



**INFORMATION SYSTEMS DIVISION**  
**MITA ASSESSMENT AND BPR PROJECT**  
**Baseline System Requirements and**  
**Specifications (Update)**

ITB #: 09-X-2205831

July 26, 2010

Version 3.03

Note: This is an early version of the System Requirements and Specification document. It is included only to provide a potential IV&V and QA service provider with a general understanding of the system which will be supported with these services. These requirements are undergoing systematic review and may change substantively before they are used in conjunction with a system procurement. For example, the Agency is currently investigating the feasibility of developing this subsystem within its Microsoft SharePoint environment.



## REVISION HISTORY

Version Number	Date	Reviewer	Comments

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## LIST OF ACRONYMS

The following acronyms are used throughout this document:

Acronym	Definition
.NET	Microsoft's application development framework for Web, server and Smart Client Application
ACCP	Alabama Child Caring Program
ADA	American Dental Association
AMAES	Alabama Medicaid Application and Eligibility System
AMMIS	Alabama Medicaid Management Information System
AMMIS-RS	Alabama Medicaid Management Information System Recipient Subsystem
ASCII	American Standard Code for Information Interchange
BA	Business Architecture
BCM	Business Capability Matrix
BPM	Business Process Management
BPMN	Business Process Modeling Network
BPR	Business Process Reengineering
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
COBOL	Common Business Oriented Language
COLD	Enterprise report management system
CROCS	Comprehensive Recipient Online Collections
DPH	Department of Public Health
DSS	Decision Support System
EA	Enterprise Architecture
EPSDT	Early Periodic Screening, Diagnosis, and Treatment



Acronym	Definition
ESB	Enterprise Service Bus
EVS	Eligibility Verification System
FDD	Feith Document Database
FFP	Federal Financial Participation
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HL7	Health Level 7 (standards for exchanging medical information)
HP	Hewlett Packard
IA	Information Architecture
ICD	International Statistical Classification of Diseases and Related Health Problems
ISAM	Indexed Sequential Access Method
IT	Information Technology
ITB	Invitation to Bid
LTC	Long Term Care
MARS	Management and Administrative Reporting System
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MMM	MITA Maturity Model
NCPDP	National Council for Prescription Drug Programs
NET	Non-Emergency Transportation
PAC	Provider Assistance Center
QC	Quality Control
RACF	Resources Access Control Facility
ROI	Return on Investment
RS R&R Phase II Project	Recipient Subsystem Reengineering and Redesign Phase II Project
SDX	State Data Exchange
SFTP	SSH File Transfer Protocol
SOA	Service Oriented Architecture
SS-A	State Self-Assessment
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
SURS	Surveillance and Utilization Review System
SVES	State Verification Exchange System
TA	Technical Architecture



Acronym	Definition
TANF	Temporary Assistance for Needy Families
TFQ	Together For Quality [Transformation Grant]
TPL	Third Party Liability
UML	Unified Modeling Language
USPS	United States Postal Service
VPN	Virtual Private Network
VSAM	Virtual Storage Access Method
WSDL	Web Service Description Language

## 1 EXECUTIVE SUMMARY

In March 2009, the Alabama Medicaid Agency (the Agency) solicited bids for consultant support and technical assistance for the *Medicaid Information Technology Architecture (MITA 2.01) State Self-Assessment and Business Process Reengineering Project*. The resulting output of the project is to launch a follow-on project to modernize the Alabama Medicaid Management Information system AMMIS Recipient Subsystem (AMMIS-RS) and related subsystems by constructing and awarding two ITBs to oversee, redesign, redevelop, and implement a new AMMIS-RS and related subsystems. The redesign, development, and implementation efforts shall follow the MITA 2.01 Framework (business architecture, information architecture, and technical architecture) of general [cross cutting], and adopting state-of-the-art Information Technology (IT), methodologies, and practices.

Medicaid's Alabama Medicaid Application and Eligibility System (AMAES), a 30+-year-old legacy system, is the primary and integral software component of the AMMIS-RS. Originally created as a mainframe based Indexed Sequential File (ISAM) in 1978, AMAES was rebuilt as a variable length file that utilized a Virtual Sequential Access Method (VSAM) database management structure in 1983. The rebuilt AMAES was put into production in 1984. Given that it is calendar year 2010, this means that the legacy component of the AMMIS-RS has realized an extraordinary software life span of over 30 years.

This Baseline System Requirements and Specifications document will provide the foundation for defining, assessing, and specifying the requirements for the new AMMIS-RS. It will begin with the findings of the MITA 2.01 State Self-Assessment completed during the fourth quarter of 2009 as part of this project and will be amended throughout the next four project stages as requirements are defined. This document is organized in six major sections:

1. **Executive Summary** – Briefly presents the main topics discussed in the document including the goal of the Agency, description of the current AMMIS-RS, and the iteration process this through which this document will evolve.
2. **Introduction** – Describes the purpose and scope of the document including the specific incremental tasks of each stage.
3. **General Description** – Presents the MITA perspective, other projects related to or impacting this project, the proposed function of the new AMMIS-RS, as well as the system environment and general constraints.
4. **Technical Architecture** – Presents the results of the As Is of the Technical Assessment within the applicable Technical Functional Areas and proposes the To Be alternatives.
5. **Specific Requirements** – Specifies the requirements for the new AMMIS-RS including the functional requirements, data management and reporting, performance, interfaces, operating requirements, security, etc.
6. **Appendices** – Contains details presentations that support the discussions and recommendations contained in this document and a Data Dictionary.

## 2 INTRODUCTION

### 2.1 Purpose

A significant goal and requirement of the MITA Assessment & BPR Project is the formal beginning of the redesign, reengineering, redevelopment, and modernization of the AMMIS-RS and related subsystems. Key deliverables created during the MITA Assessment & BPR Project shall feed the development and subsequent awarding of two ITBs focused on the goal of modernizing the AMMIS-RS. The Baseline System Requirements and Specifications document is one of these key deliverables.

The purpose of the Baseline System Requirements and Specifications document is to provide the foundation for defining, assessing, and specifying the requirements needed to modernize the new AMMIS-RS and related subsystems. The redesign, development, and implementation efforts shall follow the MITA 2.01 Framework (business architecture, information architecture, and technical architecture) of general cross cutting, and adopting state-of-the-art Information Technology (IT), methodologies, and practices.

The AMMIS-RS is comprised of State maintained applications and components of the HP Enterprise Services interChange system including:

- AMAES
- Buy-in
- BENDEX
- Documents in COLD
- NET (Non-Emergency Transportation) (functionality where this interacts with the member, not functionality where this interacts with a non-member transporter)
- Privacy Tracking
- interChange Recipient Management component

In February 2008, Medicaid upgraded its AMMIS through a contract amendment and implemented interChange, HP Enterprise services' latest MMIS application software system. Alabama's version of the interChange application system was enhanced to include multi-payer and improved benefit plan processing, as well as a state-of-the-art multi-layer architecture. This multi-layer architecture commonly called N-Tier Architecture in the IT industry consists of a presentation layer/tier, business layer/tier, and a data layer/tier. The interChange system is composed of different software components that are loosely coupled and arranged in various software and architectural patterns to enable ease of use, development, and maintainability.

The Recipient Management components of interChange support the following State business function areas: Recipient, Long Term Care (LTC), Managed Care, Early Periodic Screening, Diagnosis, and Treatment (ESPDT), Comprehensive Recipient Online Collections (CROCS), and the Eligibility Verification System (EVS). It is important to note that the Recipient Management component receives recipient data from the State maintained portion of the AMMIS-RS, AMAES.

The primary component of the State-maintained portion of the AMMIS-RS is the legacy software system, the 30+-year-old AMAES. Over the years, the context within which the AMMIS-RS exists has been complicated by the adaptation of evolving business processes to work with the legacy subsystems or modifying the legacy subsystems to make it work with the new business processes using a “piece meal” or “patching” approach. The 30+ years of existence for AMAES amounts to countless changes driven by reform mandates, federal and state legislation, Medicaid policies, emergencies, changing business dynamics, changes in technology, and by related procedural changes on the state and federal levels. The layering of business processes and system changes over the AMAES software’s lifespan have convoluted the AMMIS-RS, making adoption of new business processes and system changes difficult and time-consuming to implement. Therefore, it is a goal of the Agency to reengineer the business processes that drive and oversee the AMMIS-RS. Using the results of the State Self-Assessment and newly reengineered and defined business processes as a foundation, Medicaid will align the impacted business processes and IT architecture with the MITA 2.01 Framework. This shall allow the Agency to move forward with completing the goal of launching the modernization project to replace the AMES and the related State-supported components of the AMMIS-RS.

If Medicaid does not improve the methodology of maintaining its business processes and the adoption of modern IT to empower and enable stakeholders, the AMMIS-RS will become too stagnant to continue to support the delivery of timely and vital recipient information. It is an inevitable realization that the AMMIS-RS will falter under the weight of outdated technology, attrition of knowledgeable staff, fixed levels of manpower, convoluted business processes, mounting recipient case loads, and time-consuming efforts needed to implement system changes. Ultimately, Medicaid’s antiquated AMMIS-RS technology and business processes will hinder or prevent the Agency from meeting the principles of its mission, future business plans, and obligations to the State and the Medicaid-eligible populace served.

