MITA Checklists

Access and Delivery Checklist

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
Technical Service Classification: Business Intelligence		
TA.BI.10	The system of interest collects and stores data needed to produce reports consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver program.	Section 1115 of the Social Security Act, Section 1915(b) Freedom of Choice (Managed Care) Waivers, and Section 1915(c) Home and Community-Based Services Waivers)
TA.BI.2	The system of interest supports a range of analysis actions. (These include benefit modeling, utilization management, provider-member-MCO profiling, program planning, forecasting, program assessment, provider or contractor performance, quality assurance, fraud detection, comparison of fee-for-service and managed care, statistical analysis, comparative analysis, financial trends, case-mix adjustments within time ranges specified in the APD and/or RFP, and other functions as described in the APD and/or RFP.)	MMIS BP
TA.BI.4	The system of interest collects and summarizes data for specific user communities (e.g. data marts or cubes) such as program analysis staff, research group, financial management unit, agency executives (e.g. dashboard).	MMIS BP
TA.BI.5	The system of interest provides reports that allow users to drill down from summarized data to detailed data.	IBP
TA.BI.7	The system of interest's business intelligence information is consistent and reliable with full automation.	IBP
TA.BI.9	The system of interest limits access to authorized group of stakeholders.	MITA 3.0 TCM ML3
Technical Service Classification: Client Support		
TA.CS.10	The system of interest's user interface or associated interfaces provides text titles for frames to facilitate frame identification and navigation.	MITA 3.0 Part III, Ch. 7
TA.CS.14	The system of interest provides member and provider access to services via browser, kiosk, voice response solution, or mobile device, and manual submissions.	MITA 3.0 TCM ML2
TA.CS.17	The system of interest conforms to usability and design standards set by the state. This includes aesthetics, consistency in the user interface, and visual quality of the interfaces.	MITA 3.0 Ch. 4 (usability)
TA.CS.18	The system of interest fully complies with section 508 accessibility.	MITA 3.0 Ch. 4 Fig. 4-3 (508 compliance)
TA.CS.6	To the greatest extent possible, the system of interest is browser agnostic.	IBP
Technical Service Classification: Forms and Reporting		
TA.FR.1	The system of interest supports retrieval and presentation of data associated with geographic indicators such as state, county, and zip code.	IBP
TA.FR.2	The system of interest supports federal reporting requirements when these requirements are met through the decision support services (DSS).	SMM
TA.FR.4	The system of interest supports a variety of formats and output options (e.g. Word, Excel, html, Access database, or GUI formats).	SMM
TA.FR.6	The system of interest supports simple queries and pre-formatted reports that are easy to access, follow a user-friendly protocol, and produce responses immediately.	SMM
TA.FR.7	The system of interest provides ad hoc reporting capability that presents summarized information on key factors (e.g. number of enrollees, total dollars paid) to executive staff upon request.	SMM
TA.FR.8	The system of interest provides ad hoc query capability for retrieval of data relevant to specific operational units, e.g. claims resolution, prior authorization, and medical necessity review.	SMM
TA.FR.9	The system of interest produces report for each primary care case manager (PCCM) identifying the PCCM's enrollees and the total payment per month per enrollee.	IBP
Technical Service Classification: Performance Measurement		
TA.PM.5	The system of interest's transactions execute in a reasonable amount of time.	MITA 3.0 TCM ML3
TA.PM.6	The system of interest collects information in predefined formats.	MITA 3.0 TCM ML2
TA.PM.7	The system of interest provides the ability to record and monitor the performance and utilization of resources within the overall system.	MITA 3.0 Ch. 4 (business transaction management)
TA.PM.8	The system of interest generates performance measures for specific business processes using predefined and ad hoc reporting methods.	MITA 3.0 TCM ML2
Technical Service Classification: Security and Privacy		
TA.SP.10	The system of interest must protect electronic protected health information (ePHI) from improper alteration or destruction including authentication mechanisms and to corroborate that ePHI has not been altered or destroyed in an unauthorized manner.	45CFR164.310
TA.SP.11	The system of interest must verify that a person or entity seeking access to electronic protected health information is the one claimed.	45CFR164.310
TA.SP.13	The agency must publish provisions governing the confidential nature of information about applicants and beneficiaries including the legal sanctions imposed for improper disclosure and use.	42CFR431.304
TA.SP.14	The Medicaid Agency must demonstrate how the System of Interest publicize copies of the provisions governing the confidential nature of information about applicants and beneficiaries, including the legal sanctions, in addition provide copies of the provision to applicants, beneficiaries and other persons and agencies to whom information is disclosed.	42CFR431.304
TA.SP.15	The Medicaid Agency must demonstrate how the system of interest follows regulations govern the safeguard of information about applicants and beneficiaries. The following is the minimal set of information that must be safeguarded (1) Names and addresses; (2) Medical services provided; (3) Social and economic conditions or circumstances; (4) Agency evaluation of personal information; (5) Medical data, including diagnosis and past history of disease or disability; and (6) Any information received for verifying income eligibility and amount of medical assistance payments. Income information received from SSA or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data. (7) Any information received in connection with the identification of legally liable third party resources.	42CFR431.305

