-based claims and using a mix of paper checks and EFTs to send payments to providers. MCOs use an ECM system to identify the accuracy of provider payment activity and history for auditing purposes. This process is an As-Is Level 1 and To-Be Level 2.

The MCOs use a combination of automated and manual processes, and queries to define the scope of mass adjustments in the Apply Mass Adjustment (OM05) business process. The PRMMIS receives daily, weekly, and monthly interfaces from ASES to reconcile mass

adjustments post-process. Mass adjustments can occur between ASES and the MCOs, or in some cases between the MCOs and providers, as is the case with PBM.

PRMP is currently working to define the correct calculations for determining an individual's Medicaid spend-down obligation improving the maturity of the Calculate Spend-Down Amount (OM20). Once correct spend-down calculations are defined and business rules are integrated into the MEDITI3G eligibility system, this process is expected to move from an As-Is Level 1 to a To-Be Level 2.

The Process Claim (OM07) process is at an As-Is Level 2 and will remain at a Level 2 in To-Be maturity. The PRMMIS supports testing of new provider claims submission systems by allowing providers to submit electronic claims test files that process through the adjudication cycle without impact on system data. The MCOs submit monthly claims reports to ASES that identify the number of claims received, the number of claims denied (by reason), number of claims paid, number of claims pending (by reason), and the total amount paid for all providers by provider category. MCOs perform audits per contract to help ensure providers are not receiving duplicative payments. Claims processing is an automated process, and the majority of claims are processed electronically. The MCOs use a mix of proprietary format and HIPAA X12 827 files to report claims information. Clean claims normally process within 24 hours.

The Generate Remittance Advice (OM14) process is at an As-Is Level 2 and remains a Level 2 for the To-Be maturity. This process is automated for electronic transactions; however, the MCOs use a mix of proprietary format and HIPAA X12 827 files to exchange data with ASES and the PRMMIS.

Although the Manage Data (OM28) process uses some manual data manipulation and consolidation, PRMP submits data on a monthly basis to CMS through the T-MSIS. Specifications for submitting encounter data to ASES includes standardized ASC X12 837, National Council for Prescription Drug Programs (NCPDP) formatting, and the ASC X 12 835 as appropriate. This process is at an As-Is maturity Level 2 and To-Be Level 2.

The MCOs have incorporated The Prepare Provider Payment (OM27) business process into their contracts. The process is at an As-Is Level 2 and To-Be Level 2. The MCOs guarantee payment for all medically necessary services rendered by a provider as of a person's effective date including any retroactive payments. An Automated Clearinghouse (ACH) mechanism is available for providers to request and receive Electronic Funds Transfer (EFT) claims payments.

ASES administers The Process Encounter (OM29) process through its carrier contracts. The process is at a MITA As-Is Level 2 and remains a Level 2 for the To-Be. Each month, MCOs are required to generate encounter data files from their claims management systems and electronically submit the files in standardized ASC and NCPDP formats as appropriate to ASES. All encounter data is subjected to systematic data quality edits and audits on submission to verify the accuracy of encounter data and claims processing related to the encounters.

## **HIE Assessment**

The promotion and expansion of interoperability by the advancement of the PRHIE could

increase data sharing, validation, and reporting, all which can support the Medicaid program's administrative efforts. Reductions of duplicative efforts, improved timeliness of service delivery, and relying less on paper-based mechanisms are prospects of the To-Be environment, although not currently planned. These opportunities may improve the OM04 Submit Electronic Attachment, OM28 Manage Data, and OM29 Process Encounter business processes.

## Vision

During the 2020 MITA Executive Visioning Session, system interoperability, transparency of healthcare costs and population health management were mentioned as being critical in helping PRME meet its overarching program goals and objectives.

The MITA OM Business Area is a collection of business processes that manages claims, prepares premium payments, and is responsible for the claims data store. Business processes within the OM Business Area are able to help support this vision by providing automated claims and encounter data within a single repository for cost reporting and auditing purposes.

PRMP is working to integrate the ASES financial system with PRMMIS, as well as integrating the ASES database to manage information related to Vital. This work, along with consolidating and standardizing the type of payment agreements between the MCOs and their providers, will help improve the maturity of the Manage Data (OM28) business process by increasing the automation of information collection, reducing the risk of manual data entry errors, and increasing the use of industry standards for information exchange with external sources.

PRMP is also creating additional interfaces between carrier Automated Clearinghouse (ACH) and ASES systems, increasing the number of providers submitting claims and encounter data electronically, and improving the reconciliation process by updating the payment register files to reconcile systems. This supports maturity gains in the Inquire Payment Status (OM18) business process by improving the timeliness of provider access to payment information and can begin building a central point of access for claims information for internal and external stakeholders.

## Gap Analysis

In 2020, the As-Is OM Business Area maturity is assessed at Level 1 for the BA, IA, and TA. The OM business area is envisioned to improve to Level 2 maturity for the BA as well as the To-Be environments envisioned for the IA and TA. Below are improvements to processes that will result in the desired maturity.

### Description of Gaps

The To-Be MITA maturity level of the Submit Electronic Attachment (04) process is expected to increase to Level 2. PRMMIS is planning to accept Medicare crossover claims or Medicare Explanation of Benefits (EOB) claims attachments in future system releases.

The To-Be MITA maturity level of the Apply Mass Adjustment (OM05) process is expected to increase to a Level 2 due to Phase III enhancements that are implementing business rules, policies, and procedures to improve the identification and timeliness of mass adjustments. Additional enhancements that include capabilities to improve validation of capitation payment accuracy, and verification of beneficiary and provider eligibility for services and payments, should also reduce the overall number of mass adjustment incidents.

The To-Be MITA maturity level of The Inquire Payment Status (OM18) is expected to move to a To-Be Level 2. The business process uses a weekly payment register file that is partially automated using interfaces to the MMIS. Although some file validation steps are performed manually, PRMP's has set goals for enhancing interfaces between ASES and PRMP financial management systems in its Phase III system activities. Carriers are also required to encourage all providers to submit claims and receive payments through an EDI, which also contributes to an incremental increase in future MITA maturity.

The To-Be MITA maturity level of The Calculate Spend-Down Amount (OM20) is expected to increase to a Level 2. Deployment of the MEDITI3G eligibility system has provided PRMP the ability to begin the business process that is currently at an As-Is Level 1. PRMP and ASES are working to determine correct spend-down amount calculations and spend-down indicators across all systems, including member eligibility and enrollment. The completion of this work is scheduled to occur in 2022.

The Prepare Provider Payment (OM27) process matured from an As-Is Level 1 to an As-Is Level 2. The As-Is maturity gain was due to the implementation of the carrier's ACH mechanisms, which allow providers to request and receive EFT of claims payments. All claims are also required to comply with the clean claim standards as established by federal regulation. The process is expected to remain at a To-Be Level 2.

The Process Encounter (OM29) process matured from an As-Is Level 1 to an As-Is Level 2. Carriers generate encounter data files and submit to ASES in standardized ASCX12N 837 and ASCX12 835 formats. Resubmission of rejected files or notifications of when files will be resubmitted are processed within (1) business day. The process is expected to remain at a To-Be Level 2.

### **Solution**

HIE activities, including increased access and retrieval of patient clinical information, will help the Submit Electronic Attachment (OM04) business process gain MITA maturity in the future. The HIE data warehouse and increased connectivity of hospital, provider, FQHC, and lab systems will increase processing of clean claims and improve maturity for the Process Claims (OM07), Process Encounters (OM29), and Prepare Provider Payment (OM27) business processes.

Continued increase of provider utilization of EDI and EHR technologies will improve the Inquire Payment Status (OM18) and Process Encounter (OM29) processes by increasing providers' ability to submit claims directly through the MCO provider portals, which in turn increases the volume of provider data interfacing with PRMMIS.

PRMP is addressing the gaps identified in the Calculate Spend-Down Amount (OM20) business process by defining business rules for accurate calculation of spend-down amounts and creating standard cross-system indicators to track those individuals who meet the spend-down qualifications.