It is imperative that Medicaid’s AMMIS-RS be redesigned and reengineered around the MITA 2.01 Framework for a successful and complete modernization. Ultimately, the successful modernization will result in a more comprehensive system that will meet the emergent needs of clients and react expeditiously to the myriad of changes required by CMS.

The need for improved efficiencies and effectiveness as a service-oriented entity is supported by documented initiatives by federal governing environments and legislation such as CMS’ MITA initiative. The identified federal government initiatives all support efforts to review and redesign business processes in State-supervised and in-house administered systems. The State of Alabama governing bodies also strongly support efforts to modernize systems to improve efficiencies and technology usage, reduce cost, and better utilize human State and non-State government resources to improve the services offered by State Agencies to the citizens of Alabama.

## **2.2 Scope**

The Baseline System Requirements and Specifications will document requirements and specifications for the redesign, reengineering, development, and installation of a new AMMIS-RS and related subsystems. The modernization of the AMMIS-RS will incorporate the MITA 2.01 Framework into a SOA solution that uses the ESB integration to enhance the interoperability of a technological innovated N-Tier system based on a rules-driven engine.

The Business Process Reengineering (BPR) effort for the project includes the process of analyzing, evaluating, and redesigning internal business processes to yield increased efficiencies through process and policy changes, cost savings, and resource reallocation. The BPR Team will consult with Medicaid senior staff in an effort to create detailed process flow models that capture As Is business processes. Recommendations to increase efficiencies and yield high return on investment (ROI) will follow based on the findings in the following key areas of analytical focus requirements, and specifications will be generated and added to this document:

- Beneficiary Services, including recipient eligibility
- Information Systems
- Program Integrity Quality Control Sampling and Audits
- Third Party Liability
- Non-Emergency Transportation (NET)

The Baseline System Requirements and Specifications document will be initiated in Stage 1 of the MITA Assessment & BPR Project. The initial draft will be based upon the findings of the MITA 2.01 State Self-Assessment. It will serve as the foundation for system requirements and will be amended in each subsequent stage of the project. The following illustrates the tasks that include the Baseline System Requirements and Specifications for each stage.

### **Stage 1**

Create an initial draft Baseline System Requirements and Specifications document containing system and functional requirements and specifications identified in this stage for input purposes to the reengineering and redesigning of the AMMIS-RS.

### **Stage 2**

Update the Baseline System Requirements and Specifications document reflecting system and functional requirements and specifications identified in this stage for input purposes to the reengineering and redesigning of the AMMIS-RS based on:

- Gathering additional requirements and specifications identified in this stage based on As Is, To Be, and designed “quick fix” business processes and the removal of “no value” business processes
- Scheduling, conducting, and documenting first stakeholders review and validation of the Baseline System Requirements and Specifications session to include additional identified document updates

### **Stage 3**

Update Baseline System Requirements and Specifications based on:

- New functional and system requirements and specifications identified in this stage for input purposes to the reengineering and redesigning of the AMMIS-RS
- Schedule and conduct a 2nd round stakeholders review and validation of the Baseline System Requirements and Specifications session

Schedule and facilitate initial Joint ITB Development Session(s) with designated Medicaid staff to create and validate initial draft of the IV&V Consultant ITB, based on input from the IV&V Consultant ITB Requirements and Specifications Document and Baseline System Requirements and Specifications.

Update the Baseline System Requirements and Specifications document to reflect system and functional requirements and specifications identified in this phase of the stage for input purposes to the reengineering and redesigning of the AMMIS-RS. Updates must also reflect the successful implementation of re-engineered business processes.

### **Stage IV**

Updated Baseline System Requirements and Specifications document containing system and functional requirements and specifications identified in this stage for input purposes to the reengineering and redesigning of the AMMIS-RS; additional requirements and specifications shall be based on:

- Future technology enablers
- To Be business and technical processes/capabilities created to support Medicaid's desired future enhancements as outlined in the Beneficiary Services and Third Party Wish List
- Medicaid's strategic plans and Beneficiary Services' goals
- IT technology direction
- A systematic application of technological knowledge
- Prospective on changes in technology
- Industry-proven leading-edge technology
- Recommended technology platform
- Technologically advanced software
- Hardware and requisite solutions that are in line with CMS' MITA 2.01 Framework Business Process Model, MITA solution sets
- State-of-the-art, integrated N-Tier SOA and service delivery system that is business rules driven
- User-friendly, web-based .NET and relational constructed efficient, adaptable and easily maintained AMMIS-RS fully aligned with the MITA vision, appropriate maturity level and 2.01 Framework vision

Schedule, conduct, and document third-round stakeholders' review and validation of the Baseline System Requirements and Specifications session to include additional identified document updates.

Schedule and facilitate initial Joint ITB Development Session with designated Medicaid staff, Consultant staff, and IV&V Consultant staff to create initial draft of the RS R&R Consultant ITB based on Baseline System Requirements and Specifications.

## **Stage V**

A fully modernized AMMIS-RS will be aligned with MITA 2.01 Framework to meet the needs of Agency stakeholders and will be architecturally constructed as a standards-based, integrated, and interoperable software system with a web-based front-end and core system designed around a business rules-based engine. The governing N-Tier system architecture and infrastructure of the modernized application system will be built on requirements and specifications that are explicit in detail generated from input, outputs, ideas, initiatives, plans, and the use of state-of-the-art envisioned technology based on the:

- MITA Information Architecture (Business Architecture, Information Architecture, and Technical Architecture, Logical Data Models, Conceptual Data Medicaid, and Data standards)
- MITA solution sets (requirements, specifications, design approach/patterns, applicable standards, and testing)
- MITA State Self-Assessment and the Transition Plans or Roadmap
- Baseline System Requirements and Specifications
- Medicaid's planned IT platform and infrastructure
- New Technology Assessment
- Reengineered business processes
- To Be business processes
- BPR Operational System Performance Standards
- Gathered stakeholders, IV&V Consultant, and Consultant system requirements and specifications
- AMMIS-RS application processing
- Federal and State regulations, rules, and guidelines
- Eligibility/certification processes
- Interfaces/matches/transmissions
- Inputs/outputs
- Enterprise level interoperability between the AMMIS, TFQ, HIS, My Alabama (Camellia II) Project, and other HHS Agencies
- N-Tier state-of-the-art SOA interoperable service delivery system
- Microsoft .NET and relational database technology
- Ease of application system maintenance, scalability, transferability, and maintainability
- Disaster backup and recovery, business continuity
- Leading-edge technology enablers
- Recommended technology, Beneficiary Services and Third Party Wish List

- Document imaging and management

Schedule, conduct, and document fourth and final round of stakeholders review and validation of the Baseline System Requirements and Specifications session and final version of the Baseline System Requirements and Specifications document.

Schedule and conduct first Joint ITB Development Session to draft the initial RS R&R Consultant ITB based on final approved Baseline System Requirements and Specifications document.

Schedule and conduct second Joint ITB Development Session to draft the final Medicaid approved RS R&R Consultant ITB based on final approved Baseline System Requirements and Specifications document, including MITA State Self-Assessment and Checklist (updated).

## **3 GENERAL DESCRIPTION**

### **3.1 Perspective**

#### **3.1.1 The MITA Initiative**

Although the acronym MITA may suggest that the Initiative is primarily concerned with information technology (IT), MITA is, in fact, business-oriented. The goal of MITA is to “establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise and for stakeholders dedicated to improving health care outcomes and administrative procedures for Medicaid beneficiaries.”

All of the concepts laid out in the current version of the MITA Framework—Framework 2.0, BPM Version 2.01, and BCM Version 2.01—allow each state’s Medicaid enterprise the flexibility to pursue their own Enterprise Architecture (EA), while still adhering to the general guidelines provided by CMS. This allows each state to have its own unique Medicaid Enterprise, while still having the ability to increase its maturity levels in each business process to meet its goals and objectives.

#### **3.1.2 The Significance of MITA to State Medicaid Enterprises**

Through MITA, CMS has provided states with a Framework that they can use as a tool for improving Medicaid business operations. This includes improvements through the enhanced ability to exchange data throughout their respective Medicaid Enterprises and with external entities. The MITA Framework also enables sharing of data to improve health outcomes and administrative operations. For CMS, the success of MITA is also predicated on collaboration and communication between it and all state Medicaid enterprises.

MITA is also considered an IT initiative, as transformation of the Medicaid enterprise requires business and technical solutions. Therefore, the MITA Initiative envisions changes that will enable the Medicaid Business Processes to drive the technological and data changes moving forward.

In summary, the significance impacts of MITA to states include:

- Opportunities for enhanced FFP for improvement projects
- Increased focus on national standards and best practices for data, technology, and operational capabilities
- Automation and integration of activities

The significance impacts of MITA to CMS include:

- Better planning for Medicaid population health management through access to more robust and standardized data
- Improved development and strategic planning through stronger communication between states and CMS
- Decreased administration and clinical costs through better population management, adoption of common technologies by multiple states (e.g., non-proprietary systems)

developed by one state enterprise that can be shared with other states), and other enhancements

### **3.1.2.1 Opportunities for Enhanced FFP for Improvement Projects**

MITA is a paradigm shift in how states operate. MITA also offers a significant incentive for states to fully engage in improvements through enhanced FFP. This enhanced FFP is available for projects that might otherwise not have been eligible for enhanced match rate. One of the keys to securing enhanced FFP is to identify improvement projects as part of the MITA documentation and have CMS approve the implementation of these projects as part of MITA Business Process maturation. States can benefit even further from this enhanced funding, insofar as projects already planned for could be expanded in accordance with MITA objectives.