TA.SP.18	The system of interest complies with provisions for Administrative Simplification under the HIPAA of 1996 to ensure the confidentiality, integrity, and availability of ePHI in transit and at rest: • Provides safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies; • Performs regular audits; and • Supports incident reporting.	HIPAA
TA.SP.22	The system of interest verifies identity of all users, denies access to invalid users. For example: • Requires unique sign-on (ID and password) • Requires authentication of the receiving entity prior to a system initiated session, such as transmitting responses to eligibility inquiries.	45 CFR 164.308(a) (4) (i) 45 CFR 164.312(a) (2) (i) 45 CFR 164.312(d)
TA.SP.23	The system of interest supports data integrity through system controls for software program changes and promotion to production.	IBP
TA.SP.24	The system of interest enforces password policies for length, character requirements, and updates.	45 CFR 16.308(a) (5) (i) (D)
TA.SP.25	The system of interest supports a user security profile that controls user access rights to data categories and system functions.	45 CFR 164.308(a) (ii) (B) 45 CFR 164.308(a) (3) (i) 45 CFR 164.310(a) (2) (iii)
TA.SP.26	The system of interest permits supervisors or other designated officials to set and modify user security access profile.	45 CFR 164.308(a) (3) (ii) (A)
TA.SP.27	The system of interest includes procedures for accessing necessary electronic Protected Health Information (ePHI) in the event of an emergency; continue protection of ePHI during emergency operations.	45 CFR 164.312(a) (2) (ii) 45 CFR 164.308(a) (7) (ii) (C)
TA.SP.28	The system of interest supports workforce security awareness through such methods as security reminders (at log on or screen access), training reminders, online training capabilities, and/or training tracking.	45 CFR 164.308(5) (i)
TA.SP.3	The system of interest supports SMA in its responsibility for (i) Standard: Security management process. Implement policies and procedures to prevent, detect, contain, and correct security violations. (ii) Implementation specifications: (A) Risk analysis (Required). Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity. (B) Risk management (Required). Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with § 164.306(a). (C) Sanction policy (Required). Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity. (D) Information system activity review (Required). Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.	45CFR164.308
TA.SP.30	The system of interest alerts appropriate staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information.	45 CFR 164.308(a) (6) (i) 45CFR 164.308(a) (6) (ii)
TA.SP.31	The system of interest provides right of access and request for access to individuals to protect PHI in a timely manner that allows it to be included in responses to inquiries and report requests.	45 CFR 164.524(b) (1) 45 CFR 164.524(a) (1)
TA.SP.32	The system of interest contains verification mechanisms that are capable of authenticating authority (as well as identify) for the use or disclosure requested. For example: • Denies general practitioner inquiry for recipient eligibility for mental health services • Permits inquiries on claim status only for claims submitted by the inquiring provider.	45 CFR 164.312(a) (1).
TA.SP.33	The system of interest supports encryption and decryption of stored ePHI or an equivalent alternative protection mechanism.	45 CFR 164.312(a) (2) (iv)
TA.SP.34	The system of interest supports encryption of ePHI that is being transmitted, as appropriate.	45 CFR 164.312(e) (2) (ii)
TA.SP.35	The system of interest supports integrity controls to guarantee that transmitted ePHI is not improperly modified without detection (e.g. provide secure claims transmission).	45 CFR 164.312(e) (1)
TA.SP.36	The system of interest provides data integrity of ePHI by preventing and detecting improper alteration or destruction (e.g. double keying, message authentication, digital signature, check sums etc).	45 CFR 164.312(c) (1) 45 CFR 164.312(d) (2) (i)
TA.SP.37	The system of interest provides the capability that all system activity can be traced to a specific user or entity.	IBP
TA.SP.38	The system of interest identifies and responds to suspected or known security and privacy incidents; mitigate, to the extent practicable, harmful effects of security and privacy incidents that are known to the covered entity or business associate; and document security incidents and their outcomes. (Such as logon attempts that exceed maximum allowed.)	45 CFR 164.308(a) (6) (ii) 45 CFR 164.312(a) (2) (iii)
TA.SP.39	The system of interest logs system activity and enables analysts to examine system activity in accordance with audit policies and procedures (error diagnosis, and performance management) adopted by the Medicaid agency.	45 CFR 164.312(b)
TA.SP.41	The system supports procedures for guarding, monitoring, and detecting malicious software (e.g. viruses, worms, malicious code, etc.).	45 CFR 164.308(a) (5) (ii) (B)
TA.SP.42	The system of interest has the capability to provide provision of access to an authorized user or request.	45 CFR 164.524(c)
TA.SP.43	The system of interest contains indicators that can be set to restrict distribution of ePHI in situations where it would normally be distributed.	45 CFR 164.502 (C) 45 CFR 164.522(a) (1) (iii)
TA.SP.44	The system tracks disclosures of ePHI; provides authorized users access to and reports on the disclosures.	45 CFR 164.528(a) (3) 45 CFR 164.528(b)
TA.SP.45	The system of interest has the capability to handle request for amendment and timely action of making amendments ePHI about the individual in a designated record set	45 CFR 164.526(a) (1) 45 CFR 164.526(b) (1) and 45 CFR 164.526(c) (1)
TA.SP.46	The SMA has a Contingency Plan (CP) for the system of interest that: identifies essential missions and business functions and associated contingency requirements. These requirements include recovery objectives, restoration priorities, contingency roles, responsibilities and addresses maintaining essential business functions despite an information system disruption, compromise, or failure. This plan should be reviewed and updated on a yearly basis.	45CFR164.208(7)(i) and 45CFR164.208(7)(ii)
TA.SP.48	An alternate storage site should be identified, including necessary agreements to permit the storage and recovery of system backup information and the resumption of system operations for business functions within the time period specified. The organization establishes alternate telecommunications services including necessary agreements to permit the resumption of information system operations for essential business functions.	HIPAA
TA.SP.49	The organization provides for the recovery and reconstitution of the information system to a known state after a disruption, compromise, or failure. Recovery of the information system after a failure or other contingency shall be done in a trusted, secure, and verifiable manner.	HIPAA