Phase III system solutions will provide future maturity impacts associated with the Apply Mass Adjustment (OM05) process by enhancing manual and automated rate adjustments. The

Process Encounter (OM28) process will also gain in maturity through the addition of functionality and business processes necessary to support the validation of capitation payments to providers from the carriers, and verification of beneficiary eligibility to receive capitation payments. Below is a table showing the As-Is and To-Be maturity scores for all business processes within the OM business area.

**Table 21: Business Area – OM Maturity Level Profile BA**

Business Area – OM Maturity Level Profile BA							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
OM 04 – Submit Electronic Attachment	Maturing	As-Is	To-Be				
OM 05 – Apply Mass Adjustment	Maturing	As-Is	To-Be				
OM 07 – Process Claims	Non-Maturing		As-Is	To-Be			
OM 14 – Generate Remittance Advice	Non-Maturing		As-Is	To-Be			
OM 18 – Inquire Payment Status	Maturing	As-Is	To-Be				
OM 20 – Calculate Spend-Down Amount	Maturing	As-Is	To-Be				
OM 27 – Prepare Provider Payment	Non-Maturing		As-Is	To-Be			
OM 28 – Manage Data	Non-Maturing		As-Is	To-Be			
OM 29 – Process Encounter	Non-Maturing		As-Is	To-Be			

### IA Maturity Assessment

The IA maturity levels for OM are identified in the table below. The OM Business Area IA remains at Level 1 in the As-Is and will further mature to Level 2 in the To-Be environment with the enhanced data collection, analytics, reporting, and data exchange now available to the enterprise through XML automation of MCO reporting.

Standard web-based communications, electronic forms, and communications automation with business rules-driven alerts and document management workflows increase automation. These functions result in greater efficiency, accuracy, and utility to stakeholders, along with improvements related to accessing information.

The PEP will include data models for electronic data exchange between the enrollment system and State and federal agency licensing systems. The new eligibility system and population health models will enhance the current environment, and environment and plans for the future will help ensure further maturity in the To-Be environment.

The planned HIT implementation supports the IA with data governance and standardization plans to achieve greater knowledge of the data used in this business area and improve access, accuracy, and OM processes. The following OM business processes will experience MITA maturity impacts based on HIT implementation:

- Submit Electronic Attachment (OM04)
- Process Claims (OM07)
- Manage Data (OM28)
- Process Encounters (OM29)

**Table 22: Business Area – OM Maturity Level Profile IA**

Business Area – OM Maturity Level Profile IA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
OM 04 – Submit Electronic Attachment	Maturing	As-Is	To-Be			
OM 05 – Apply Mass Adjustment	Maturing	As-Is	To-Be			
OM 07 – Process Claims	Non-Maturing		As-Is	To-Be		
OM 14 – Generate Remittance Advice	Non-Maturing		As-Is	To-Be		
OM 18 – Inquire Payment Status	Maturing	As-Is	To-Be			

Business Area – OM							
Maturity Level Profile IA							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
OM 20 – Calculate Spend-Down Amount	Maturing	As-Is	To-Be				
OM 27 – Prepare Provider Payment	Non-Maturing		As-Is	To-Be			
OM 28 – Manage Data	Non-Maturing		As-Is	To-Be			
OM 29 – Process Encounter	Non-Maturing		As-Is	To-Be			

### TA Maturity Assessment

The OM Business Area TA remains at Level 1 in the As-Is and will further mature to Level 2 in the To-Be environment with the enhanced data collection, analytics, reporting, and data exchange now available to the enterprise through XML automation of MCO reporting.

The TA As-Is and To-Be maturity levels assessed in this update for the OM business processes are identified in the following table. The following systems comprise the OM TA in the PRME:

- CMS T-MSIS Portal
- ASES MIP
- PRMMIS
- Carrier ECM
- Email
- MS Excel
- Phone
- Fax
- PEP
- Pharmacy/Clinical Web Portal
- MCO Case Management Systems
- MEDIT3G
- Enrollment Counselor
- MCO AVR system

- ACH
- MedInsight

**Table 23: Business Area – OM Maturity Level Profile TA**

Business Area – OM Maturity Level Profile TA							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
OM 04 – Submit Electronic Attachment	Maturing	As-Is	To-Be				
OM 05 – Apply Mass Adjustment	Maturing	As-Is	To-Be				
OM 07 – Process Claims	Non-Maturing		As-Is	To-Be			
OM 14 – Generate Remittance Advice	Non-Maturing		As-Is	To-Be			
OM 18 – Inquire Payment Status	Maturing	As-Is	To-Be				
OM 20 – Calculate Spend-Down Amount	Maturing	As-Is	To-Be				
OM 27 – Prepare Provider Payment	Non-Maturing		As-Is	To-Be			
OM 28 – Manage Data	Non-Maturing		As-Is	To-Be			
OM 29 – Process Encounter	Non-Maturing		As-Is	To-Be			

## 6.8 Performance Management (PE)

The PE Business Area involves five business processes. This business area includes the assessment of program compliance targeting specific groups, such as providers, members, or contractors. PE business processes focus on identifying, monitoring, and investigating unusual activity or utilization.

The following PE business processes were assessed in this update:

- Identify Utilization Anomalies (PE01)
- Establish Compliance Incident (PE02)

- Manage Compliance Incident Information (PE03)
- Determine Adverse Action Incident (PE04)
- Prepare Recipient Explanation of Medical Benefits (REOMB) (PE05)

### **Puerto Rico Medicaid Enterprise (PRME) Medicaid Information Technology Architecture (MITA) 3.0 Business Area Assessment**

During the 2020 MITA 3.0 SS-A AU, the PE Business Area As-Is maturity is assessed at Level 2 within the BA because of increased automation now used to accomplish tasks in various business processes. The assessment of these business processes shows improvement in the PE Business Area since the completion of the 2019 MITA 3.0 SS-A AU. PRMP's Program Integrity Unit (PIU) currently uses a Case Tracking tool to identify utilization anomalies, manage cases, and send alerts to other agencies. The Case Tracking tool also generates letters to notify providers of a desk audit. ASES uses a similar tool called the COMP tool which identifies abnormalities by area, collects anomaly information, and has approximately over 100 key indicators as of 2020.

#### **BA Maturity Assessment**

The PE Business Area As-Is and To-Be environment maturity are both at Level 2 based on the assessment of BA capability for each business process. In the 2019 MITA SS-A AU, the PE Business Area As-Is and To-Be maturity was assessed at Level 1. The As-Is maturity increased to Level 2 due to the additional use of electronic methods to accomplish tasks such as PRMP's Case Tracking tool and the ASES COMP tool. These tools have the functionality of tracking open cases, recording audits, and closing cases from provider fraud, waste, and abuse (FWA) incidents.

There has also been increased collaboration from the PRME with other agencies such as the Medicaid Fraud Control Unit (MFCU) and the OIG. PRMP's PIU provided view only access to MFCU to the Case Tracking tool and ASES is working on providing COMP tool access to the OIG. PRMP is also in the process of providing a Case Tracking tool training to the OIG. Although there is some manual intervention to conduct the processes and the information is located and extracted from disparate systems, the timeliness, accessibility, and accuracy of the information has improved due to the increased automation and standardization.

#### **Vision**

The To-Be environment for the PE Business Area is envisioned at Level 2. PRMP and ASES have expressed a desire to enhance PE processes.

The following enhancements are planned for the PE business processes:

- For Identify Utilization Anomalies (PE01) business process, PRMP is conducting research to obtain and implement a tool that is used by other states to gather analytics from utilization anomalies and FWA.
- For Establish Compliance Incident (PE02) business process, PRMP has increased the collaboration with other agencies such as the OIG. PRMP is planning to provide the OIG access to its Case Tracking tool and is preparing to train the Miami, Florida OIG office.