### **3.1.2.2 Increased Focus on Standards and Best Practices for Data, Technology, and Operational Capabilities**

The MITA Business Capabilities Matrices, while continually undergoing revision, are built primarily upon the values of standards and best practices. With respect to standards, MITA Maturity Model Level 2 includes the capability of adopting standards across a state Medicaid Enterprise. Achieving MMM Level 3 means that a business process for a state conforms to a national, MITA-approved standard.

Best practices from across the health care industry and other industries also comprise part of MITA business process capabilities. MITA heavily impacts state operations and future improvement projects, as CMS expects that these current and future states will be in accordance with MITA principles and values. The adoption of standards and best practices contained in the MITA BCMs will enable states to share data across states and with other countries and engage in collaborative planning or systems development. Both of these developments will likely create further opportunities to improve health outcomes and produce cost efficiencies.

### **3.1.2.3 Automation and Integration of Activities**

A significant aspect of MITA to state Medicaid enterprises is its emphasis on automation and Enterprise-wide integration of business processes (e.g., utilization reviews, ITB development, and Third Party Liability (TPL) management). The MITA Framework includes these changes to introduce greater consistency and accuracy in operations. MITA improvements target activities that are more susceptible to instances of variance and individual error.

Processes may differ among the various state Medicaid agencies, while many are very similar. Therefore, some economies might be gained if these processes can be modeled and commonly utilized technology that enables automation and integration can be shared among states, such as through open-source software.

## **3.1.3 MITA Framework Overview**

The MITA Framework was created to help elaborate upon the MITA vision. This Framework includes three architectures: a Business Architecture (BA), a Technical Architecture (TA), and an Information Architecture (IA).

- The **Business Architecture** includes all of the business processes defined by most state Medicaid agencies
- The **Technical Architecture** includes fundamental concepts of technology (interoperability, modularity, flexibility, etc.) without naming specific technologies or company names
- The **Information Architecture** defines data standards necessary to conduct the business operations

### 3.1.4 Framework Status

While the Business Architecture is mostly complete, the Technical and Information Architectures are still heavily in development as of Framework Version 2.01. The development of the IA is currently taking place at Health Level Seven (HL7),<sup>1</sup> where all of the business processes are currently being modeled using Unified Modeling Language (UML) and Business Process Modeling Notation (BPMN).<sup>2</sup>

### 3.1.5 Alabama Medicaid Agency MITA 2.01 Assessment Results

The MITA 2.01 Assessment<sup>3</sup> was completed during the fourth quarter of 2009. Overall, the Agency is functioning at a MITA Maturity Level 1. The goal for most of the business processes, including the Member Management business area and technical areas, is to achieve a MITA Maturity Level 3.

There are a number of underlying themes that will challenge the State Medicaid Enterprise's ability to progress through the maturity levels outlined by the goals and target maturity levels identified by the SMEs.

These are listed in no specific order.

1. **Adequate Staffing** – The resources in some units are so tight that implementation of new capabilities will need, at least temporarily, additional support staff. Current staff cannot simultaneously maintain the current workloads and be involved in implementing new capabilities. In other areas, as staffing levels are reduced and institutional knowledge is lost, there is a risk in terms of the Agency's ability to maintain the current level of successful operations, let alone sustain successful efforts to implement reengineered processes. There is a static number of staff that the Agency can have, which is set by the Governor's office. This, coupled with the State personnel hiring freeze, further impacts the State's ability to progress along the MITA continuum.
2. **Communication** – Communication within and between IT personnel and other Agency units is inconsistent and/or insufficient.
  - a. Up-to-date documentation of Agency systems is not centrally available, is inconsistent, and in some instances, is non-existent

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<sup>1</sup> For more information on Health Level 7, please see [www.hl7.org](http://www.hl7.org), "About HL7" section.

<sup>2</sup> For more information on UML, please see [www.omg.org/gettingstarted/what\\_is\\_uml.htm](http://www.omg.org/gettingstarted/what_is_uml.htm).

<sup>3</sup> For more information please see MITA 2.01 State Self-Assessment Final Report.

- b. There is a lack of collaborative effort between Agency units to support one another and provide information regarding what technologies are available in the industry or within the Agency
  - c. There is a need for a communications tracking mechanism within the Agency as well as with external agencies.
3. **Technology Organization** – During the assessment of business and technical capabilities, FOX noticed that the information required to manage the business processes is scattered across the enterprise and there is no common repository or knowledgebase to store information. Currently, there is no documentation available that draws and coordinates an enterprise-wide picture of business processes describing how all the systems interface or relate. There does not appear to be one department or group that is responsible for the various systems in use. Furthermore, there are currently no architectural standards followed consistently across the Medicaid Enterprise.

With MITA compliance, it is imperative that the State stays abreast of cutting-edge technology in order to leverage system architectures and Web technologies to provide an economical and flexible way to manage the business processes. The Alabama Medicaid Agency should focus on increasing automation and system integration and decrease reliance on manual processes as much as possible. In order to ensure the efficient operation and management of various business processes, the State should consider upgrading the State information technology equipment on a periodic basis to keep automated technologies current. The State should consider analyzing the technological maturity of the system and implement solutions that have increased flexibility and a broader scope in conjunction with the As Is, To Be gap analysis that coordinates the effort with the MITA initiative.

In addition, user consideration is not properly contemplated in the procurement decision-making process for equipment and State-supported systems. Technology improvements and the manner in which technology is implemented do not take into account user learning curves and the time in which to learn. New versions are introduced with limited or no training, before the previous version is implemented or mastered.

One recommendation would be that a group be established within the organization responsible for Technology. This group would be responsible for determining the Technology Strategy for the Agency moving forward, including the establishment of standards, enterprise-wide system mapping, implementation planning, and training.

4. **Data Standards and Enterprise Data Modeling** – The most critical task associated with data governance is to establish a standard data model to be used across the enterprise. This is a key to management. A defined data model will benefit the State in several ways:
- a. First, the State will be better positioned to plug-and-play systems, reducing cost and increasing competition. Data exchanges using a standard data set can be shared in the procurement process as a mandatory system requirement. Over

time, this requirement will make it much easier to make decisions based on better functionality rather than the ability to interface between systems.

- b. Second, system improvements can anchor to a single model for data sharing and use. This will reduce the time and risks associated with system implementations. Testing of interfaces and testing of modules can occur more quickly and with data predictable results.
  - c. Third, adopting an Enterprise data model will better position the State to systematically adopt the national models provided by MITA in the future. Furthermore, Alabama has an opportunity to assist in the development of the national MITA data models, reducing the long-term impacts.
  - d. Fourth, recipients and providers will have improved interactions with the Alabama Medicaid Enterprise, as predictable data values promote consistency and accuracy of information. A standard data model also makes it much easier to share and maintain accurate data across business units, reducing the risk of inconsistencies.
5. **Workflow Management and Electronic Document Management** – As the Alabama Medicaid Agency moves toward MITA Maturity Level 3, workflow management would benefit from ongoing improvement initiatives. Currently, Alabama uses event tracking as a basic workflow, but this process is primarily manual and does not have the capability to electronically route files to businesses or individuals involved in the process. Business processes will only continue to identify and realize improvements where activities and tasks are measured and analyzed. Workflow management and improved metrics would allow the Alabama Medicaid Enterprise to target resources to areas of opportunity.

Increasing the use of electronic document management would benefit virtually every aspect of Medicaid operations. The electronic system maintaining critical documents would act as the single system of record. This system should be available online for authorized users. This functionality would allow improved management of versioning, shared understanding through shared documentation, and a vehicle for distributed work management.

6. **Rules Driven Processing** – A vast majority of the system and business rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables. Changes to business rules require programming changes and programming knowledge. Systems lists and system parameter tables are used in AMAES, AMMIS, and TFQ. Systems like AMAES, BENDEX, SDS, and SVES are hosted on a mainframe environment and the business rules are within the COBOL codes.

In order to move the Alabama Medicaid Enterprise to MITA Maturity Level 3 and above, a Commercial Off-the-Shelf (COTS), state-of-the-art business Rules Engine or Business Process Management software should be used to record business rules for many business functions, such as provider enrollment, benefit plan administration, claims processing, prior authorizations, and reference.

The Alabama Medicaid Agency would benefit from a rules engine. The rules engine

provides the flexibility and capability to Agency staff to perform online changes such as modifying rules, adding or changing benefit/reimbursement components, and adding a new provider type/service category without programming intervention with user-configuration feature to support desktop functionality. The Rules Engine should allow the policy changes to be entered into the MMIS/DSS more quickly and usually without programmer intervention.