TA.SP.5	The system must have standard Access Control specifications to include: (i) Assigning a unique name and/or number for identifying and tracking user identity. (Required) (ii) Establishing and implementing as needed emergency access procedures for obtaining necessary electronic protected health information during an emergency. (Required). (iii) Implementing electronic procedures that terminate an electronic session after a predetermined time of inactivity. (Addressable) (iv) Implementing a mechanism to encrypt and decrypt electronic protected health information. (Addressable)	45CFR164.310
TA.SP.50	Roles and responsibilities of individuals should be separated through assigned information access authorization as necessary to prevent malevolent activity.	HIPAA
TA.SP.51	User account access authorization should follow the concept of least privilege; allowing users access to only the information that is necessary to accomplish assigned tasks in accordance with business functions.	HIPAA
TA.SP.52	Accounts should be disabled after 3 consecutive invalid login attempts.	IBP
TA.SP.53	User account access should be reviewed on a quarterly basis at a minimum. User accounts should be appropriately disabled as roles and responsibilities change.	IBP
TA.SP.54	After 15 minutes of inactivity, the system should initiate a session lock; the session lock should remain in place until the user reestablishes access using established identification and authentication procedures.	IBP
TA.SP.55	The system of interest supports or regulates connections with other information systems (e.g. system of interest to outside of the SMA authorization boundary) through the use of Interconnection Security Agreements. Interconnection Security Agreements document, the interface characteristics, security requirements, and the nature of the information communicated over the connection.	HIPAA
TA.SP.56	The SMA enforces physical access authorizations for all physical access points (including designated entry/exit points) to the facility where the information system resides (excluding those areas within the facility officially designated as publicly accessible).	HIPAA
TA.SP.57	The SMA maintains a current list of personnel with authorized access to the space where required (e.g. review and approval of access list and authorization credentials at least once every 180 days, removes personnel from the access list that no longer require access).	HIPAA
TA.SP.58	Physical access to information system distribution and transmission lines is controlled within the facility to prevent unauthorized access.	HIPAA
TA.SP.6	The system must guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.	45CFR164.310
TA.SP.61	A short-term uninterruptible power supply should be employed to facilitate an orderly shutdown of the information system in the event of a primary power source loss.	HIPAA
TA.SP.63	The system of interest provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise.	MITA 3.0 TCM ML3
TA.SP.7	The SMA implements policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information.	45CFR164.310
TA.SP.70	The system of interest enforces a sufficient level of authentication / identification against fraudulent transmission and imitative communications deceptions by validating the transmission, message, station or individual.	IBP
TA.SP.72	Sensitive data in transit that requires confidentiality protection are encrypted when traversing entity boundaries. For data in transit where the only concern is the protection of integrity, hashing techniques and message authentication codes are used instead of encryption.	HIPAA
TA.SP.74	The system of interest uses only FIPS Pub 140-2-approved (or higher) encryption algorithms.	IBP
TA.SP.75	The system of interest employs malicious code protection mechanisms at IT system information system entry and exit points and at workstations, servers, or mobile computing devices on the network to detect and eradicate malicious code.	IBP
TA.SP.76	The system of interest updates malicious code protection mechanisms (including signature definitions) whenever new releases are available in accordance with IT system configuration management policy and procedures.	HIPAA
TA.SP.77	The state and IT solution have implemented to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting ePHI in accordance with the HIPAA Security Rule on a control by control basis as defined by the NIST Cybersecurity Framework and NIST SP 800-53.	HIPAA
TA.SP.9	The system must support audit controls for hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.	45CFR164.310

Criteria Count = 75

Eligibility and Enrollment Management Checklist (MITA Module)

