REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES
MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE (MITA) STATE SELF-ASSESSMENT (SS-A) AND RELATED SERVICES

ISSUED BY THE DEPARTMENT OF HEALTH & SOCIAL SERVICES, DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

RFP NUMBER HSS-26-081

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TO: All Offerors
FROM: Samantha Somers
Management Analyst III
SUBJECT: Addendum #3 to request for proposal HSS-26-081, Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) and Related Services

The attached sheets hereby become a part of the above-mentioned solicitation. All other terms and conditions remain the same.

If you have any questions, please contact me at Samantha.Somers@Delaware.gov.

Addendum #3

2.4 MITA Initiative

The Medicaid Information Technology Architecture (MITA) initiative sponsored by the Center for Medicare and Medicaid Services (CMS) and governed by the MITA Governance Board is intended to foster integrated business and information technology (IT) transformation across the Medicaid enterprise to improve the administration of the Medicaid program.

The MITA Initiative is a national framework to support improved systems development and health care management for the Medicaid enterprise. MITA has a number of goals, including:

- development of seamless and integrated systems that communicate effectively through interoperability, and
- common standards and processes.

MITA promotes:

- flexibility,
- adaptability, and
- rapid response to changes in programs and technology.

The MITA enterprise view supports technologies that align with Medicaid business processes and enable coordination with public health and other partners, including human services. MITA is continually updated in response to developing program policies and goals.

CMS affirmed the overarching MITA 3.0 Framework with our final rule at 42 CFR Part 433 titled, Medicaid Program: Federal Funding for Medicaid Eligibility Determination and Enrollment Activities, Final Rule (Federal Register, Vol. 76, No.75) effective April 19, 2011. This rule provides states with the opportunity to receive enhanced Federal funding in order to improve interaction and interoperability across the Medicaid Enterprise. The rule requires that states complete a SS-A to help determine their “as is” environment across the Medicaid Enterprise.

MITA helps States prepare the MITA State Self-Assessment (SS-A) and Roadmap and to develop enterprise architectures to align to and advance increasingly in MITA maturity for business, architecture, and data.

The MITA Framework is a consolidation of principles, models, and guidelines that combine to form a template for the States to use to develop their own enterprise architecture. MITA processes provide guidance for State Medicaid Enterprise to use in adopting the MITA Framework through shared leadership, collaboration, and reuse of solutions.

The MITA Framework for the Medicaid Enterprise includes the following:

- Part I – Business Architecture: defines business activity and maturity determinations.
- Part II – Information Architecture: defines data relationships and industry standards to support business activity.
- Part III – Technical Architecture: defines sets of business and technical services, their connectivity, and standards to support Part I and II.

Each of the architectures aligns with the Seven **Standards and Conditions** issued by CMS, as outlined in **42 CFR 433.112(b)(12)** and further clarified in **State Medicaid Director (SMD) Letter**

16-009. **States are expected to satisfy these Standards and Conditions for Medicaid Enterprise Systems (MES) investments to qualify for enhanced Federal Financial Participation (FFP).**

The Seven Standards and Conditions consist of the following:

- Modularity Standard – Uses a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); 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 States commit to formal system development methodology and open, reusable system architecture. **Solutions should be designed as discrete, reusable modules that can be replaced or enhanced independently, facilitating reuse across programs and States and reducing long-term maintenance costs.**
- MITA Condition – States align to and advance increasingly in MITA maturity for business, architecture, and data. **States should use the MITA Framework and State Self-Assessment (SS-A) to guide strategic planning and continuous business transformation.**
- Industry Standards Condition – Ensures alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal Civil Rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act. **Solutions should also leverage nationally recognized standards wherever practical to promote interoperability, security, and portability across the Medicaid Enterprise.**
- Leverage Condition – State solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States. **States are encouraged to evaluate existing commercial, federal, state, and open-source solutions before developing new capabilities and to contribute reusable components back to the Medicaid community whenever feasible.**
- Business Results Condition – Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. **Systems should also improve customer service, increase operational efficiency, reduce administrative burden, and support measurable improvements in program performance.**
- Reporting Condition – Solutions should produce transaction data, reports, and performance information that contributes to program evaluation, continuous improvement in business operations, and transparency and accountability. **Reporting capabilities should support performance measurement, data analytics, program integrity, audit readiness, and evidence-based decision making.**
- Interoperability Condition – Systems must ensure seamless coordination and integration with the Exchanges (whether run by the state or federal government) and allow interoperability with Health Information Exchange (HIE), public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services. **Systems should utilize standardized interfaces and service-**

oriented architectures to facilitate secure, timely, and scalable information sharing across federal, state, local, and private-sector partners.

In addition, consistent with SMD 16-009, States are expected to implement robust governance, project management, and lifecycle management practices that support continuous improvement, modular procurement, reuse of shared services, and ongoing alignment with CMS policy and evolving Medicaid Enterprise objectives.