7. **Configuration Management** – The Agency does not have a formal, best-of-breed approach to configuration management. There are no published procedures or configuration management plan. The Agency should consider implementing a configuration management process that ensures, establishes, and maintains consistency of a system's or product's performance and its functional and physical attributes with its requirements, design, and operational information throughout its life. Under SOA, constant demand for application and infrastructure changes can pose significant risk. An uncontrolled approach to changes can result in business disruptions. The Agency will need to adopt a controlled, enterprise-wide approach to system changes if it intends to take on more of the MMIS IT support role in the future. Selecting software configuration management tools that support simultaneous development and integration of future releases will be needed in the modular MITA-enabled environment.
8. **Forms Management** – Currently, data is entered into the Alabama Medicaid systems via manual data entry on hard copy forms or online electronic forms. Almost 75% of the data is entered through electronic forms. There is no formal forms management within the Agency. All these forms are managed locally by various units. Making all forms available in an electronic format with a forms control process to oversee various aspects of the creation, revision, inventory, tracking, and distribution of forms (as well as envelopes, brochures, pamphlets, posters, flyers, reports, and handbooks) produced by the Agency would be more efficient and economical in the long term. It would also assure that printed and computer-generated forms are in compliance with Alabama law (if any) that mandates language/standards of forms.

These themes emerge as various programmatic challenges across the business architecture within the Alabama Medicaid Agency. These challenges were identified during the Business Assessment and Technical Assessment sessions.

### 3.2 Related Projects

The three projects currently related to, or potentially impacting, the redevelopment and modernization of the AMMIS-RS and its related subsystems are:

1. The Alabama Medicaid Management Information Systems (AMMIS) Reprourement
2. Together for Quality (TFQ) Transformation Grant Health Information System
3. My Alabama (Camellia II) Project

The following contains a brief description of each Project.

#### **AMMIS Reprourement**

HP's interChange MMIS application software system is implemented in Alabama. This was built on N-Tier Architecture, which consists of a presentation layer, business layer, and a data layer.

This system is centered on a relational data model. It divides the application into components, so that they process on different networked computers. The interChange system is comprised of various software components that are loosely coupled and arranged in various software and architectural patterns. The core components include MMIS batch processing developed in the C programming language executing in a Unix environment and an N-Tier web-based user interface written primarily in C# (C Sharp), utilizing Microsoft ASP.NET. The MMIS data layer/tier resides in an Oracle 10 gigabyte database. Critical software components for letter generation, ad-hoc reports, optical character recognition, electronic document storage, and management and Electronic Data InterChange (EDI) are also integrated into the interChange system.

The current HP interChange MMIS application system was implemented in 2008. The reprourement project will implement additional functionality and is scheduled to be completed by October of 2011. The functionality to be implemented includes:

- Provider enrollment/re-enrollment to re-enroll all providers every five years and to re-enroll targeted providers every year
- E-prescribing functionality allowing participating physicians a comprehensive view of recipient eligibility and medication histories across all participating payers
- Automation of the process of applying CMS quarterly Correct Coding Initiative (CCI) updates to the AMMIS
- Support and maintenance of the drug data warehouse to include maintenance and reporting
- Expand the current recipient web portal functionality to allow recipients to change or update selected information
- Provider web portal functionality that will allow providers to submit enrollment information and update information via the web with real-time validation of the information entered
- A report that contains a history of recipient claims will be used by the Agency to verify recipients' claims and correct any errors
- USPS approved software to convert the Provider's mailing address in the PMF format to conform to standardized USPS regulations
- An audit trail of modifications to project documents, map the 2004 ITB requirements to the 2011 ITB requirements, and continue to maintain the requirements throughout the contract to reflect the current state of the AMMIS
- Staffing provided for the Provider Assistance Center (PAC) and EMC to achieve an average of two and a half minute or less hold time with an 8.5% or less abandonment rate after 15 seconds. Therefore, an answer rate of 91.5% or greater has been targeted.
- Impact assessment of the ICD-10 transition that will identify the changes required to the AMMIS to receive the maximum benefits from this transition
- Ability to use the HIPAA 5010 electronic transactions, which include:
  - ASC X12N 005010 with applicable Errata
  - National Council for Prescription Drug Programs (NCPDP) D.0/Batch 1.2

- NCPDP Batch 3.0 for Medicaid Subrogation of Pharmacy Claims (New Transaction)

### **TFQ Project**

The Together For Quality (TFQ) project goals are to integrate a HIS that links Medicaid, State, and health service agencies, providers, and private payers to establish a quality improvement business and system model that is comprehensive. The goals of the project also focus on interoperability by developing a system of electronic communications that allows all State HHS agencies and participating medical providers to share information about common recipients efficiently and effectively. This system will allow Medicaid and other HHS agencies and providers to:

- Improve the quality of care of patients by providing the tools that support the coordination of services and the communication of the patient health status across the patient's medical home and their specialty care providers
- Enhance opportunities for continuous health care improvement and at the same time, reduce wasteful resources due to uncoordinated, duplicative, ineffective, and unnecessary services
- Promote the adoption of evidence-based medical care and care-coordination programs by increasing the awareness and participation to available disease management protocols aimed at improving health outcomes and preventing further disease complications among patients

### **My Alabama (Camellia II) Project**

My Alabama (Camellia II) is designed to connect families across the programs and services of five separate agencies and six different programs. Medicaid is one of the lead agencies in the pilot with its Medicaid for Low Income Families program. Other agencies participating in the pilot are the Department of Human Resources (Food Stamp and TANF programs), Public Health (ALLKids State Children's Health Insurance Program), Mental Health (Mental Retardation Services), and Rehabilitation Services (Children's Rehab Services). The My Alabama (Camellia II) Project intends to overcome disparate systems unfriendly to clients and the increasingly complex eligibility processes facing families through a combination of technology innovation and service delivery improvements.

Designed to integrate with existing systems, My Alabama (Camellia II) will utilize middleware technology (BizTalk) and the use of an Enterprise Services Bus (ESB) distributed solution to allow agencies to improve their ability to serve clients through:

- An automated web-based outreach screening and referral function that directly links with State agencies and links referrals across agencies
- Building and maintaining a Common Client Index to be used in cross-agency common client identification and referral
- An automated sharing of eligibility information across agencies
- An automated initial client and worker scheduling function to reduce the number of office visits

- The ability for clients to access screening, referral, and eligibility from any site with internet access
- Providing enabling technology to case managers so they can coordinate case management activities for families

### 3.3 Function and Purpose

The plan is to take a holistic approach at establishing and drafting functional and systems requirements for the design, development, and implementation of a new AMMIS-RS. The holistic approach requires that the team analyze and incorporate the following items:

- Functional and systems requirements and specifications assessment and analysis
- Reengineered As Is business processes
- Envisioned To Be business processes
- Envisioned and identified To Be technology enhancements
- MITA 2.01 Framework alignment
- MITA 2.01 standards
- Proven state-of-the-art technology enablers
- Interoperability across the TFQ HIS, the My Alabama (Camellia II) Project, and other HHS systems
- Enabling and empowering technology to support the envisioned functionality in the Beneficiary Services and Third Party Wish List
- N-Tier system development methodology
- State-of-the-art, efficient, and scalable AMMIS-RS
- Business rules driven system built on relational technology
- A multi-level information system segmented into the following environments:
  - Modeling
  - Development
  - Testing
  - Training
  - Production

Contractual obligations in the AMMIS Recipient Subsystem ITB shall require that the consultant meet all requirements and specifications to build and deliver a technological, state-of-the-art, highly efficient N-Tier business process modeled system that drives a business rules based application software system that is scalable, transferable, and fully integrated. The N-Tier design of the system shall require and utilize relational database technology as its foundation and database tier/level. As the middle tier in the N-Tier design, the rules-based engine shall work in conjunction with the database engine and the presentation tier/level to deliver a modern, efficient, intelligent information system that meets or exceeds stakeholders' needs.