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
Business Process: Determine Member Eligibility		
BA.EE.DME.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.CM21.1	SMA identifies Members who are eligible for a State's Medicaid program by qualifying under a Section 1115 waiver eligibility expansion group. Distinguishes the "1115 expansion eligibles" from other groups of Medicaid-eligibles.	IBP
EE.CM21.2	SMA collects and maintains the data necessary to support the budget neutrality reporting requirements as specified in the State's 1115 Waiver (including the ability to identify those Members who would be ineligible for Medicaid in the absence of the State's 1115 Waiver).	IBP
EE.CM23.1	The system receives and processes eligibility data from state's eligibility source system.	SMM
Business Process: Determine Provider Eligibility		
BA.EE.DPE.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.CM23.2	SMA receives and processes provider eligibility data from MMIS or data repository for PCP program.	CFR
Business Process: Disenroll Member		
BA.EE.DM.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.CM22.5	SMA disenrolls members from MCO.	CFR
EE.CM22.6	The system automatically re-enrolls members in new plans during periods of open enrollment or when an MCO leaves the program.	CFR
EE.CM22.7	The system automatically disenrolls member from a terminated MCO and places in regular fee-for- service status.	CFR
EE.CM28.1	SMA prevents or suspends payments for Members who have become ineligible for Medicaid.	HCBS
EE.CM3.1	The system automatically disenrolls member from a PIHP or PAHP.	CFR
EE.CM3.3	SMA allows disenrollment from a PIHP or PAHP without cause during the 90 days following the enrollee's initial date of enrollment and at least once every 12 months thereafter.	CFR
EE.CM3.4	SMA may disenroll and re-enroll members in new plans during periods of open enrollment or when a PIHP or PAHP goes out of business.	CFR
EE.CM3.5	SMA may disenroll members from a terminated PIHP or PAHP and place in regular fee-for-services status.	CFR
EE.CM9.2	SMA disenrolls members from PCCM.	CFR
EE.CM9.4	The system automatically disenrolls enrollees from a terminated PCCM provider and places the Member in regular fee-for-service status.	CFR
Business Process: Disenroll Provider		
BA.EE.DP.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.PR1.1	The system produces notices to applicants of pending status, approval, or rejection of their applications.	IBP
Business Process: Enroll Member		
BA.EE.EM.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.CM22.1	The system captures enrollee choice of primary care physician (PCP) from the MCO's provider network.	IBP
EE.CM22.10	SMA provides a default enrollment process for those Members who do not choose a MCO.	CFR
EE.CM22.11	SMA automatically re-enrolls a Member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional if State Plan so specifies).	CFR
EE.CM22.12	System must be able to support a medical home infrastructure when implemented in the state as directed by the State.	IBP
EE.CM22.13	System must be able to enroll, disenroll, maintain, track and produce reports for Medical Home as directed by the State.	IBP
EE.CM22.2	SMA assigns enrollee to MCO based on factors such as client age, sex, geographic location; and MCO capitation rate, location.	CFR
EE.CM22.3	SMA assigns member to a primary care physician within MCO.	IBP
EE.CM22.4	The system displays enrollees associated with MCO.	IBP
EE.CM22.8	The system identifies Members excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in MCO.	CFR
EE.CM22.9	SMA prioritizes enrollment for Members to continue enrollment if the MCO does not have the capacity to accept all those seeking enrollment under the program.	CFR
EE.CM25.1	SMA identifies, tracks and reports unduplicated participants enrolled in 1915 (c) waiver program.	HCBS
EE.CM25.2	The system generates notices or alerts to agency if number of unduplicated participants enrolled in the waver program exceeds the number of participants approved in the waiver application.	HCBS
EE.CM25.3	The system identifies the date a participant is assessed to meet the waiver level of care (LOC) and the date of the LOC reevaluation.	HCBS
EE.CM3.2	The system accepts and processes update information as changes are reported.	IBP
EE.CM3.6	The system identifies Members excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in a PIHP or PAHP.	CFR
EE.CM3.7	Managed Care PIHP AND PAHP automatically re-enrolls a member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional if State Plan so specifies).	CFR
EE.CM9.1	The system auto-assigns enrollees to a PCCM who fail to choose a PCCM, and completes provider lock-in process.	CFR
EE.CM9.10	The system generates a capitation payment for clients enrolled in the PACE benefit plan based on the rate for the provider per State policy. CLARIFICATION: One of three payments will need to be generated for each member based on the provider-specific rates set by IME.	IBP
EE.CM9.11	The system produces weekly, or as required by State, a report of all members enrolled with a PACE provider. CLARIFICATION: The report is currently required on a monthly basis. The frequency of the report is configurable and will be determined by the State.	IBP
EE.CM9.12	SMA manages dual enrollment in State benefit plans based on the State hierarchy enrollment rules.	IBP
EE.CM9.3	SMA allows enrollee to disenroll from a PCCM without cause during the 90 days following the enrollee's initial date of enrollment and at least once every 12 months thereafter.	CFR
EE.CM9.5	The system performs mass reassignment of enrollees if contract with PCCM is terminated or Member disenrolls for any reason other than ineligibility for Medicaid.	CFR
EE.CM9.6	The system identifies Members excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in PCCM.	CFR
EE.CM9.7	SMA prioritizes enrollment for Members to continue enrollment if the PCCM does not have the capacity to accept all those seeking enrollment under the program.	CFR
EE.CM9.8	SMA provides a default enrollment process for those Members who do not choose a PCCM.	CFR
EE.CM9.9	PCCM and Gatekeeper automatically re-enrolls a Member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional if State Plan so specifies).	CFR
EE.TPL2.1	SMA identifies Members for referral to the Lock-in program.	SSA
Business Process: Enroll Provider		
BA.EE.EP.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.CM14.1	The system identifies physicians who have agreed to provide gatekeeper services, geographic location(s), number of assigned Members, and capacity to accept additional patients.	IBP