- For the Manage Compliance Incident Information (PE03) business process, PRMP is working to expand interfaces with more agencies and regional information hubs. This initiative is also part of the MMIS Phase III project.
- For the Determine Adverse Action Incident (PE04), ASES is working on a new system called Performance Management to track all cases and investigations. Information from the Performance Management system would be shared among the different departments and individuals who would be able to update cases, close cases, send emails to MCOs, and receive information from the MCOs.
- For the Prepare REOMB (PE05) business process, PRMP and ASES envision more involvement, and from a program integrity perspective, increased oversight of the MCOs.

### Gap Analysis

The current As-Is PE Business Area maturity is assessed at Level 2 for the BA, IA, and TA and is expected to remain at a Level 2 in the To-Be environment for the BA. The PE Business Area is expected to increase to a Level 3 in the To-Be environment for the IA and TA. The improvements to processes that will result in the desired maturity are described below.

### Description of Gaps

The To-Be maturity level of Identify Utilization Anomalies (PE01) has improved to Level 3 due to the increased automation of PRMP’s Case Tracking tool and the implementation of the ASES COMP tool. PRMP’s Case Tracking tool generates reports to exchange utilization anomalies and case management data with MFCU, OIG, and other law enforcing agencies. The COMP tool identifies red flags for abnormalities by area utilization, claims, and encounters among others. ASES generates reports that are exchanged with the PRMMIS (or with PRMP).

### Solution

The MMIS Phase III Enhancement project and subsequent projects will support greater maturity for the PE Business Area regarding FWA as well as MEDITI3, PEP, and PRMP’s transparency tool. The ASES COMP tool will also support the maturity by contributing to utilization review and case management. The envisioned solution for program integrity is intended to continue increasing the PRME collaboration with other intrastate and federal agencies. This increased collaboration is focused on how the information from compliance, FWA incidents, and other anomalies are exchanged among the PRME with other agencies.

**Table 24: Business Area – PE Maturity Level Profile BA**

PE Business Area – Maturity Level Profile (BA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
PE 01 – Identify Utilization Anomalies	Maturing		As-Is	To-Be		

PE Business Area – Maturity Level Profile (BA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
PE 02 – Establish Compliance Incident	Non- Maturing		As-Is	To-Be			
PE 03 – Manage Compliance Incident Information	Non- Maturing		As-Is	To-Be			
PE 04 – Determine Adverse Action Incident	Non- Maturing		As-Is	To-Be			
PE 05 – Prepare REOMB	Non- Maturing		As-Is	To-Be			

### IA Maturity Assessment

The IA maturity levels for PE are identified in the table below. All business processes are expected to increase to Level 3 in maturity. The improvements facilitating the maturity of the IA include the implementation of an improved internal data structure and HIPAA data standards used for performance monitoring, management reporting, and analysis. These improvements also include the adoption of regional mechanisms for data sharing such as the CMS hub and the Puerto Rico hub which includes several agencies. PRMP is also looking forward to expanding its data sharing with additional hubs.

The IA for PE has been assessed at Level 2. All business processes are expected to mature to Level 3 due to the increased use of electronic methods for data management and sharing, which is supported by the following data exchange partners:

- PRMP
- ASES
- CMS
- OIG
- MFCU
- FBI
- U.S. Marshals
- Demographics Register

- MCO
- Carriers
- Provider
- Member
- Contractor

**Table 25: Business Area – PE Maturity Level Profile IA**

PE Business Area – Maturity Level Profile (IA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
PE 01 – Identify Utilization Anomalies	Maturing		As-Is	To-Be		
PE 02 – Establish Compliance Incident	Maturing		As-Is	To-Be		
PE 03 – Manage Compliance Incident Information	Maturing		As-Is	To-Be		
PE 04 – Determine Adverse Action Incident	Maturing		As-Is	To-Be		
PE 05 – Prepare REOMB	Maturing		As-Is	To-Be		

**TA Maturity Assessment**

Most of the TA As-Is maturity levels assessed in this update for the PE business processes are Level 2 for the As-Is state and Level 3 for the To-Be environment. Other processes are Level 2 for the As-Is state and are expected to remain at Level 2 for the To-Be environment. The Manage Compliance Incident Information (PE03) and Determine Adverse Action Incident (PE04), which are expected to remain at Level 2 in the To-Be, are mostly handled by MFCU.

The following list provides some of the systems that compose the PE TA in the PRME:

- PRMMIS
- ASES ES
- Case Tracking tool
- COMP
- InSight Analytics
- Business Objects (BO)
- SUR Profiler
- DSS
- Email

Within this architecture, three of the five processes have achieved an As-Is maturity Level 2 and are expected to mature to Level 3 in the To-Be environment due to the increase of automatic system alerts and alarms when performance metrics are not within defined performance standard boundaries. The increase in maturity is also due to the electronic information exchange with multiple intrastate agencies via information hubs, advanced information monitoring, and routing of system alerts and alarms when unusual conditions are detected. PRMP is looking forward to implementing a new analytics tool, and ASES is looking forward to finalizing the implementation of their Performance Management tool to track all cases subject to investigations.

**Table 26: Business Area – PE Maturity Level Profile TA**

PE Business Area – Maturity Level Profile (TA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
PE 01 – Identify Utilization Anomalies	Maturing		As-Is		To-Be		
PE 02 – Establish Compliance Incident	Maturing		As-Is		To-Be		
PE 03 – Manage Compliance Incident Information	Non- Maturing		As-Is	To-Be			

PE Business Area – Maturity Level Profile (TA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
PE 04 – Determine Adverse Action Incident	Non- Maturing		As-Is	To-Be			
PE 05 – Prepare REOMB	Maturing		As-Is		To-Be		

### 6.9 Plan Management (PL)

The PL Business Area encompasses eight business processes. These processes focus on strategic planning, program oversight and monitoring, policy maintenance, and rate setting.

The following PL business processes were assessed in this update:

- Develop Agency Goals and Objectives (PL01)
- Maintain Program Policy (PL02)
- Maintain State Plan (PL03)
- Manage Health Plan Information (PL04)
- Manage Performance Measures (PL05)
- Manage Health Benefit Information (PL06)
- Manage Reference Information (PL07)
- Manage Rate Setting (PL08)

#### **Puerto Rico Medicaid Enterprise (PRME) Medicaid Information Technology Architecture (MITA) 3.0 Business Area Assessment**

During the 2020 MITA 3.0 SS-A AU, the PL Business Area As-Is maturity is assessed at Level 2 within the BA because of increased automation in several of the business processes. The assessment of these business processes shows improvement in the PL Business Area since the completion of the 2019 MITA 3.0 SS-A AU. PRMP utilizes several systems and tools to conduct processes within the PL Business Area, such as Insight Analytics, Power BI, and Business Objects (BO); ASES utilizes the Comprehensive Oversight and Management Program (COMP) tool. The COMP tool collects information and identifies anomalies from utilization, claims, and encounters, among others.

#### **BA Maturity Assessment**

The PL Business Area As-Is maturity and To-Be environment are both at Level 2 based on the

assessment of BA capability for each business process. In the 2019 MITA 3.0 SS-A AU, the overall As-Is and To-Be maturity levels of PL were assessed at Level 1. The As-Is maturity increased to Level 2 due to the additional use of electronic methods to accomplish tasks. PRMP utilizes Insight Analytics or Power BI to analyze yearly or weekly data trends for processes, such as Maintain Program Policy (PL02). PRMP also utilizes BO to drill down PL information.

Currently, there is some manual intervention to conduct tasks, such as the use of Microsoft Excel spreadsheets in the Agency Goals and Objectives (PL01) and the Maintain State Plan (PL03) business processes. Although the information is located and extracted from disparate systems, the data access, efficiency, and accuracy of process results have improved overall since the 2019 MITA 3.0 SS-A AU.

### **Vision**

The To-Be environment for the PL Business Area is envisioned at Level 2.