The modernized N-Tier design of the AMMIS-RS shall be built to align with the MITA 2.01 Framework. The MITA-aligned requirements will depend on the level of To Be maturity identified as part of the SS-A and will include internal and/or national data and interface standards, system interoperability, and SOA. The development and subsequent implementation of a new AMMIS-RS shall be designed to meet Alabama Medicaid's goals and objectives to modernize the critical subsystem and to produce benefits that significantly improve and simplify the following business processes or tasks:

- Certification processes for the eligibility workers
- Electronic case file management
- Speed of service
- Improvements in recipient services
- Better use of human and technology resources
- Deliver short- and long-term administrative cost savings
- Administration functions such as Quality Control audits and online application processes and automate budgeting
- Medicare Modernization Act of 2003 (MMA Part D), CMS's Medicare EDB, and other federal and state required file transmission processes
- Production and ongoing maintenance of a Continuity of Operations Plan
- Methods for beneficiaries and applicants to contact the Agency to ask questions or report changes
- Correction of current system processing flaws
- System software maintenance
- Integration of new inputs and production of output files and reporting
- Interfaces, HIPAA 270/271 eligibility determinations, file matches, and secure transmission processes
- Requesting and tracking IT changes and problem resolution

### **3.4 System Environment**

#### **3.4.1 As Is**

##### **AMMIS RECIPIENT SUBSYSTEM**

Medicaid's current AMMIS-RS infrastructure is made up of many automated and manual components. These integrated components make up the subsystems that support the following federal, state, and private departments, agencies, program divisions, and entities:

- Medicaid's Beneficiary Services Divisions
- Medicaid's Third Party Liability Buy-In Division
- Medicaid's NET Program (within the Administrative Services Division)

- Medicaid's Managed Care (Medical Services Division)
- Medicaid's Long Term Care Division
- Medicaid's Program Integrity Division
- Department of Human Resources (HIPAA 270/271, Foster Care Children, State Supplementation, Child Support, Income Eligibility Verification System (IEVS), Assets/Facets System)
- Department of Public Health (HIPAA 270/271 Transactions, Web Applications/ADI, Third Party Newborn Insurance, Date of Death Match, Plan First Family Planning Waiver)
- Department of Rehabilitation (Waiver Programs, HIPAA 270/271 Transactions)
- Department of Mental Health (NET, HIPAA 270/271 Transactions)
- Department of Senior Services (Waiver Programs)
- Department of Industrial Relations (Employer Third Party Liability Match)
- Social Security Administration (State Data Exchange (SDX), State Verified Eligibility System (SVES), Beneficiary Earnings Data Exchange (BENDEX))
- Center for Medicare Medicaid Services (Medicare Modernization Act of 2003 (MMA Part D))
- Payment Error Rate Measurement (PERM), Medicaid Statistical Information System (MSIS), Medicare Buy-In (Part A & B), Electronic Data Base (EDB)
- Internal Revenue Service (Annual File Match on Earned and Unearned Income)
- Alabama Medicaid Managed Information Systems (AMMIS) Fiscal Agent (Hewlett Packard (HP) Enterprise Services), recipient and associated data file exchanges
- Private and State Government Entities (HIPAA 270/271 Transactions)

In February 2008, Medicaid upgraded its MMIS through a contract amendment and implemented interChange, HP Enterprise Services' latest MMIS application software system. *It is important to note that Medicaid's Recipient Subsystem is a separate State maintained application system that is not part of the HP interchange system.* Medicaid's Alabama Medicaid Application and Eligibility System (AMAES), a 30+-year-old legacy system, is the primary and integral software component of the AMMIS-RS. Originally created as a mainframe based Indexed Sequential File (ISAM) in 1978, AMAES was rebuilt as a variable length file that utilized a Virtual Sequential Access Method (VSAM) database management structure in 1983. The rebuilt AMAES was put into production in 1984. Given that it is calendar year 2010, this means that the legacy component of the AMMIS-RS has realized an extraordinary software life span of over 30 years.

### **3.4.2 To Be**

To be determined in subsequent Stages.

## **3.5 General Constraints**

To be determined in subsequent Stages.

## 4 TECHNICAL ARCHITECTURE

This section provides a starting list of the key technical features and requirements for the new AMMIS Recipient Subsystem (AMMIS-RS).

During the JAR sessions conducted in Stage 3 the following detail technical requirements were identified and replace those technical requirements located in Appendix A. Those baseline specifications that still remain to be addressed in Stage 4 remain in this section and are listed following this table:

	<b>TECHNICAL</b>
	<b>SYSTEM ARCHITECTURE</b>
	<b>General Architecture</b>
TRA001	The system shall be a web-based system that can support the major functions performed by the Beneficiary Services function and other related support functions including Third Party Liability (TPL), Program Integrity, Quality Control, Managed Care, and Non-Emergency Transportation Services (NETS).
TRA002	The system shall be designed as a web-based solution capable of supporting multiple interface devices. Information in the AMMIS-RS shall be updated online and in real-time using a graphical user interface (GUI). Information updates made through the GUI shall make the value of every modified data element current and immediately available for inquiry.
TRA003	The system shall maximize the use of the Internet/Intranet as an operational tool to perform functions such as Beneficiary Services and other related support functions and use the Internet to enhance receipt and distribution of information to State staff and the recipient community.
TRA004	The system shall provide a Central Data Validation Function that workers can use to verify and validate case information across different internal systems and programs and available public data sources.
TRA005	The system shall be an Integrated system that can support all of the major eligibility and enrollment functions performed by the Agency such as:
	(a) Outreach and screening: intake, application and referral
	(b) Verification and validation of key required information
	(c) Eligibility review and determination
	(d) Case maintenance and redetermination
	(e) Enrollment
TRA006	The system shall utilize a robust rules engine capability that will make it possible to use a single web-based application to support different program functions.



TRA007	The system shall provide a single electronic case record and case review function that can be tailored to the specific rules and requirements of different programs.
TRA008	The system shall utilize a robust electronic content management function to support the electronic imaging, management, and control of key documents and reports.
TRA009	The system shall provide a robust reporting and analysis capability, including a data mining capability and a dashboard reporting capability.
TRA010	The system shall utilize a Service Oriented Architecture (SOA) technology to make it possible to share, utilize, and build upon information and systems that already exist.
TRA011	The system shall be designed as a components-based modular architecture maximized to use Commercial off-the-shelf (COTS) software that does not require any client-side software to be installed on the Agency workstation or laptop such as rules engine, document management and workflow software, letter generation tool, and security software.
TRA012	The system shall utilize a robust enterprise service bus capability and service capability to allow information to be shared across systems and information sources, and to build applications that can be reused, and expanded upon for other similar functions.
TRA013	The system shall implement a technical design that can be readily expanded and modified on an ongoing iterative basis.
TRA014	The system shall use a state-of-the-art platform technology to allow the system to interface effectively with other related systems and information sources.
TRA015	The system shall be at a minimum 3-tier architecture that includes presentation tier, business logic tier and persistence tier.
TRA016	The system shall support flexibility by separating a software application into tiers or layers that are architecturally independent of other layers.
TRA017	The system shall support scalability that allows additional application hardware to be used to address increases in system loads without modifying program code.
TRA018	The system shall use object oriented development principals.
TRA019	The system shall be designed to be accessed by Agency users on existing workstations over the existing State WAN and leveraging the existing State infrastructure by employing techniques such that the AMMIS-RS runs as efficiently and reliably across the State WAN as it does on the external Internet.
TRA020	The system shall provide a batch window that does not interfere with normal business hours (without affecting the online real-time system).
TRA021	The system shall support a hardware based load balancing scheme such as content switches capable of maintaining session affinity.
TRA022	The system shall include administration tools for manageability and maintainability for modifying configuration files.
TRA024	The system shall provide a screen refresh function.
TRA025	The system shall provide an indicator when the system is processing.
TRA026	The system shall be deployed to ensure that each layer of the application architecture is designed to provide redundant high availability.

TRA027	The system shall validate inputs from web applications being certain to filter input for scripting language commands or HTML tags that might be maliciously inserted into input fields.
<b>Architecture Standards</b>	
TRA028	The system shall conform to the Rehabilitation Act Electronic and Information Technology Accessibility Standards (Section 508) and Americans With disabilities Act (ADA).
TRA029	The system shall have a user interface that conforms to W3C recommendations and standards which shall be validated through the W3C Markup Validation Service ( <a href="http://validator.w3.org/">http://validator.w3.org/</a> ).
TRA030	The system shall make use of HTML templates and/or Cascading Style Sheets (CSS) or Extensible Style Sheet Language Transformations (XSLT), JScript, AJAX (Asynchronous JavaScript and XML), etc. to facilitate a common look and feel that can be easily modified.
TRA031	The system shall be compatible with the State Server Platform Technology Standards.
TRA031.1	The system shall be compatible with the State ISD Portal Standards.
TRA032	The system shall incorporate the core elements for a common, consistent presentation layer defined by the State Look and Feel Standard for Web Applications.
TRA033	The system shall conform to the State defined Enterprise Software Standards including, at a minimum, placing comments on source code, naming standards for physical objects, and naming standards for column names.
TRA034	The system shall use national MITA standards and uniform data and processes among participating entities to improve efficiency and further reduce delays in obtaining eligibility.
TRA035	The system shall be designed to support a one-stop shop among participating agencies in order to give providers access to all cross-agency eligibility information such as Medicaid programs and benefits for which applicants are eligible.
TRA035.1	The system shall support the Web Services Description Language (WSDL) to provide web services over the internet.
TRA035.2	The system shall support the Web Services for Remote Portlets (WSRP) network protocol standards designed for communications with remote portlets.
TRA036	The system shall be based on MITA Health Information Seven (HL7) Version 3 Reference Information Model (RIM) and associated Refined Message Information Models (R-MIMs) data standards for at least 90% of the verification and validation of enrollment data with the exception of some categories of eligibility.
<b>Data Warehouse</b>	
TRA037	The system shall have the data readily available for extraction without impacting system performance data to the Applications Data Warehouse at intervals defined by the State.
TRA038	The system shall allow authorized users to have direct access to the Applications Data Warehouse through the application.

TRA039	The system shall provide the ability for AMAES users to produce statistical reporting with functionality that is similar to AMAES DSS or a DSS that incorporates both AMAES data and AMMIS data.
TRA040	The system shall have the capability to provide a decision support system that incorporates the following: AMAES data, MSIS (MAS/BOA) and AMMIS data.