EE.CM26.1	The system prevents enrollment of entities and individuals who do not meet the provider qualifications contained in the provider agreement.	HCBS, CFR
EE.CM26.2	The system prohibits enrollment of providers affiliated with individuals debarred by State or Federal Agencies, listed in Abuse Registries, or otherwise unqualified to provide service.	HCBS
EE.CM29.1	SMA monitors provider capacity and capabilities to provide waiver services to enrolled participants.	HCBS
Business Process: Inquire Member Eligibility		
BA.EE.IME.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
EE.ME1.1	The SMA must ensure that individual records on each applicant / beneficiary must be maintained and contain, at a minimum, the following information: (1) Date of application (2) Date of and basis for disposition (3) Facts essential to determine initial and continuing eligibility (4) Provision of medical assistance (5) Basis for discontinuing assistance (6) Disposition of income (7) Eligibility verification information received	CFR
EE.ME3.1	The system provides eligibility status for the date(s) queried in response to the eligibility inquiry made and shall track and monitor the responses to the queries	SMM
EE.ME3.2	In response to an eligibility inquiry made through the MMIS, SMA provides notice of participation in a managed care program (SMM 11281.1B).	SMM
EE.ME3.3	In response to an eligibility inquiry made through the MMIS, SMA provides notification of program and service restrictions, such as lock-in or lock-out (SMM 11281.1B).	SMM
EE.ME3.4	The system maintains record/audit trail of responses to eligibility inquiries.	IBP
Business Process: Inquire Provider Information		
BA.EE.IPI.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A