The following enhancements are planned for the PL business processes:

- For Manage Performance Measures (PL05) business process, PRMP is working on establishing a benchmark for CMS and organization KPIs in its different systems and tools. ASES uses the COMP tool which has over 100 KPIs as of 2020 and is in the process of expanding this amount in the future.
- For the Manage Rate Setting (PL08) business process, ASES' expectations are to involve PRMP in the tasks of developing rates and conducting the drawdowns.

### **Gap Analysis**

The current As-Is PL Business Area maturity is assessed at Level 2 for the BA, IA, and TA, and is expected to remain at a Level 2 in the To-Be environment for the BA. The PL Business Area is expected to increase to a Level 3 in the To-Be environment for the IA and TA. The improvements to processes that will result in the desired maturity are described below.

### **Description of Gaps**

The To-Be maturity level of the Manage Reference Information (PL07) business process will improve from Level 2 to Level 3 due to increased data accuracy and efficiency. The improvement in maturity is also due to the increased automation and collaboration between PRMP, ASES, and the MCOs. ASES receives automated reports in XML format from the MCOs and the reference codes are maintained by the MCOs systems and the PRMMIS. PRMP and ASES have also improved their analytics with the use of different tools and systems for planning and reporting.

The PRMMIS maintains revenue codes and provides online updates and inquiry access, including coverage information, restrictions, service limitations, automatic error codes, pricing data, and effective dates for all items. The PRMMIS also maintains online access to all reference tables with inquiry by the appropriate code. In response to query and report requests, the PRMMIS can change transactions to procedure, diagnosis, and formulary codes.

Additionally, the PRMMIS can track diagnosis and procedure codes. The PRMMIS provides real-time access to the drug and formulary files and maintains an up-to-date copy for point-of-

sale use. Additionally, the PRMMIS archives and retrieves reference data for processing outdated claims or detecting duplicate claims.

The To-Be maturity level of the Manage Rate Setting (PL08) business process will improve from Level 2 to Level 3 due to increased automation, data accuracy, efficiency, and the increased use of electronic methods to analyze MCOs data, utilization information, and cost data to define and calculate rate cells. The increase in maturity is also to the collaboration between PRMP and ASES to develop and share reusable business services and envision the PRMMIS as the single source of truth.

**Solution**

The MMIS Phase III Enhancement project and subsequent projects will support greater maturity for the PL Business Area. The PRMMIS Phase III Enhancements will be critical to improving operations and logistics of the two agencies through the PRMMIS financial management tools, data sharing between MCOs, ASES and PRMP. These improvements move Medicaid and ASES toward creating a single source of truth for the insured population, providers, and MCO and claim payments.

**Table 27: Business Area – PL Maturity Level Profile BA**

Business Area – PL Maturity Level Profile BA							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
PL 01 – Develop Agency Goals and Objectives	Non-Maturing		As-Is	To-Be			
PL 02 – Maintain Program Policy	Non-Maturing		As-Is	To-Be			
PL 03 – Maintain State Plan	Non-Maturing		As-Is	To-Be			
PL 04 – Manage Health Plan Information	Non-Maturing		As-Is	To-Be			
PL 05 – Manage Performance Measures	Non-Maturing		As-Is	To-Be			
PL 06 – Manage Health Benefit Information	Non-Maturing		As-Is	To-Be			
PL 07 – Manage Reference Information	Maturing		As-Is		To-Be		

Business Area – PL						
Maturity Level Profile BA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
PL 08 – Manage Rate Setting	Maturing		As-Is	To-Be		

### IA Maturity Assessment

The IA maturity levels for PL are identified in the table below. Most business processes are expected to increase to Level 3 in maturity. The improvements facilitating the maturity of the IA include the implementation of an internal structure and data standards for performance monitoring, compliance the federal interoperability regulations, management reporting, and analysis. The implementation of data standards includes both state-specific and HIPAA compliant data standards.

The IA for PL has been assessed at Level 2. Five of the eight processes are maturing to Level 3 due to the increased automation for data management and sharing, which is supported by the following data exchange partners:

- PRDoH
- PRMP
- ASES
- CMS
- Congress
- Legislature
- Governor's Office
- Carriers
- Centro Comprensivo de Cáncer
- Instituto de Estadística
- Office of Procurement
- OIG
- MCOs
- Contractor
- FOMB
- Universities/Academics

- Other Health Agencies

**Table 28: Business Area – PL Maturity Level Profile IA**

Business Area – PL Maturity Level Profile IA							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
PL 01 – Develop Agency Goals and Objectives	Maturing	As-Is	To-Be				
PL 02 – Maintain Program Policy	Non-Maturing		As-Is	To-Be			
PL 03 – Maintain State Plan	Non-Maturing		As-Is	To-Be			
PL 04 – Manage Health Plan Information	Maturing		As-Is	To-Be			
PL 05 – Manage Performance Measures	Maturing		As-Is	To-Be			
PL 06 – Manage Health Benefit Information	Maturing		As-Is	To-Be			
PL 07 – Manage Reference Information	Maturing		As-Is	To-Be			
PL 08 – Manage Rate Setting	Maturing		As-Is	To-Be			

### TA Maturity Assessment

Most of the TA As-Is maturity levels assessed in this update for the PE business processes are Level 2 for the As-Is state and Level 3 for the To-Be environment. The improvements facilitating

the maturity of the TA include increased automation and the use of several systems to accomplish tasks.

The Maintain State Plan (PL03), which is expected to remain at Level 2 in the To-Be, is mostly a manual process.

The following list provides some of the systems that compose the PE TA in the PRME:

- PRMMIS
- ASES ES
- MedInSight
- Insight Analytics
- Power BI
- BO
- COMP
- MacPro
- Carrier systems
- MEDITI3G
- Agency Website
- Email
- Mail
- Excel

**Table 29: Business Area – PL Maturity Level Profile TA**

Business Area – PL Maturity Level Profile TA						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
PL 01 – Develop Agency Goals and Objectives	Maturing		As-Is	To-Be		
PL 02 – Maintain	Maturing		As-Is	To-Be		

Business Area – PL							
Maturity Level Profile TA							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
Program Policy							
PL 03 – Maintain State Plan	Non-Maturing		As-Is	To-Be			
PL 04 – Manage Health Plan Information	Maturing		As-Is	To-Be			
PL 05 – Manage Performance Measures	Maturing		As-Is	To-Be			
PL 06 – Manage Health Benefit Information	Maturing		As-Is	To-Be			
PL 07 – Manage Reference Information	Maturing		As-Is	To-Be			
PL 08 – Manage Rate Setting	Maturing		As-Is	To-Be			

## 6.10 Provider Management (PM)

The PM Business Area encompasses five business processes. The focus of this business area is on managing provider information, outreach, and communication, in addition to terminations, grievances, and appeals when necessary.

The PM business area includes the following business processes:

- Manage Provider Information (PM01)
- Manage Provider Communication (PM02)
- Perform Provider Outreach (PM03)
- Manage Provider Grievance and Appeal (PM07)

- Terminate Provider (PM08)

### **Medicaid Enterprise MITA 3.0 Business Area Assessment**

During the period assessed for the 2020 MITA 3.0 SS-A AU, the overall BA maturity level for PM is As-Is Level 1 and To-Be Level 2. The process assessment updates in the current environment were completed through Fact-Finding Sessions with stakeholders, CMS MITA Business Process Forms, Excel spreadsheets, MCO contracts, the MCO reporting guide, and system vendor contracts. The assessment of these business processes shows improvement in four business processes since the completion of the 2019 MITA 3.0 SS-A AU.