These key features are summarized in the table below and discussed in further detail over the remaining sub-sections of this section are those baseline requirements to be addressed in Stage 4.

Summary Key Technical Features
Provide a single system that can support each of the different divisions within the Beneficiary Services function that currently performs eligibility determination and enrollment functions, including the Family Certification, Elderly and Disabled Certification, and Certification Support divisions
Provide an electronic capability to share with other internal and external data sources, including other state agency sources, federal sources, and available commercial information sources, to obtain information that is needed to verify and validate eligibility information that has been received from the applicant or recipient, or to search for additional information that is needed
Electronic interface with the AMMIS system and other major state systems such as the systems maintained by the Department of Public Health and the Department of Human Resources

This section is modeled on the MITA 2.0 Technical Architecture (v2.01 did not include a revision to the Technical Architecture). It also includes some topics added by FOX to fill in gaps found in version 2.0. Topics are organized under the MITA Technical Areas and address each technical function in a table that contains As Is descriptions of the functions and placeholders for To Be descriptions. Each of the major Systems and Projects identified in the SS-A is addressed in the table discussing how the function is implemented in the system or project.

Information not collected during the high-level MITA Business, Technical and BPR Assessments will have **TBD – To Be Determined in a Subsequent Stage**.

#### 4.1 System Architecture Management

System Architecture Management
Alabama As Is Technical Function Description
Medicaid's current AMMIS-RS systems architecture reflects the myriad systems from which it is composed.
The Medicaid recipient applications are hosted on an IBM z/800 mainframe with IBM z/OS operating

### System Architecture Management

system. The mainframe applications are developed in COBOL, CICS and data is stored in VSAM and DB2. Mainframe security is administered through RACF and connectivity via TCP/IP and SNA 3270 terminal and printer emulator.

Medicaid reports are distributed using the Feith document database systems accessed over a web presentation tier that is constructed on top of the Apache Struts MVC framework.

The Medicaid management information system is hosted on a combination of Windows and Unix Servers. The application is constructed on an n-tier architecture developed in C# on an ASP.Net framework with data stored in Oracle. Security is provided by a combination of Oracle Security and TLM. Connectivity is via TCP/IP with a thin client web browsers presentation tier.

My Alabama (Camellia II) is an n-tier architecture built on ASP.net and data is stored in an SQL Server. Connectivity to other applications is managed through BizTalk's ESB and with a thin client web browsers providing access to the presentation tier.

Public Health Insure Alabama /ADI is also designed to an n-tier architecture built on the ASP.Net framework developed in Visual Basic with data stored on an Oracle Server. Security is through a combination of Forms based authentication using the ASP.net provider and NTLM. A thin client web browsers providing access to the presentation tier. The Accounts Payable System APS is hosted on a Windows Server infrastructure. The system is an n-tier architecture developed in Visual Basic on an ASP.Net framework. Security is NTLM and the data is stored n SQL Server.

### Alabama To Be Technical Function Description

The systems that support the recipient subsystem are independent vertical applications that exchange information with each other and external agencies on a scheduled basis. With the exception AMMIS and the future My Alabama Project (Camellia II system), they are designed around the concept of discrete individual transactions not services.

These very transactions however provide the foundations that make it possible to make a functional architectural paradigm shift away from vertically focused applications.

As part of our series of preliminary findings, we have evaluated each of the supporting systems that provide business services and evaluated their readiness as candidates for participation in a future service orientated recipient services architecture.

The agency does not necessarily need to discard its existing 30-year application investment in order to renovate recipient services. Options exist to adopt a strategy based on building reusable component-based services that can be deployed on more than one environment. Future systems can consume new and existing services. By choosing to pursue a strategy of designing and building infrastructure services to support coarse-grained, loosely coupled, standards-based services, Medicaid can enable IT to be transformed as the business requires, at a rate of change that it can accommodate.

The To Be technical systems architecture and functional composition will be developed in subsequent stages.

### Function Description for Individual Systems

		Description
		AMAES
<b>As Is</b>		The Alabama Medicaid Application and Eligibility System consists of three logical subsystems (Family Services, District Office, and Support Services). Functionally, this



System Architecture Management	
	system provides intake, screening, and eligibility determination services and provides a common interface to request supporting eligibility information from external State and Federal systems.
AMMIS	
<b>As Is</b>	<p>The Alabama Medicaid Management Information System (MMIS) is a claims processing and information retrieval system, designed to keep track of the state's Medicaid program expenditures, provider/recipient data, and to provide various reports for the agency staff. Functionally, AMMIS is organized into the six functional components one each for:</p> <ul style="list-style-type: none"> <li>▪ Recipient Management – Interface to AMAES</li> <li>▪ Provider management</li> <li>▪ Third Party Liability</li> <li>▪ Prior Authorization</li> <li>▪ Claims Management</li> <li>▪ Reporting</li> </ul>
My Alabama (CAMELLIA II)	
<b>As Is</b>	<p>None - this system is in development            My Alabama (Camellia II) is expected to provide cross program screening and referral functions, client and caseworker scheduling, and customer access to referral and eligibility information.</p>
TFQ	
<b>As Is</b>	None - this system is in development
APS	
<b>As Is</b>	Finance and Purchasing system that creates and processes agency paper and electronic payment and journal vouchers

## 4.2 Business Enabling Services

### 4.2.1 Forms Management and Data Imaging

B.1 – Forms Management	
Alabama As Is Technical Function Description	
<p>The data enters into the Alabama Medicaid through manual data entry on hard copy forms, through online data entry, and through electronic forms. Paper format includes D.O. Application, SOBRA Application, FP Application, and recipient enrollment.</p> <p>The TFQ area has screens for the capture of medical professional notes on vitals, personal history, demographics, etc.</p> <p>The State has not mandated data entry on electronic forms and still allows the submission of hardcopy forms.</p>	
Alabama To Be Technical Function Description	
<p><b>Example:</b> Increasing the use of electronic forms management would benefit virtually every aspect of Medicaid operations. The electronic system maintaining critical documents would act as the single system of record. This system should be available online for authorized users. This functionality would allow improved management of versioning, shared understanding through shared documentation, and a vehicle for distributed work management.</p>	
Function Description for Individual Systems	
Description	
AMAES	
<b>As Is</b>	<p>The data enters into the Alabama Medicaid through manual data entry on hard copy forms (e.g., Form 291 application, D.O. Application, SOBRA Application, FP Application etc) and online data entry through electronic forms (e.g., Web applications). Seventy-five percent of the data entering into the AL Medicaid Enterprise are through electronic forms. Paper claims and other paper forms are scanned into the system. Some forms are available online, which allow users to download and complete them manually. The web applications for Public Health and all CICS screens have front-end error handling to avoid common mistakes.</p> <p>Electronic Scanning and imaging capabilities are provided through the FDD subsystem.</p>
AMMIS	
<b>As Is</b>	<p>The data enters into the Alabama Medicaid through manual data entry on hard copy forms (e.g., attachments, consent forms, cash transaction forms, enrollment applications, and updates, etc.) and online data entry through electronic forms. Seventy-five percent of the data entering into the AL Medicaid Enterprise are through electronic forms. Paper forms are scanned into the system into an EMC Documentum image store. Paper forms like attachments, consent forms, cash transaction forms, and updates are scanned and processed on a daily basis. There are forms available online, which allow users to download and complete them manually. Paper forms are still maintained because signatures are required. Considering going for electronic signatures online.</p>
My Alabama (CAMELLIA II)	
<b>As Is</b>	Not Applicable – In development
TFQ	

## B.1 – Forms Management

<b>As Is</b>	There are screens for the capture of medical professional notes on vitals, personal history, demographics, lab results, etc. In order to avoid front-end error/typing error, Procedures, Diagnosis codes are entered through look up tables. The QTool system can act as an EMR Light application.
<b>APS</b>	
<b>As Is</b>	Manual data entry on online screens.