Criteria Count = 59

Information Architecture Checklist

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
IA Component Name: Conceptual Data Model (CDM)		
IA.CDM.1	The SMA demonstrates adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.	MITA 3.0 IA ML 3
IA.CDM.2	The system of interest identifies relationships between key entities in the Medicaid enterprise.	MMIS BP
IA Component Name: Data Management Strategy (DMS)		
IA.DMS.2	The SMA demonstrates adoption of an intrastate metadata repository where the agency defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.	MITA 3.0 IA ML 3
IA.DMS.4	The SMA demonstrates adoption of statewide standard data definitions, data semantics, and harmonization strategies.	MITA 3.0 IA ML 3
IA.DMS.5	The system of interest updates all historical claim data, recipient enrollment, provider enrollment, and other primary reference data on a scheduled basis.	MMIS BP
IA Component Name: Data Standards (DS)		
IA.DS.1	The system of interest supports system transmission and receipt of all current version x12N and NCPDP eligibility verification transactions.	HIPAA 5010
IA.DS.10	The system of interest, at a minimum, supports transfer of data from MMIS and to other entities (e.g., claims history, recipient enrollment, provider enrollment, and primary reference data information (e.g. diagnosis, procedure, national drug code [NDC], and pricing).	MMIS BP
IA.DS.11	The system of interest supports consumption of data in multiple formats from many sources, such as vital statistics, MCO encounter data, benefit manager encounter data (pharmacy, dental, mental health), waiver program data, and census bureau.	MMIS BP
IA.DS.12	The system of interest supports sending electronic claim payment/advice transactions (ASC X12N 835) meeting the standards required by 45 CFR Part 162.	HIPAA
IA.DS.13	The system of interest requires, captures, and maintains the 10-digit national provider identifier.	HIPAA
IA.DS.14	The system of interest accepts the national provider identifier in all standard electronic transactions mandated under HIPAA.	HIPAA
IA.DS.15	The system of interest interfaces with the National Plan and Provider Enumerator System (NPPES) to verify the NPI of provider applicants.	HIPAA
IA.DS.16	The system of interest does not allow atypical providers to be assigned numbers that duplicate any number assigned by the NPPES.	HIPAA
IA.DS.17	The system of interest provides ability to link and de-link to other Medicaid provider IDs for the same provider, (e.g., numbers used before the NPI was established, erroneously issued prior numbers, multiple NPIs for different subparts, etc.). Captures/crosswalks subpart NPIs used by Medicare (but not Medicaid) to facilitate coordination of benefits (COB) claims processing.	HIPAA
IA.DS.18	The system of interest is capable of or supports the production of a random sample of data that would be needed for audit purposes (e.g., providers, beneficiaries, claims, etc.) based on the state-established selection criteria.	IBP
IA.DS.19	The system of interest processes or supports actions and responses to B Notices from Internal Revenue Service (IRS) as determined by the state.	IBP
IA.DS.2	The system of interest supports production of X12N 270 transactions to query other payer eligibility files and ability to process responses.	HIPAA 5010
IA.DS.21	The system of interest maintains all HIPAA-required data sets (e.g. ICD-10, NDC), including those defined by the HIPAA implementation guides to support all transactions required under HIPAA administrative simplification rule (e.g., gender, reason code).	HIPAA
IA.DS.5	The system of interest supports the sending and receiving of electronic claims transactions, containing valid codes, required by 45 CFR Parts 160 and 162, as follows: • Retail pharmacy drug claims (NCPDP) • Dental health care claims (X12N 837D)	45 CFR, 160 and 162
IA.DS.6	The system of interest provides secure, HIPAA-compliant software and documentation for use by providers to submit electronic claims.	HIPAA
IA.DS.7	The system of interest processes batch 837 claims, rejecting only individual bad claims and accepting all others.	IBP
IA.DS.9	The system of interest complies with the SMA's standardized structure and vocabulary data for automated electronic intrastate interchanges and interoperability.	MITA 3.0 IA ML3
IA Component Name: Logical Data Model (LDM)		
IA.LDM.1	The system of interest accepts, records, stores, and retrieves documents (free-form or in HIPAA attachment format) submitted with or in reference to claim submission activity, and auto-archives or forwards to appropriate operational area for processing.	IBP
IA.LDM.3	The system of interest associates clinical data (e.g., claims attachment) with the claim record.	IBP
IA.LDM.4	The system of interest maintains synchronization of claims and encounter record dates with provider and member record dates (i.e. a claim or encounter is always linked to the provider status and member status segments associated with the date of service).	MMIS BP
IA.LDM.5	The system of interest Logical Data Model (LDM) supports identification of data classes, attributes, relationships, standards, and code sets for intrastate exchange.	MITA 3.0 IA ML 3
IA.LDM.6	The system of interest maintains providers' data (e.g., links from providers to other entities, such as groups, managed care organizations, chains, networks, ownerships, and partnerships).	SMM
S&C.IC.3	The system conforms to ASC X12 Technical Reports Type 3 (TR3), Version 005010 is mandated by 1/1/2012.	
TA.SP.1	The system of interest verifies that all fields defined as numeric contain only numeric data.	SMM
TA.SP.12	The SMA adopts CAQH CORE Phase I, II and III as stipulated in 45 CFR 162 (Operating Rules for HIPAA Transactions).	45CFRP162.1403
TA.SP.16	The system of interest supports ANSI X12N 820 Premium Payment transaction as required by HIPAA.	HIPAA
TA.SP.17	The system of interest supports all ANSI X12N transactions as required by HIPAA.	HIPAA
TA.SP.2	The system of interest verifies that all fields defined as alphabetic contain only alphabetic data.	SMM

Criteria Count = 33

Integration and Utility Checklist

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
Technical Service Classification: Configuration Management		
TA.CM.4	The system of interest uses technology-neutral interfaces that localize and minimize impact of new technology insertion.	MITA 3.0 TCM ML2
Technical Service Classification: Data Access and Management		
TA.DAM.1	The system of interest maintains online access to at least four years of selected management reports and five years of annual reports.	IBP
TA.DAM.2	The system of interest conducts information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards.	MITA 3.0 TCM ML3
TA.DAM.3	The system of interest develops data models that include mapping of information exchange with external organizations.	MITA 3.0 TCM ML2
TA.DAM.7	The system of interest applies single source of information methodologies.	MITA 3.0 TCM ML2
Technical Service Classification: Decision Management		
TA.DM.1	The system of interest uses standardized business rules definitions that reside in a separate application or rules engine.	MITA 3.0 TCM ML3
TA.DM.2	The system of interest uses rules editor that maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.	MITA 3.0 TCM ML3
Technical Service Classification: Logging		
TA.LG.1	The authorized user has access to user activity history and other management functions, including log-on approvals/ disapprovals and log search and playback.	MITA 3.0 TCM ML2
TA.LG.2	The system of interest defines information sharing and event notification standards to allow aggregated and integrated information.	MITA 3.0 Part III, Ch. 4 and 7.