Planned solution enhancements that will combine to advance PM business area maturity to Level 2 include:

- PRMMIS PEP enhancements
- Further PRMMIS and ASES data warehouse integration
- HIE expansion and adoption

### **BA Maturity Assessment**

The overall BA maturity level for the PM Business Area remains at As-Is Level 1 since the 2019 MITA 3.0 SS-A AU. However, four business processes have increased to As-Is Level 2:

- Manage Provider Information (PM01)
- Manage Provider Communication (PM02)
- Perform Provider Outreach (PM03)
- Terminate Provider (PM08)

This process maturity improvement is due to:

- Integration of provider data from the PRMMIS PEP into ASES ES
- Automation of carrier reporting through the use of the XML format
- Increasing automation of quality assurance using the Comprehensive Oversight and Monitoring Plan (COMP) performance measurement tools

The PEP is fully implemented and provides a secure enrollment site for Medicaid providers and authorized users to review provider enrollment applications, upload attachments, and view audit trails. Providers are also able to:

- Check the status of their enrollment through the PEP
- Receive Medicaid training through the LMS
- Receive answers to their questions through the call center or from the PRMP Provider Enrollment Unit

PRMP has enrolled over 20,000 providers and is working toward enrolling all Medicaid providers through the PEP. The PRMMIS is the source of record for Medicaid provider information. The PRMMIS sends provider data to the ASES ES, and ASES uses the PEP data to validate that provider are enrolled in Medicaid. MCOs do not share provider information with each other, but ASES ES maintains provider information from MCOs and PRMP.

Provider communications are not centralized. The MCOs give providers access to information using a web portal, and because each MCO maintains its own web portal, a provider might have to maintain logins to multiple portals. Communications are functionally, linguistically, culturally, and competency appropriate and are distributed in English and Spanish. The timeliness and efficiency might vary by MCO.

Automated monitoring of network adequacy from MCO reports identifies shortages of specialists or clinical needs. When shortages are identified, ASES instructs MCOs to recruit additional providers and works with MCOs to plan a solution. Outreach communications are generally through email or letters from ASES to the MCOs for dissemination to providers. The timeliness required to complete the communication to providers commonly varies depending on the urgency of the message.

The PRMMIS audits claims for anomalies and the PRMP Program Integrity Unit (PIU) uses the case monitoring reporting tool to identify providers for investigation and potential termination. ASES monitors claims, conducts provider profiling, and notifies MCOs of abnormalities. Investigating suspicious provider activity is an MCO contract requirement, and MCOs or ASES refer investigations to the PIU.

### **HIT Assessment Findings**

Several PM business processes were identified as impacted by the HIT capabilities in the July 2020 HIT Assessment. Existing technologies that currently support some PM processes could be leveraged to enhance the maturity of certain capabilities upon completion of the HIE implementation. Manage Provider Information (PM01) is facilitated through the PEP and Perform Provider Outreach (PM03) is impacted by the prescription drug monitoring platform (PDMP), potentially providing an opportunity for maturity in the To-Be environment.

An assessment of the To-Be HIE implementation includes the system integrator communication plan, which is dedicated to external and internal project communications among stakeholders; it will include activities for project promotion and communication among various media for outreach and marketing.<sup>12</sup> Additionally, data aggregation and normalization are expected to be critical to the success of data quality and data integrity. This could lead to increased utilization of reporting capabilities and a reduction of barriers to data access to improve decision-making related to PM. Prospective HIT infrastructure, to be completed via HIE implementation, could provide opportunity for maturity of the PM business area in the To-Be environment.

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<sup>12</sup> Puerto Rico Department of Health. Professional Services Agreement for the Puerto Rico Medicaid Program Health Information Technology "HIT" March 2021

## Vision

In the MITA Executive Visioning Session for the 2020 SS-A AU, developing a complete EDW with provider data from PRMMIS and the HIE, including statistics and business intelligence (BI) capabilities, was identified as a driver to achieving further interoperability.

The To-Be environment for PM is envisioned at Level 2. To improve MITA maturity further, PRMP needs to increase automation with HIPAA standard transactions, resulting in improved timeliness and accuracy of the processes.

The next ASES MCO contracts will require MCOs to verify that a provider has been enrolled in Medicaid before adding the provider to its network. ASES and the PRMP PIU will enforce policies that help to ensure that payments will only be made to providers who have enrolled through the PEP.

ASES is participating in a CMS pilot aimed at standardizing the provider appeals process across CMS regions.

## Gap Analysis

The As-Is PM Business Area maturity is assessed at Level 1 for the BA, and Level 2 for the IA and TA. Three of the five PM processes are expected to increase in BA maturity, and the overall business area will mature to Level 2 for BA; the IA and TA are expected to mature to Level 3 for the business area. These maturity improvements are expected through further integration of ASES and PRMMIS data, PEP enhancements, HIE expansion, and adoption. The improvements to processes that will result in the desired maturity are described below.

### Description of Gaps

The To-Be MITA maturity level of Manage Provider Information (PM01) is expected to increase from Level 2 to Level 3 due to improved automation from implementation of an HIE and enhancements to the PEP. Implementation of an HIE might increase data accessibility and standardization. Developing PEP interfaces for data verification and background checks will increase the timeliness of Medicaid provider enrollment and accuracy of provider information.

The To-Be MITA maturity level of Manage Provider Communication (PM02) is expected to increase from Level 2 to Level 3 due to improved data accessibility and accuracy from integrated provider data in the EDW. To increase MITA maturity, the PRMP might consider establishment of a formal communications plan for communications with providers. Increasing automation through the use of HIPAA standard transactions might increase the timeliness and accuracy of the process results.

The To-Be MITA maturity level of Manage Provider Grievance and Appeal (PM07) is expected to increase from Level 1 to Level 2 due to timeliness and accuracy improvements associated with an EDW that integrates provider data from PRMMIS, ASES, and the HIE. Applying applicable lessons learned from the CMS provider appeals pilot might improve collaboration and adoption of recognized standards.

## Solution

PRMMIS implementation is shifting responsibility for PM processes such as Manage Provider Information (PM01) and Terminate Provider (PM05) to PRMP. The PEP has established

PRMMIS as the source record for provider information, and enhancements to data sharing between PRMMIS and ASES ES are improving data accuracy and availability.

The HIE will increase data sharing between health organizations and PRDoH,<sup>124</sup> improving provider data quality. Enhanced provider data and processes will improve the ability of the PIU to coordinate investigations with MFCU and OIG that might result in provider terminations. MFCU has direct access to PRMMIS, and T-MSIS reporting provides OIG with claims and encounter data needed for investigation and audit.

The HIE EDW will align with CMS standards and PRDoH policies and will be accessible to participants as determined by PRDoH.<sup>124</sup> HIE expansion and adoption will improve the accuracy of the provider data needed to maintain provider outreach and improve management of provider communications.

**Table 30: Business Area – PM Maturity Level Profile BA**

PM Business Area – Maturity Level Profile (BA)							
Business Process		Level 1	Level 2		Level 3	Level 4	Level 5
PM01 – Manage Provider Information	Maturing		As-Is		To-Be		
PM02 – Manage Provider Communication	Maturing		As-Is		To-Be		
PM03 – Perform Provider Outreach	Non-Maturing		As-Is	To-Be			
PM07 – Manage Provider Grievance and Appeal	Maturing	As-Is	To-Be				
PM08 – Terminate Provider	Non-Maturing		As-Is	To-Be			

### IA Maturity Assessment

The PM Business Area IA increased to Level 2 in the As-Is and will increase to Level 3 in the To-Be using the enhanced data collection, analytics, reporting, and data exchange now available to the enterprise through XML automation of MCO reporting. Standard web-based communications, electronic forms, and communications automation using business rules-driven alerts and document management workflows increase automation.

These functions result in greater efficiency, accuracy, and utility to stakeholders, along with improvements related to accessing information. Provider enrollment systems include data models for the electronic exchange of data between the enrollment system and state and federal agency licensing systems. The new eligibility system and population health models will enhance the current environment and plans for future improvements will help ensure further

maturity in the To-Be environment. The planned HIT implementation supports the IA with data governance and standardization plans to achieve greater knowledge and management of the data used in this business area and improve access, accuracy, and PM processes.