### 4.2.2 Data Entry

<b>Data Entry</b>	
<b>Alabama As Is Technical Function Description</b>	
Lack of enterprise data standards and some of the data available are not properly formatted (e.g., recipient data). Member information across the Enterprise is not standardized. Financial data is not standardized across the three systems (i.e., AMMIS, APS, and the State accounting systems) and manual process steps are necessary to complete the process. Manipulation of data for analysis is also a challenge for many processes. The form in which data is received can make manipulation difficult, often requiring extensive manual work (e.g., budget information received from the legislature, the manner in which HCPCS are published by CMS - changes within the last two years have increased the need for manual intervention). Differences in data standards and organization between the various sources of Program Integrity information impact accuracy and confidence in accuracy.	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Data entry to AMAES is via 3270 terminal emulation. Data validation and business rules are applied through the applicable user interface CICS transactions and subsequent COMMAREA transaction. AMAES uses a common data dictionary for its functions and performs data transformations for inbound and outbound external data exchanges.
<b>AMMIS</b>	
<b>As Is</b>	Data Entry to AMMIS is via thin web-based clients. Data validation occurs prior to submission (on the page itself) and post submission of updates.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	TBD
<b>TFQ</b>	
<b>As Is</b>	TBD
<b>APS</b>	
<b>As Is</b>	TBD

### 4.2.3 Workflow Management

B.2 – Workflow Management	
Alabama As Is Technical Function Description	
<p>Alabama has some basic workflow using event tracking, but this process is primarily manual. Some routing procedures for calls and emails are used, but these processes are also primarily manual. Workflow metrics are generally not captured for adopting workflow improvements. Workflow resulting from My Alabama (Camellia II) is handled by each participating agency's' back-end systems.</p> <p>On the State side, they receive files daily from ADPH containing web and referral applications along with electronic signature information. This data is verified and uploaded onto ALLKids VSAM file. This batch program also assigns the regional coordinator based on the applicant's county of residence. Once this assignment is made, it shows up on a report as well as on a CICS screen for the regional coordinator to assign to a worker. Once the worker is assigned, it shows up on their CICS screen until the case is worked (when the application process pulls in the application data from the ALLKids VSAM file). Therefore, part of the workflow is automated and some parts require user intervention.</p> <p>Creation of vouchers and batches in APS is a manual process. If there is an error in the Payment Voucher batch that is sent to Comptroller's office, APS will get a "Green slip" and the error needs to be fixed on the APS end.</p>	
Alabama To Be Technical Function Description	
<p>As the Alabama Medicaid Agency moves toward MITA maturity level 3, workflow management would benefit from ongoing improvement initiatives. Currently, Alabama uses event tracking as a basic workflow, but this process is primarily manual and does not have the capability to electronically route files to business or individuals involved in the process. Business processes will only continue to identify and realize improvements where activities and tasks are measured and analyzed. Workflow management and improved metrics would allow the Alabama Medicaid Enterprise to target resources to areas of opportunity.</p> <p>Increasing the use of electronic document management would benefit virtually every aspect of Medicaid operations. The electronic system maintaining critical documents would act as the single system of record. This system should be available online for authorized users. This functionality would allow improved management of versioning, shared understanding through shared documentation, and a vehicle for distributed work management.</p>	
Function Description for Individual Systems	
Description	
AMAES	
<b>As Is</b>	<p>The workflow management system is a mix of manual and electronic processes and does not have the capability to electronically route files to Business or Individuals involved in the processes. SharePoint is used to electronically route the files to individuals. In general, manual processes are used to route files and work between processing steps. Common repositories and email are also used to route work (e.g., In Change control process work is routed from developer to peer to supervisor to CM in QA and Operations). Email is used to let the DBA know the provider data is available for use in refreshing the data tables. There are some applications capable of generating some workflow tasks depending on certain conditions, which includes NET voucher request, Web application from public health, workflow generated by the member, etc.</p>

<b>B.2 – Workflow Management</b>	
<b>AMMIS</b>	
<b>As Is</b>	In the Provider enrollment and data entry areas the capability exists to electronically route files to Business or Individuals involved in the processes. Everywhere else, it is a manual process. In general, manual processes are used to route files and work between processing steps. Common repositories and email are also used to route work (e.g., escalated calls are routed via email). There are some applications capable of generating some workflow tasks depending on certain conditions, which includes NET Voucher Requests, Faith Workflow – which is utilized for PE Application processing, RRI Workflow – which routes data entry through different steps, etc.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	There is no Workflow Management.
<b>TFQ</b>	
<b>As Is</b>	There is no Workflow Management.
<b>APS</b>	
<b>As Is</b>	The workflow management system is a mix of manual (i.e., manual submission of forms) and electronic processes (HP's check write).

## 4.2.4 Business Process Management (BPM)

B.3 – Business Process Management (BPM)
<b>Alabama As Is Technical Function Description</b>
<p>There is no consistent way of managing the Business processes across the enterprise. There is no central place or common repository that stores this information. Some of the business rules in the APS system (e.g., wrong department codes) are hardcoded, and some of the business rules are not properly documented anywhere. State and Agency has a contract with HP to collect all bills and categories. The business process is managed primarily through a combination of systems lists and hard coded logic.</p> <p>The triggers that initiate a process/transaction are:            A Form103 work request by a user or when a customer fills out an application (DO, SOBRA or FED), claims receipt, recipient enrollment application, inquiries from various sources, application from member, phone call, email, written correspondence from member, receipt of claims-related data sets, request for ad-hoc report, receipt of SDX record from SSA for SSI cases, receipt of Form-8036 from SSA for SSI cases, receipt of "503 Lead" file from SDX SSA for D.O. cases, receipt of DHR record from DHR for DHR Aged, Blind, or Disabled Cases, Foster Care cases, or DYS cases, receipt of D.O. Application for DO Nursing Home, MSP (QMB, SLIMB, QI-1), Waiver programs, etc., receipt of SOBRA Application for SOBRA, MLIF, etc., referrals from DHR, referrals from Public Health for Breast and Cervical Cancer, receipt of applications from Public Health of ALLKids/Medicaid Application trigger a transaction/process.</p> <p>AMMIS Triggers:</p> <ul style="list-style-type: none"> <li>▪ Member processes - Feed from AMAES system is put into member data store &amp; eligibility requests are serviced via AVRS, phone, and 270/271 transactions</li> <li>▪ OM and PG processes are tied to receipt and payment of claims and encounters; BR processes are tied to Agency relationships with provider and entities with which the Agency wishes to share data</li> </ul> <p>TFQ Triggers:</p> <ul style="list-style-type: none"> <li>▪ EMR or Hospital initiates secure HL7 request to the QTool system, user kicks off a patient search in the application.</li> </ul>
<b>Alabama To Be Technical Function Description</b>
<p>Medicaid would benefit from a single enterprise service bus and supporting state machine to coordinate process orchestration and extended inter-system asynchronous service requests.</p> <p>There are multiple potential target environments for deploying a single agency-wide ESB. Best strategy and best practice is to have only one ESB in an enterprise. The intent of the ESB is to facilitate integration across the entire enterprise, hence the name Enterprise Service Bus. One ESB eliminates the need for directly connected ESBs, federated ESBs, or for any ESB integration at all.</p> <p>TBD further in subsequent Stages</p>

<b>B.3 – Business Process Management (BPM)</b>	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	<p>Configuration of Business process is a mix of manual and automated process (depending on information entered, some parameters auto-populate; some manual configuration is required).</p> <p>AMAES does not have a loosely coupled external rules engine that would support user management of business rules).</p> <p>All of the core validation and rules are contained within the UI and COMMAREA CICS transactions.</p> <p>AMAES does not have a state machine to process orchestration, choreography and service interaction.</p> <p>NET voucher request system has a rules engine. Rules are maintained in the tables. The system is not capable of managing its business processes in an automated way (with no manual intervention). The BPM consists of a combination of system lists and/or hard coded logic.</p>
<b>AMMIS</b>	
<b>As Is</b>	<p>Electronic Data Interchange (EDI) resides on an ESB within the Integration service layer and AVRS and SOAP services reside on the technical services layer.</p> <p>This ESB is not being used within the system architecture to marshal and control business processes and services.</p> <p>The BPM consists of a combination of system lists and/or hard coded logic.</p>
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not applicable.
<b>TFQ</b>	
<b>As Is</b>	Not applicable.
<b>APS</b>	
<b>As Is</b>	Business process management is manual. The Business rules are not properly documented and rely on individual intervention.



## 4.2.5 Business Relationship Management (BRM)

### B.4 – Business Relationship Management (BRM)

#### Alabama As Is Technical Function Description

The Alabama Business Relationship Management process is primarily a manual process. Business relationships with other agencies or users like (recipients and/or providers) are managed through an MOU. There is no central repository for executed data sharing agreements. There is a standardized process for reviewing, updating, or managing existing data sharing agreements. There is no automated tool to monitor ongoing business relationships.

In TFQ, business relationships with other entities are managed through a Business Partner agreement (e.g., BCBS). There is a technical agreement with EMR; however, the contractual agreements are monitored by the Medicaid Agency.

The technical functions that support BRM are:

- Web connection
- MQ series
- Connect : Direct
- BizTalk ESB
- Secure FTP

#### Alabama To Be Technical Function Description

Medicaid would benefit from a single enterprise service bus and supporting state machine to coordinate process orchestration and extended inter-system asynchronous service requests. Ensure secure guaranteed delivery, manage third-party protocol agreements, and centralize the transformation and delivery of external and intersystem data.

To be determined in subsequent Stages.