Criteria Count = 9

Intermediary and Interface Checklist

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
Technical Service Classification: Business Process Management		
TA.BPM.1	The system of interest uses Enterprise Content Management (ECM) services to allow entry of different forms of information content in a variety of ways.	MITA 3.0 Part III, Ch5 Application Architecture
TA.BPM.4	The system of interest uses a mix of manual and automated business processes.	MITA 3.0 TCM ML2
Technical Service Classification: Data Connectivity		
TA.DC.1	The system receives and processes member eligibility information from external sources.	SMM
TA.DC.10	The system of interest securely conducts electronic information exchange within the agency and with multiple intrastate agencies via an information hub.	MITA 3.0 TCM ML3
TA.DC.3	Assure adjudication for payment within 30 days after receipt of any properly submitted correct claim which passes all required edits and checks.	SMM
TA.DC.5	The system of interest interfaces with the pharmacy prior authorization database.	SMM, CFR
TA.DC.6	The system interfaces with electronic authorization for retail pharmacy drug referral certification and authorization.	HIPAA; 45 CFR Part 162
TA.DC.7	The system of interest performs advanced information monitoring and routes system alerts and alarms to communities of interest when the system detects unusual conditions.	MITA 3.0 TCM ML3
TA.DC.9	The system of interest uses XML standards for message format to ensure interoperability.	MITA 3.0, Part III Ch2, Tech Mgmt Strategy
Technical Service Classification: Service Oriented Architecture		
TA.SOA.1	The system of interest adopts MITA-recommended ESB, automated arrangement, coordination, and management of system.	MITA 3.0 TCM ML3
TA.SOA.2	The system of interest conducts reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages.	MITA 3.0 TCM ML2
TA.SOA.4	The SMA conducts system coordination between intrastate agencies and some external entities. Otherwise, we can change it in the later version.	MITA 3.0 TCM ML3
Technical Service Classification: System Extensibility		
TA.SE.2	The system of interest uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health & Human Services (HHS) applications and intrastate agencies, including the Health Insurance Exchange (HIX).	MITA 3.0 TCM ML3
TA.SE.3	The system of interest documents all interfaces in an Interface Control Document (ICD), along with how those interfaces are maintained.	IBP

Criteria Count = 14

Provider Management Checklist (MITA Module)

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
Business Process: Manage Provider Communication		
BA.PM.MPC.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
PM.CM3.1	The system generates periodic enrollment and timely notification of changes for active Medicaid members to each PIHP or PAHP provider.	CFR
PM.PR1.10	The system produces responses to requests/inquiries on the adequacy of the Medicaid provider network based on provider/beneficiary ratios by geographic region, provider type, etc.	IBP
PM.PR1.5	The system supports communications to and from providers and tracks and monitors responses to the communications.	IBP
PM.PR1.9	The system tracks the sending of state furnished information to enrolled providers.	IBP
PM.PR2.6	The system generates notices to providers of expiring Medicaid agreements and/or state licenses.	IBP
Business Process: Manage Provider Grievance and Appeal		
BA.PM.MPG.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
PM.PR1.6	The system supports a provider appeals process in compliance with federal guidelines contained in 42 CFR 431.105.	CFR
Business Process: Manage Provider Information		
BA.PM.MPI.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A
PM.CM14.1	The system accepts and processes updates information about the PCCM as changes are reported.	IBP
PM.CM14.2	The system generates reports to monitor enrolled providers to prohibit affiliations with individuals debarred by federal agencies.	CFR
PM.CM26.1	The system captures enrollment information, including national provider identifier (NPI) if required, on entity or individual meeting the qualifications contained in the provider agreement including geographic locations and capitation or fee-for service (FFS) rates.	HCBS, CFR
PM.CM26.2	The system captures termination information when a waiver provider voluntarily terminates or a provider agreement is cancelled.	IBP
PM.CM29.1	The system produces reports to identify network providers and assess enrollee access to services.	IBP
PM.CM29.2	The system is able to produce managed care program reports by category of service, category of eligibility, and by provider type.	IBP
PM.CM9.1	The system displays enrollees associated with PCCM	IBP
PM.PH1.1	The system provides real-time access to provider eligibility, including the pharmacy and prescriber national provider identifier (NPI) and authorization ids for electronic submission of claims. Note: depends on the timing of the updates maintained in the individual State. See State-specific Requirements.	SMM, HIPAA, CFR
PM.PR1.11	The system uses consistent provider naming conventions to differentiate between first names, last names, and business or corporate names and to allow flexible searches based on the provider name.	IBP
PM.PR1.2	The system routes provider applications, and collects and processes provider enrollment and status information.	IBP
PM.PR1.3	The system assigns and maintains provider numbers for all providers if the system is not natively NPI-compliant internally. Maps NPI identifiers to internal assigned numbers. Assigns and maintains provider numbers for providers not eligible for an NPI number.	SMM
PM.PR1.4	The system flags and routes records for action if multiple internal state assigned provider numbers are associated with a single provider.	IBP
PM.PR1.7	The system maintains date-specific provider enrollment and demographic data.	SMM
PM.PR1.8	The system generates information requests, correspondence, or notifications based on the status of the application for enrollment.	IBP
PM.PR2.1	SMA tracks and supports the screening of applications (and ongoing provider updates) for (National Provider Identifier (NPIs), State licenses, Specialty Board certification as appropriate, review team visits when necessary, and any other State and/or Federal Requirement.	SMM
PM.PR2.2	The system tracks and supports any established provider review schedule to ensure providers continue to meet program eligibility requirements.	SMM
PM.PR2.3	The system verifies provider eligibility in support of other system processes, i.e. payment of claims.	SMM
PM.PR2.4	The system captures clinical laboratory improvement amendments (CLIA) certification information and the specific procedures each laboratory is authorized to cover. links the information for use in claims adjudication.	SMM
PM.PR2.5	The system cross-references license and sanction information with other state or federal agencies.	IBP
PM.PR2.7	The system maintains the capability to limit billing and providers to certain benefit plans, services, by procedure codes, ranges of procedure codes, member age or by provider type(s) or as otherwise directed by the State.	IBP
PM.PR2.8	SMA ensures all end dates are linked, so they can be synchronized to the servicing location state licenses or other licenses as directed by the State.	IBP
PM.PR2.9	The system supports automated criminal background checks for all providers as specified by the State.	IBP
PM.PR3.1	The State plan must provide for the identification of providers by Employer identification number unless the provider is in solo practice or the provider is not in solo practice but billing is by the individual practitioner in which case the identification is by social security number.	CFR
PM.PR3.10	The system maintains a flag for providers who are eligible to use electronic funds transfer (eft) and electronic claims submission.	SMM
PM.PR3.2	The Medicaid Agency must demonstrate how the system identifies health care providers using the standard unique National Provider Identifier (NPI). The NPI is a 10-position numeric identifier, with a check digit in the 10th position, and no intelligence about the health care provider in the number. (b) Required and permitted uses for the NPI. (1) The NPI must be used as stated in § 162.410, § 162.412, and § 162.414. (2) The NPI may be used for any other lawful purpose.	CFR
PM.PR3.3	The system accepts, validates, and processes transactions or user entries to update and maintain provider information.	SMM
PM.PR3.4	The system tracks and controls the process of reconciliation of errors in transactions that are intended to update provider information.	SMM
PM.PR3.5	The system maintains current and historical multiple address capabilities for providers.	SMM
PM.PR3.6	The system maintains an audit trail of all updates to the provider data, for a time period specified by the state.	SMM
PM.PR3.7	The system maintains providers' drug enforcement administration (DEA) numbers.	SMM
PM.PR3.8	The system provides capability to do mass updates to provider information, based on flexible selection criteria.	SMM
PM.PR3.9	The system maintains indicators to identify providers that are fee-for-service (FFS), managed care organization (MCO) network only, and other state health care program participants.	SMM
Business Process: Perform Provider Outreach		
BA.PM.PPO.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A