**Table 1.1.2: Business Area – PM Maturity Level Profile IA**

PM Business Area – Maturity Level Profile (IA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
PM01 – Manage Provider Information	Maturing		As-Is	To-Be		
PM02 – Manage Provider Communication	Maturing		As-Is	To-Be		
PM03 – Perform Provider Outreach	Maturing		As-Is	To-Be		
PM07 – Manage Provider Grievance and Appeal	Maturing		As-Is	To-Be		
PM08 – Terminate Provider	Maturing		As-Is	To-Be		

**TA Maturity Assessment**

The TA As-Is maturity levels assessed in this update for the PM business processes are Level 2 for the As-Is environment and Level 3 for the To-Be environment. The following systems compose the PM TA in the PRME:

- PRMMIS
  - PEP
  - LMS
  - Case Management Reporting Tool
- ASES ES
- MIP
- COMP
- Carrier Systems
  - MCO ECM
  - Pharmacy/Clinical Web Portal

- Email
- MS Excel
- Phone
- Fax

Within this architecture, all processes have achieved As-Is maturity Level 2 and are expected to mature to Level 3 in the To-Be environment through PRMMIS PEP enhancements and the HIE EDW. PRMP is adopting the MITA framework in expanding and enhancing the MES, leading to increasing technical interoperability.

**Table 31: Business Area – PM Maturity Level Profile TA**

PM Business Area – Maturity Level Profile (TA)						
Business Process		Level 1	Level 2	Level 3	Level 4	Level 5
PM01 – Manage Provider Information	Maturing		As-Is	To-Be		
PM02 – Manage Provider Communication	Maturing		As-Is	To-Be		
PM03 – Perform Provider Outreach	Maturing		As-Is	To-Be		
PM07 – Manage Provider Grievance and Appeal	Maturing		As-Is	To-Be		
PM08 – Terminate Provider	Maturing		As-Is	To-Be		

## 7.0 IA Update

IA is a subset of documentation and information gathered and validated for each business process that describes a logical architecture for the PRME. The information strategy, architecture, and data for the enterprise business needs are captured in the models and documentation that form this component of the Enterprise Architecture (EA). Puerto Rico uses IA to define common data needs that will enable future business processes.

The MITA 3.0 IA maps enterprise data to the Puerto Rico business processes. The documentation for these required components is in development, to support the five components of IA:

- DMS
- Conceptual Data Model (CDM)
- Logical Data Model (LDM)
- Data Standards
- ICM

BerryDunn has created an IA Scorecard Workbook to support the components of the PRME IA, and the data supporting the IA Scorecard Workbook is maintained on the PRMP SharePoint site. The following subsections describe the artifacts created in the IA Scorecard Workbook to support each component. The IA Scorecard Workbook is compiled from the IA MITA assessment performed by BerryDunn. PRMP maintains each IA MITA assessment in the IA folder on the SharePoint site.

### 7.1 DMS

The Puerto Rico DMS approach to maturation of the Medicaid Enterprise IA was finalized as part of the 2020 AU. The DMS will provide the framework and strategy for PRMP to manage the PRME data to help ensure that Puerto Rico's Medicaid needs are met through efficient and effective operations, and to instill PRMP stakeholder confidence in the integrity of PRME data for years to come. The DMS also provides an impetus for PRMP to better understand its data and how it fits into the total pool of Medicaid information used to support business operations in the PRME. The DMS addresses fundamental aspects (e.g., syntax and semantic operability) to enable information sharing opportunities and to position the SMA to operate in an environment of global information.<sup>13</sup>

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<sup>13</sup> <https://www.medicaid.gov/medicaid/data-systems/medicaid-information-technology-architecture/medicaid-information-technology-architecture-framework/index.html>, Part II Chapter 2 Data Management Strategy 3.0.pdf

## 7.2 Conceptual Data Model (CDM)

A Conceptual Data Model (CDM) – Represents the overall conceptual structure of the data that provides a visual representation of the data groups needed to run an enterprise or business activity. BerryDunn assumes the DMS will not contain full conceptual data models (CDMs) for the PRME as they are provided by system vendors through their contracts with PRMP as appropriate. Many of these types of models are proprietary as they provide a structured business view of the data required to support business processes, record business events, and track related performance measures within a specific business model. PRMP may consider how CDMs can be developed, to show data structures flow (entry/exit points) within the Medicaid enterprise. High level development of such models can also support future updates to the DMS and the maturity of the PRME IA.

## 7.3 Logical Data Model (LDM)

Similar to CDMs, LDMs are provided by PRME system vendors and most like considered proprietary to a vendor's over business plan. LDMs take the data identified as part of the CDMs and build out a logical approach for user engagement with new or enhanced system applications. PRMP may be able to create a high level LDM by process mapping specific Medicaid system steps and identifying how applications behave within the steps of the business process. High level LDMs can also support MITA maturity gains within the PRME IA.

## 7.4 Data Standards

The use of data standards provides better access to data by promoting data consistency and enhanced sharing through common data-access mechanisms. Vocabulary standards should be defined where possible using National Information Exchange Model (NIEM) to produce a set of common, well-defined data elements to be used for data exchange development and harmonization. Naming for applicable data classes should follow predefined names preferred by NIEM and Health Level Seven (HL7).

- NIEM version 3, for “core data” class names such as ORGANIZATION and PERSON, with ENTITY as the superclass for any business party; ACTIVITY to represent a business event; IDENTITY; LOCATION and ADDRESS
- HL7 Reference Information Model for healthcare specific data classes

## 8.0 TA Update

The PRME TA, as defined by the set of business and technical services identified in Section 6.0 are included in this section. The TA Framework describes the technical and application design aspects of the Medicaid Enterprise with additional supporting evidence of system documentation and specifications. The PRME has documentation of the required TA components listed below that are in development:

- TMS
- Business Services
- Technical Services
- Application Architecture (AA)
- Technical Standards
- TCM

BerryDunn has created a TA Scorecard Workbook to support the components of the PRME TA and the data supporting the TA Scorecard Workbook is maintained on the PRMP SharePoint site. The following subsections describe the artifacts created in the TA Scorecard Workbook to support each component. The TA Scorecard Workbook is compiled from the TA MITA assessment performed by BerryDunn assessors. Each TA MITA assessment update is maintained in the TA folder on the SharePoint site.

### 8.1 TMS

The Puerto Rico TMS approach to maturation of the Medicaid Enterprise TA was finalized as part of the 2020 AU. The TMS aligns with the MITA 3.0 Part III Technical Architecture - Chapter 2 Technical Management Strategy (MITA TMS) while prioritizing unique Agency requirements. The TMS provides:

- Documentation of the technologies needed to achieve optimal sharing of State Medicaid Enterprise services and information
- Software design architecture practices and technology advances

The TMS is the product of current state discovery, stakeholder input, strategic analysis, program strategy, and direction about techniques and priorities to support overall improvement of Medicaid program outcomes. As consistent with the CMS MITA guidance for the TMS, the PRME TMS will include the following content:

- Technical management approach
- Transformation challenges
- PRME governance policy and structure
- Current technical principles

- Technical goals and objectives
- Transition plans

The primary audience for the TMS is the PRDoH and PRMP executives and lead architects. The TMS provides the background and process for expanding Medicaid systems to continue incorporating modern-day technologies into the PRME. The TMS addresses the business flow of information across the PRME and the enabling technologies to support the business requirements. The contents of the document will include the strategies for the following enterprise technology topics:

- Documentation of the technologies needed to achieve optimal sharing of PRME services and information
- Software design architecture practices and technology advances
- Enterprise architecture adoption
- Enterprise Systems Performance Management validation
- Service hub architecture practice
- Service-oriented architecture (SOA) alignment
- Cloud-computing justification
- Standards and technology maturity
- Commercial off-the-shelf (COTS) product usage
- Technical model artifacts

## 8.2 Business Services

The Medicaid Enterprise Business Services descriptions have been documented in the BCMS for this SS-A. Workflows for the business services that allow interoperable Medicaid business processes for business process were developed and are included as a separate deliverable.

