

Manage Registry: Business Capabilities

Manage Registry				
Capability Question	Level 1	Level 2	Level 3	Level 4 & 5
Business Capability Descriptions This Section provides general background on the Business Process at Level 1 – 3. It is used to identify the differences between Levels.				
Is this business process primarily manual or automated?	This process consists primarily of manual, paper based steps. Information is keyed in manually in standard format and content.	This process uses a mix of manual and automated processes for data collection. Compiled data includes both information gathered manually and data entered into the registry and data files uploaded to the registry in standard data formats.	The process automates most activities in the workflow for data collection. Data is entered into standard Web forms and transmitted to the registry as data files or introduced from proprietary data sources using MITA standard interfaces.	
VA As Is	2010 MITA: No changes from 2007 MITA. 2007 MITA: VA's repository of data is non standard and disjointed; data elements are duplicated. Data access is limited to specific classifications of employees.			
VA To Be		2010 MITA: Moving towards a Level 2 where there is a mix of automation and manual processes for data collection. Many steps in process. 2007 MITA: VA can see the benefits of having a well appointed registry and		

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		would like to begin with a data warehouse.		
Does this business process use standards?	The process uses minimal standards for collection of data into the registry and local data standards.	The process uses State and Federal standards for collection of data into the registry.	The process uses the MITA standard interfaces and data definitions for collection of data into the registry, updates, and changes.	
VA As Is	2010 MITA: Most agencies use minimal standards for collection of data into the registry.		2010 MITA: The Health Department uses the CDC standard interfaces and data definitions for collection of data into the registry, updates and changes.	
VA To Be		2010 MITA: Move towards standardizing processes for collection of data into the registry.		
Does the Medicaid enterprise collaborate with other agencies or entities in performing this process?	The Medicaid enterprise may collaborate with other entities but collaboration uses manual processes (e.g., telephone contacts, facsimile, letters) to gather and share information between social services agencies, physician offices, hospitals and other providers.	The process uses a mix of manual and automated processes to collect information from the Medicaid enterprise and social services agencies, physician offices, hospitals, and other providers. Parties agree on format and content, security and privacy, and how to access shared information.	The Medicaid enterprise, other agencies, and providers agree to use MITA standard interfaces and Service Level Agreements (SLA) for updates to registries and access to shared information.	
VA As Is	2010 MITA: Some agencies operating at a Level 1 using	2010 MITA: Many agencies operating at a		

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	manual processes to gather and share information between agencies.	Level 2 with a mix of manual and automated processes to collect information.		
VA To Be		2010 MITA: The goal of all agencies is to have interoperable systems and processes.		
Business Capability Quality: Timeliness of Process				
How timely is this end-to-end process?	This process meets State and Federal guidelines for data collection timeliness for reporting to the Registry. The process can be completed, in many business days.	The process can be completed, in less time than at Level 1.	MITA standard interfaces and SLAs further reduce the time to complete the process than at Level 2.	
VA As Is	2010 MITA: Many agencies Manage Registry programs are manual. Since there isn't a standard for how timeliness is measured across programs, many agencies are able to meet or exceed program-specific requirements (mostly through automated support systems). 2007 MITA: Claims, encounter and eligibility data is available immediately to users via MMIS. Accessing larger sets must be done manually.			
VA To Be		2010 MITA: All agencies want Manage Registry		

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		<p>business processes to be more automated in order to handle more cases in a timelier manner.</p> <p>2007 MITA: DMAS currently is participating in a transformation grant for the Dept of Aging regarding no wrong door. DMAS would like to expand on the no wrong door participation concept expanding into other populations.</p>		
Business Capability Quality: Data Access and Accuracy				
How accurate is the information used in this process?	Data may be incomplete, inaccurate, irrelevant and untimely. Often additional information must be requested.	Accuracy and consistency of data improves over Level 1 due to increased use of automation and data standards.	Use of MITA standard interfaces and data definitions ensures accuracy of data. Data accuracy is higher than at Level 2.	
VA As Is	<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: Accessing information is mostly a manual process. Updates are made to individual claims, encounter and enrollee eligibility records before they are stored to monthly extracts for users to access.</p>	<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: VaMMIS requires claims and encounter data to be in standard formats.</p>		

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	Data elements are duplicated.			
VA To Be		<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: Additional edits would improve data accuracy; data warehouse with an intuitive, user friendly front-end would improve access.</p>		
How accessible is the information used in this process?	Access to data is controlled manually. Data access may take several business days.	The process uses on-line access to Registry data but compilation of the data is a mixture of manual and automated activities. Data access takes less time than Level 1.	The process has immediate access to standardized data. Data access takes less time than at Level 2.	
VA As Is	2010 MITA: Most agencies control data manually.			
VA To Be		2010 MITA: Move towards Level 2 compliance.		
Business Capability Quality: Cost Effectiveness				
What is the ratio of the cost to perform this process compared to the benefits of the results?	The process meets State budget guidelines.	Cost effectiveness increases with automation and elimination of local standards.	The process demonstrates the improvement value projected by the Medicaid enterprise.	
VA As Is	<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: VaMMIS processes the claims, encounter and eligibility data well. VA uses a prior authorization vendor to key</p>			

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	data into the system.			
VA To Be		<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: VA would like to increase automation, data sharing and interfacing.</p>		
Business Capability Quality: Effort to Perform; Efficiency				
How efficient is this process?	The process relies primarily on manual activities.	Efficiency increases with automation allowing staff to focus more on analyzing Registry data and issuing alerts when problems are detected.	Reaches maximum efficiency where alert messages are automatically sent to staff who can focus on resolutions of problems and future improvements.	
VA As Is	<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: Claims, encounter and eligibility registries are separate and do not “talk” to each other.</p>			
VA To Be	<p>2010 MITA: No changes from 2007 MITA.</p> <p>2007 MITA: More data sharing internally and externally would improve efficiency.</p>			
Business Capability Quality: Accuracy; Usefulness of Process Results				
How accurate are the results of this process?	Decisions are manual and based on non-standard information, which may result in inconsistent decisions.	Decision making for the process is automated based on Medicaid enterprise policy resulting in	The process consistently applies business rules resulting in more uniform decisions than at Level 2.	

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		more uniform decisions than at Level 1.		
VA As Is	2010 MITA: No changes from 2007 MITA. 2007 MITA: VA has sufficient automation at this level.			
VA To Be		2010 MITA: No changes from 2007 MITA. 2007 MITA: VA would like to validate encounters more frequently.		
Business Capability Quality: Utility or Value to Stakeholders				
How satisfied are the stakeholders (members, providers, tax payers)?	There are issues regarding timeliness, accuracy, completeness of the Registry data and negatively impacting stakeholder satisfaction.	Satisfaction improves over Level 1 due to automation.	Satisfaction is higher than Level 2 due to improved access to timely and accurate data and automated reporting.	
VA As Is	2010 MITA: No changes from 2007 MITA. 2007 MITA: VA has sufficient automation at this level.			
VA To Be		2010 MITA: No changes from 2007 MITA. 2007 MITA: VA would like to have automated maintenance of claims, encounter and eligibility		

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		data. VA would also like for enrollees to have automated medical records that are portable.		