PM.PR1.1	SMA supports provider outreach through evaluation of provider networks and tracking of performance measures to ensure correct mix of providers within state.	MITA BA
Business Process: Terminate Provider		
BA.PM.TP.SS.1	State specific criteria to demonstrate support of to-be maturity chosen from most recent MITA SS-A.	MITA SS-A

Criteria Count = 44

Standards and Conditions Checklist

Select Milestone Review(s) → ☐ Project Initiation ☑ Final ☐ Operational

Check Spelling

Ref # *(MITA State-specific)*	System Review Criteria	Source
S&C: Business Results Condition		
S&C.BRC.5	The system of interest accommodates customer preferences for communications by email, text, mobile devices, or phones.	MITA level 3
S&C: Industry Standards Condition		
S&C.ISC.6	The system of interest complies with standards and protocols adopted by the Secretary under sections 1104 and 1561 of the Affordable Care Act.	Sect 1561 and 1104 of ACA
S&C: Interoperability Condition		
S&C.IC.2	SMA uses a medical code set for coding diseases, signs and symptoms, abnormal findings, and external causes of injuries/diseases, as stipulated in 45 CFR Part 162.1002.	45 CFR Part 162
S&C.IC.4	The system uses the Clinical Modification (ICD–10 CM) for diagnosis coding (including the Official ICD–10 CM Guidelines for Coding and Reporting), and, the Procedure Coding System (ICD–10 PCS) for inpatient hospital procedure coding (including the Official ICD–10 PCS Guidelines for Coding and Reporting).	CMS 0013F 45 CFR, parts 160, 162, and, Protecting Access to Medicare Act (PAMA) of 2014; HHS Final Rule
S&C.IC.6	The architecture adopted preserves the ability to efficiently, effectively, and appropriately exchange data with other participants in the health and human services enterprise.	IBP
S&C: Leverage Condition (Reuse)		
S&C.LC.11	SMA has identified and adopted transition and retirement plans.	MITA level 4
S&C: Modularity Standard		
S&C.MS.10	The SMA uses regionally standardized business rule definitions in both human and machine-readable formats.	MITA level 4
S&C.MS.14	The SMA defines system of interest modules that can be interchanged without major system design.	MITA level 3
S&C.MS.16	The state uses an intrastate rules engine separate from core programming with established interstate standardized business rules definitions.	MITA ML3, SS-A Appendix A
S&C.MS.18	The system of interest design documents utilize a widely supported modeling language (e.g., UML, BPMN).	MITA level 3
S&C.MS.2	Open standards between key interfaces have been considered for all and chosen where feasible.	MITA level 3
S&C.MS.4	Modularity will be verified through extensive testing that demonstrates compliance with chosen interface standards and specifications.	MITA level 3

Criteria Count = 12