## 8.3 Technical Services

The PRMP Technical Services are documented in artifacts of this SS-A, which are the TA Scorecard Workbook, the TCM, and the system supporting documentation by BerryDunn. The TA Scorecard Workbook defines the common factors of the Medicaid Enterprise design with the Medicaid Enterprise MITA 3.0 Framework. These documents provide the detailed set of the MITA capabilities that collectively define the PRME MITA technology infrastructure in terms of modularity and interoperability.

## 8.4 AA

The PRME uses some of the following systems and applications to perform Medicaid business processes:

- PRMMIS
- ASES ES
- Insight Analytics
- Business Objects
- MEDITI3G
- COMP
- PeopleSoft
- Power BI
- SharePoint
- ShareFile

For the complete list of systems and applications refer to the 2020 TA Scorecard Workbook artifact.

## 8.5 Technology Standards

The PRME uses technology standards in system development and design as a best practice in support of CMS standards for system certification and federal financial participation (FFP). The application of standards for the PRME provides stability and consistency for system module development, maintenance, and operations in hopes of lowering costs and maintaining or improving quality of the system outcomes. The use of standards measures for system outcomes using MITA TA capabilities is a measure of standards application.

System vendors document and validate technology standards for the PRME in alignment with the design, development, and installation (DDI) of the PRMMIS, MEDITI3G, and other system development projects. Each MITA SS-A AU takes inventory of system reference materials, and reviews for compliance with standards. PRMP documents the technology standards expectations necessary for FFP eligibility RFPs, Implementation Advanced Planning Document (IAPDs) and compliance with MITA and federal funding standards are subsequently documented and tracked through APDU and DDI activities to help ensure certification outcomes are met.

## 9.0 Conclusion

The 2020 MITA SS-A AU determined that 53 processes have increased in MITA maturity since the 2019 MITA SS-A, and 44 processes are expected to increase in MITA maturity within the next five years. There was significant improvement in MITA business process maturity identified in the assessed business areas.

Puerto Rico is committed to aligning its enterprise to the MITA 3.0 Framework for greater maturity through the implementation of the solutions and processes identified as part of the 2020 MITA SS-A AU. The MITA 3.0 SS-A Roadmap Transition and Sequencing Plan that accompanies this report details the approach to process improvements that are desired by Puerto Rico to reach higher levels of maturity in the coming years through planning, technology and organizational enhancements, and improvements to current business processes.

Upon completion and approval of the MITA 3.0 SS-A 2020 AU, Puerto Rico will begin a 12-month period to prepare for and complete the 2021 MITA SS-A AU, during which time it will continue to develop MITA tools and documentation and utilize the SS-A to improve business processes and guide technology investments across the PRME.

The PRDoH HIE/EDW implementation has the potential to significantly contribute to the future maturity of the PRME through leverage and modularity. PRMP will continue to assess HIT components that fall within the PRME to provide greater insight into the potential for maturity within the MITA 3.0 Framework and capabilities model improvements.

Additionally, full implementation of MEDITI3G and expanded use of the PEP are expected to contribute to greater process maturity for all architectures in the coming year. Organizational changes may result in BA improvements as well. These will be reassessed in the next MITA SS-A AU.

## Appendix A: 2019 MITA SS-A Summary of Assessment

The 2019 MITA SS-A BR Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the BR Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for all business processes was Level 1, and while many of the business processes increased in To-Be maturity, the To-Be maturity level was expected to remain at Level 1.

2019 MITA SS-A PM Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
PM01 Manage Provider Information	1	2
PM02 Manage Provider Communication	1	2
PM03 Perform Provider Outreach	1	2
PM07 Manage Provider Grievance and Appeal	1	1
PM08 Terminate Provider	1	1
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A CM Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the CM Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for the majority of business processes was Level 1, and the overall business area maturity was Level 1. For the To-Be assessment, the maturity level for most of the business processes was at Level 2 or Level 3, however the overall business area maturity was expected to remain at Level 1.

2019 MITA SS-A CM Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
CM01 Establish Case	2	3
CM02 Manage Case Information	1	3
CM03 Manage Population Health Outreach	2	2
CM04 Manage Registry	1	2
CM05 Perform Screening and Assessment	2	3
CM06 Manage Treatment Plan and Outcomes	1	2
CM07 Authorize Referral	1	1
CM08 Authorize Service	1	2
CM09 Authorize Treatment Plan	1	2
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A CO Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the CO Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for all business processes was Level 1, and the To-Be maturity level was anticipated to remain at Level 1.

2019 MITA SS-A CO Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
CO01 Manage Contractor Information	1	1
CO02 Manage Contractor Outreach	1	1
CO03 Perform Contractor Outreach	1	1
CO04 Inquire Contractor Information	1	1
CO05 Produce Solicitation	1	1
CO06 Award Contract	1	1
CO07 Manage Contract	1	1
CO08 Close Out Contract	1	1
CO09 Manage Contractor Grievance and Appeal	1	1
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A EE Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the EE Business Area based on the MITA capability matrix. For the 2019 assessment, the As-Is maturity level for all EE business processes was Level 1. Regarding the To-Be assessment, many of the business processes were expected to increase to Level 2, but the overall business area maturity level was expected to remain at Level 1.

2019 MITA SS-A EE Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
EE01 Determine Member Eligibility	1	1
EE02 Enroll Member	1	2
EE03 Disenroll Member	1	1
EE04 Inquire Member Eligibility	1	1
EE05 Determine Provider Eligibility	1	2
EE06 Enroll Provider	1	2
EE07 Disenroll Provider	1	2
EE08 Inquire Provider Information	1	2
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A FM Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the FM Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for the majority of business processes was Level 1. For the To-Be assessment, the maturity level for most of the business processes was expected to increase to Level 2, with the business area maturity level expected to remain at Level 1.

2019 MITA SS-A FM Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
FM01 Manage Provider Recoupment	1	1
FM02 Manage TPL Recovery	1	2
FM03 Manage Estate Recovery	N/A	N/A
FM04 Manage Drug Rebate	1	2
FM05 Manage Cost Settlement	N/A	N/A
FM06 Manage Accounts Receivable Information	1	2
FM07 Manage Accounts Receivable Funds	1	2
FM08 Prepare Member Premium Invoice	N/A	N/A
FM09 Manage Contractor Payment	1	2
FM10 Manage Member Financial Participation	N/A	N/A
FM11 Manage Capitation Payment	1	2
FM12 Manage Incentive Payment	1	2
FM13 Manage Accounts Payable Information	1	2
FM14 Manage Accounts Payable Disbursement	1	2
FM15 Manage 1099	1	1
FM16 Formulate Budget	1	2
FM17 Manage Budget Information	1	2
FM18 Manage Fund	1	2
FM19 Generate Financial Report	2	2
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The business process maturity matrix for ME has not been published by CMS for MITA 3.0, so no assessment of the business processes was performed.

The 2019 MITA SS-A OM Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the OM Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for the majority of business processes is Level 1, with some business processes reaching a maturity Level 2. The As-Is business area maturity level was Level 1. The To-Be maturity level was expected to remain at Level 1.

2019 MITA SS-A OM Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
OM04 Submit Electronic Attachment	1	1
OM05 Apply Mass Adjustment	1	1
OM07 Process Claims	2	2
OM14 Generate Remittance Advice	2	2
OM18 Inquire Payment Status	1	1
OM20 Calculate Spend-Down Amount	1	1
OM27 Prepare Provider Payment	1	1

2019 MITA SS-A OM Business Area Summary Table		
OM28 Manage Data	2	2
OM29 Process Encounters	1	1
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A PE Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the PE Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for all business processes was Level 1, and the To-Be maturity level was anticipated to remain at Level 1.

