

RELATIONSHIP BETWEEN MMIS, MITA and HIT ADOPTION

State Medicaid Management Information Systems (MMIS) today contain a great deal of claims data and other information that, when coordinated with other systems and data bases, can be of significant value in achieving the vision of using certified electronic health record (EHR) technology to promote health information exchange, enhance quality and improve outcomes. We expect that data warehouses, decision support systems, and other components of your MMIS will play a large part in achieving your State's Medicaid "To-Be" vision for health information technology (HIT) and ensuring the meaningful use of EHR technology.

In addition, the Medicaid IT Architecture (MITA) Framework provides a conceptual model for understanding and appreciating HIT. As with MITA, the approach toward HIT should be business-oriented and client-centric, rather than technology-oriented and Medicaid-organization centric. Likewise, your understanding of where you are (current HIT landscape "As-Is") and where you are going (desired HIT landscape "To-Be") has been enriched by conducting State Self-Assessments, much as we expect you would do in developing your State Medicaid HIT Plan (SMHP). And similar to MITA, using an incremental approach and setting achievable goals for the near and mid-term, perhaps with the assistance of a "HIT Maturity Model,"¹ should not only help your State assess where it stands along your individualized continuum of progress (i.e., Medicaid HIT Road Map), but also help identify targets of opportunity critical to achieving your long-term "To-Be" vision for HIT by 2014.

Finally, we expect that States would evaluate the work necessary to implement section 4201 of the American Recovery and Reinvestment Act of 2009 (Recovery Act) in relation to the changes planned for their MMIS/MITA over the same time frame. For example, implementing the federally mandated changes to your system for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) X12 version 5010 transactions and standards and the ICD-10 code sets will contribute to improving the quality of health care outcomes in your SMHP. There may be provider needs and training that cannot be paid for through the MMIS enhanced match, but that will be eligible under the section 4201 funding. In summary, we expect that development and achievement of your SMHP will be closely linked and interdependent with your MMIS and MITA adoption.

Please note that, while we recognize the desire by some to simply merge the two Advance Planning Document processes (Medicaid Recovery Act HIT and request for MMIS enhanced match), we ask States not to combine your funding requests for the two related, but distinct activities. Both States and the Centers for Medicare & Medicaid Services are required to report separately on Recovery Act funding, so keeping the funding streams separate is of paramount importance in ensuring an audit trail for both of us.

¹ The MITA Whitepapers, including the MITA Maturity Model can be accessed at this site:
http://www.cms.hhs.gov/MedicaidInfoTechArch/02_MITAWHITEPAPERS.asp