2019 MITA SS-A PE Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
PE01 Identify Utilization Anomalies	1	1
PE02 Establish Compliance Incident	1	1
PE03 Manage Compliance Incident Information	1	1
PE04 Determine Adverse Action Incident	1	1
PE05 Prepare REOMB	1	1
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A PL Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the PL Business Area based on the MITA capability matrix. The As-Is maturity level is at Level 1, and the To-Be maturity level is expected to remain at a Level 1 with three of the eight business processes advancing from a maturity Level 1 to a maturity Level 2. The overall business area To-Be maturity rating was expected to remain at Level 1.

2019 MITA SS-A PL Business Area Summary Table		
Business Process	As-Is Maturity Level	To-Be Maturity Level
PL01 Develop Agency Goals and Objectives	1	1
PL02 Maintain Program Policy	1	1
PL03 Maintain State Plan	1	1
PL04 Manage Health Plan Information	1	1
PL05 Manage Performance Measures	1	2
PL06 Manage Health Benefit Information	1	1
PL07 Manage Reference Information	1	2
PL08 Manage Rate Setting	1	2
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

The 2019 MITA SS-A PM Business Area Summary Table below illustrates the As-Is and To-Be maturity level results for each business process in the PM Business Area based on the MITA capability matrix. As illustrated, the As-Is maturity level for all business processes was at Level

1. For the To-Be assessment, a majority of the business processes were expected to increase to Level 2 while the overall maturity level was expected to remain at Level 1.

<b>2019 MITA SS-A PM Business Area Summary Table</b>		
<b>Business Process</b>	<b>As-Is Maturity Level</b>	<b>To-Be Maturity Level</b>
PM01 Manage Provider Information	1	2
PM02 Manage Provider Communication	1	2
PM03 Perform Provider Outreach	1	2
PM07 Manage Provider Grievance and Appeal	1	1
PM08 Terminate Provider	1	1
<b>Overall Business Area Maturity Level</b>	<b>1</b>	<b>1</b>

## Appendix B: Business Process Forms and Capabilities

The Business Process Forms and CMMs completed during the 2020 MITA SS-A are maintained by PRMP as artifacts supporting this report.

## Appendix C: SS-A Terms and Acronyms

Table 32 includes a list of terms and acronyms used in this report.

**Table 32: Terms and Acronyms**

Term/Acronym	Definition/Explanation
AA	Application Architecture
AAFAF	Autoridad De Asesoría Financiera Y Agencia Fiscal De Puerto Rico
ACA	Affordable Care Act
ACH	Automated Clearinghouse
AICPA	American Institute of Certified Public Accountants
APD	Advance Planning Document
APD-U	Advance Planning Document-Update
ARRA	American Recovery and Reinvestment Act
ASES	Administración De Seguros De Salud De Puerto Rico
ASES ES	ASES Enterprise System
ASSMCA	Mental Health and Anti-Addiction Services Administration
ATC	Authority-To-Connect
BA	Business Architecture
BBA	Medicaid Bipartisan Budget Act
BCM	Business Capability Matrix
BO	Business Objects
BPM	Business Process Model
BR	Business Relationship Management
CARES	Coronavirus Aid, Relief, And Economic Security Act Of 2020
CDM	Conceptual Data Model
CFR	Code Of Federal Regulations
CHIP	Children's Health Insurance Program
CM	Care Management
CMCS	Collaborative Between the Center for Medicaid and CHIP Services
CMM	Capability Maturity Matrices
CMMI	Center For Medicare and Medicaid Innovation
CMS	Centers For Medicare & Medicaid Services
CO	Contractor Management
COMP	Comprehensive Oversight Monitoring and Planning
COO	Concept of Operations
COTS	Commercial Off-the-Shelf
DDI	Design, Development, and Implementation
DED	Deliverable Expectation Document
DEX	Data Exchange System
DLP	Desk-Level Procedure

Term/Acronym	Definition/Explanation
DMS	Data Management Strategy
D-SNP	Dual Eligible Special Needs Plan
EA	Enterprise Architecture
ECM	Electronic Claims Management
EDI	Electronic Data Interchange
EDW	Enterprise Data Warehouse
EE	Eligibility and Enrollment
EFT	Electronic Funds Transfer
EOB	Explanation Of Benefits
EOMC	Enterprise Objective Monitoring and Control
EPSDT	Early Periodic Screening, Diagnostic, and Treatment
ESB	Enterprise Service Bus
EVV	Electronic Visit Verification
FDSH	Federal Data Services Hub
FFE	Federally Facilitated Exchanges
FFP	Financial Participation
FFY	Federal Fiscal Year
FM	Financial Management
FMA	Financial Management Assessment
FWA	Fraud, Waste, and Abuse
GAAP	Generally Accepted Accounting Principles
HEDIS	Healthcare Effectiveness Data and Information Set
HER	Electronic Health Records
HHS	U.S. Department of Health and Human Services
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HISMM	Health Information Sharing Maturity Model
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HL7	Health Level Seven
IA	Information Architecture
IAP	Innovation Accelerator Program
IAPD	Implementation Advance Planning Document
ICD-10	International Classification of Diseases, Version 10
ICM	Information Capability Matrix
LDM	Logical Data Model
LMS	Learning Management System
MAGI	Modified Adjusted Gross Income
MAO	Medicare Advantage Organizations
MCO	Managed Care Organizations

Term/Acronym	Definition/Explanation
ME	Member Management
MEOS	Medicaid Enterprise Organizational Structure
MES	Medicaid Enterprise Systems
MFAR	Medicaid Fiscal Accountability Regulation
MFCU	Medicaid Fraud Control Unit
MIP	Micro Information Processing
MITA	Medicaid Information Technology Architecture
MMM	MITA Maturity Model
MOU	Memoranda Of Understanding
MPEC	Medicaid Provider Enrollment Compendium
NCCI	National Correct Coding Initiative
NCPDP	National Council for Prescription Drug Programs
NIEM	National Information Exchange Model
OCM	Organizational Change Management
OIG	Office of Inspector General
OM	Operations Management
OMB	Oversight And Management Board
ONC	Office Of National Coordinator
ORCPS	Office Of Regulation and Certification of Professionals Board of Licensing and Medical Discipline
OSHA	Occupational Safety and Health Administration
PA	Prior Authorization
PARIS	Public Assistance Reporting Information System
PBM	Pharmacy Benefit Manager
PDMP	Prescription Drug Monitoring Program
PE	Performance Management
PECOS	Provider Enrollment, Chain, And Ownership System
PEP	Provider Enrollment Portal
PHI	Protected Health Information
PHSA	Public Health Services Act
PIP	Promoting Interoperability Programs
PIU	Program Integrity Unit
PL	Plan Management
PM	Provider Management
PMO	Project Management Office
PPA	Pharmacy Program Administrator
PRBCP	Puerto Rico Background Check Program
PRDoH	Puerto Rico Department of Health
PREE	Puerto Rico Eligibility and Enrollment
PRHIE	Puerto Rico Health Information Exchange

Term/Acronym	Definition/Explanation
PRIR	Puerto Rico Immunization Registry
PRME	Puerto Rico Medicaid Enterprise
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
PROMESA	Puerto Rico Oversight, Management, and Economic Stability Act
PVT	Provider Verification Tool
RAC	Medicaid Recovery Audit Contractor
REOMB	Recipient Explanation of Medical Benefits
RFP	Request For Proposal
SaaS	Software-As-A-Service
SAM	System For Award Management
SARAFS	Secretaría Auxiliary Acreditación De Facilidades De Salud
SDLC	Systems Development Life Cycle
SED	Serious Emotional Disturbance
SFTP	Secure File Transfer Protocol
SMA	State Medicaid Agency
SME	Subject Matter Experts
SMI	Serious Mental Illness
SOA	Service-Oriented Architecture
SS-A	State Self-Assessment
SOW	Statement of Work
SUD	Substance Use Disorder
SUPPORT	Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act
TA	Technical Architecture
TCM	Technical Capability Matrix
TMS	Technical Management Strategy
T-MSIS	Transformed Medicaid Statistical Information System
TPA	Trading Partner Agreements
TPL	Third-Party Liability
W3C	World Wide Web Consortium
XML	Extensible Markup Language