<b>B.4 – Business Relationship Management (BRM)</b>	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	<p>The Business Relationship Management process is primarily a manual process. The relationships with recipients are managed through a manual process. The recipient requests are tracked. Privacy tracking system (PTS) are not automated and all updates occur manually. Recipient requests made through Caseworkers are tracked in CICS log files. This log file is used to train and to prepare monthly statistical information. As part of BRM the following letters to the recipient are generated: Award letters, Termination Letters, Denial Letters (from CICS system), Annual Reviews, EPSDT monthly and annual letters (also known as October letter.), Privacy notices, eligibility concerns (retro Medicaid), continuous eligibility, ex parte, etc. Fifty to 75 percent are hard printed and mailed, &lt;25% are PDF'd and emailed and &lt;25% are posted on website. Member outreach activities are handled through a combination of automated and manual processes (e.g., alert notices in SOBRA are automated, EPSDT monthly and annual letters are manually generated and mailed to recipients informing/reminding them of the program). Member outreach by member services is a mix of manual and automated process.</p> <p>AMAES supports the exchange and receipt of multiple eligibility verification requests to State systems primarily through support for the SSA State Verification and Exchange System and CMS PARIS and Medicaid Enrollment Databases.</p> <p>AMAES exchanges recipient information on a daily basis with AMMIS and Insure Alabama ADI.</p> <p>These daily files sent to both ALLKids and Plan First containing recipients who were terminated or denied SOBRA, MLIF, or Plan First eligibility due to specified reasons; i.e., denial or termination codes captured at the time of denial or termination.</p> <p>The phone calls are routed to call units automatically based on automated queries in the call tree and responses made by the caller. The recipient phone line is automated (AVRS), but not all other phone lines are; providers call into a provider hotline and line is automated (AVRS).</p> <p>In the recipient call center, the recipient has to provide (key in) their Medicaid ID number, but it does not populate on the screen of the worker who receives the call; other specific information is also manually entered.</p>
<b>AMMIS</b>	
<b>As Is</b>	<p>The Business Relationship Management process is primarily a manual process. In many cases, the Business Relationship Management (BRM) process is capable of tracking relationships between Medicaid systems users and the services they have requested and received (e.g., calls, claims, etc.), but not every encounter is tracked as a request/receipt combination (e.g., outgoing interfaces that are automatically generated). Most of the member outreach is done manually due to the nature of the request. Call center takes incoming inquiries, but there is no outgoing outreach.</p> <p>The phone calls are routed to call units automatically based on automated queries in the call tree and responses made by the caller.</p>



<b>B.4 – Business Relationship Management (BRM)</b>	
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Not Applicable
<b>APS</b>	
<b>As Is</b>	Not Applicable

## 4.2.6 Foreign Language Support

<b>B.5 – Foreign Language Support</b>	
<b>Alabama As Is Technical Function Description</b>	
Supporting foreign languages is primarily a manual process. All systems operate using primarily the English language. However, the Translate utility tool in Microsoft Outlook and foreign speaking translator service (e.g., Open Communication) are also used as well.	
<b>Alabama To Be Technical Function Description</b>	
To be determined in subsequent Stages.	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Supporting foreign languages is primarily a manual process. All systems operate using primarily the English language. Foreign language is supported in member communication, for both printed material and speaking. Other than English, Spanish is supported in printed materials and multiple languages through a translator service named Open Communications. Automated tools like Microsoft Translator are used on written translation. By utilizing the translator service, recipient call center is capable of performing real-time translation with three parties (i.e., recipient, call center representative, and translator service representative) on the phone. Translator service is capable to support around 150 languages.
<b>AMMIS</b>	
<b>As Is</b>	<p>Supporting foreign languages is primarily a manual process. All systems operate primarily using English. Foreign language is supported in recipient communication, for both printed material and speaking.</p> <p>Translator services are provided on phone calls and on the website. Currently, the MMIS fiscal agent has contracted with a translator service that can be used on a phone call. There is a contractual requirement to have a specified number of Spanish-speaking employees. Currently, there are no providers contracted with Medicaid that do not speak English. Website and individual offices have printed materials available in Spanish. No other language is supported on website and printed materials.</p> <p>Public Health has Audio Visual Application Assister (AVAA) kiosks that provide assistance for foreign language support; Language line has multiple common languages that are supported.</p> <p>AVR supports English and Spanish in the recipient call center; Eligibility system has hard copies of Spanish forms.</p>
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	No foreign languages are supported.
<b>TFQ</b>	
<b>As Is</b>	No foreign languages are supported.
<b>APS</b>	
<b>As Is</b>	No foreign languages are supported.

## 4.2.7 Data Warehouse

## B.6 – Decision Support - B.6.1 – Data Warehouse

### Alabama As Is Technical Function Description

Data is extracted from the MMIS and supporting systems by the MMIS Fiscal Agent and transferred to the DSS. The data sources are AMMIS Financial tables, Managed care tables, Recipient tables, Reference tables, Prior Authorization tables, EPSDT tables, Provider tables, TPL tables, AMAES and Net voucher data from the Agency, AMMIS Claims table. There is a weekly and bi-weekly extract, transform, and load (ETL) process. The process has a mix of automated and manual activities and relies on static files to transfer data between systems (i.e., Drug rebate is quarterly, Profiler jobs on request, the rest is automated – just have to kick off the jobs). The Alabama Medicaid DSS does not support real-time or near real-time processing. Updates to the Medical Data Warehouse are performed primarily on a weekly and bi-weekly basis.

The data is stored in an Oracle RDBMS and is accessed through the Business Objects application. Within Business Objects, universes can be created by functional area. The universes are the data-models that show the relationships among the individual elements. Depending on the type of data, the data in the Data Warehouse will be appended or replaced (e.g., Claims data will be appended and Provider/Recipient data will be replaced). According to the contract, five years worth of data should be maintained in the Data Warehouse. Since the implementation of interChange, an infinite amount of data can be stored.

The bulk of the information is in DSS, but there are a number of other systems that contain Program Information and must be accessed separately: AMAES, APS, some MMIS data, electronic documents on the state network, manually maintained data such as recipient case files and contract information, etc.

There was an Agency Data Warehouse that was created by an outside contractor (Magentic), which is on hold and has yet to go into production. This includes only drug claims back to 1991 and all claims from 1997 forward.

### Alabama To Be Technical Function Description

To be determined in subsequent Stages.

### Function Description for Individual Systems

Description	
<b>AMAES</b>	
<b>As Is</b>	Files extracts are generated through an automated system job. These are scheduled jobs that occur daily and weekly. AMAES does not have a data warehouse subsystem and is used primarily to feed the AMMIS system and the Medicaid DSS data warehouse.
<b>AMMIS</b>	
<b>As Is</b>	Files are generated through an automated system job. Significant activities are manually completed.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Not Applicable
<b>APS</b>	
<b>As Is</b>	Not Applicable

#### 4.2.8 Data Marts

<b>B.6 – Decision Support - B.6.2 – Data Marts</b>	
<b>Alabama As Is Technical Function Description</b>	
<p>DSSProfiler, SUR, MAR, ETG, and Alabama specific Profiler are the Data Marts. These are dependent Data Marts and the schema used to design the Data Marts is Cube schema. These Data Marts are a physical subset of Data Warehouse. Extraction to Data Marts is automated.</p> <p>There is an independent Data Mart named QTool (provider-entered database) in the TFQ area. This Data Mart is generally accessed by e-prescription and Physicians. The source of data that populate the QTool information screens are:</p> <ul style="list-style-type: none"> <li>- Medicaid claims information</li> <li>- Blue Cross claims information, for those providers that have a contractual relationship with InfoSolutions (which is the Blue Cross version of QTool)</li> <li>- Provider Entered – There is the ability for providers to enter some types of information such as in-office labs, vitals, personal history, etc. There is very little provider-entered information.</li> </ul>	
<b>Alabama To Be Technical Function Description</b>	
To be determined in subsequent Stages.	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Not Applicable feeds AMMIS
<b>AMMIS</b>	
<b>As Is</b>	There are five Data Marts (i.e., DSSProfiler, SUR, MAR, ETG, and Alabama specific Profiler) and the ETL process is automated.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	There is an independent Data Mart named QTool (Provider entered database) and the ETL process is automated.
<b>APS</b>	
<b>As Is</b>	Not Applicable

## 4.2.9 Ad hoc Reporting

<b>B.6 – Decision Support - B.6.3 – Ad hoc Reporting</b>	
<b>Alabama As Is Technical Function Description</b>	
<p>Ad hoc reports are created against the DSS using a mix of both coded procedures and a COTS tool named Business Objects through which agency users can submit queries. Some reports created are statistical in nature. Other reports are for tracking workers' transactions and for providing information needed for case management. The majority of the reports generated from the Account Payable System (APS – which stores budget information and salary data) are ad hoc reports. Reports are generated with the help of programmers and a COTS tool named Crystal Reports. Canned reports are also annually generated from APS (APS receives data from the State Personnel system, HP interChange, Comptroller's system, and direct data entry by finance). APS uses Crystal Reports against APS database. Canned reports like General Ledger reports are created on Crystal. In addition, APS uses coded procedures to create ad hoc reports. They have a hard time with the Crystal and SQL servers, because they do not communicate with each other. APS uses EZtrieve Plus to create reports out of the State Mainframe.</p>	
<b>Alabama To Be Technical Function Description</b>	
<p>Install best-of-breed and proven user-friendly COTS tools that help the Agency staff generate ad hoc reports using drag-and-drop data fields, and without programmer intervention</p>	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Ad hoc reports are created using a combination of tools .Reports are primarily written in Cobol and then saved to the FDD document store for distribution.
<b>AMMIS</b>	
<b>As Is</b>	Ad hoc reports are created using both coded procedures/SQL and COTS tool.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Not Applicable
<b>APS</b>	
<b>As Is</b>	Ad hoc reports are created using both coded procedures/SQL and COTS tool.

#### 4.2.10 Data Mining

<b>B.6 – Decision Support - B.6.4 – Data Mining</b>	
<b>Alabama As Is Technical Function Description</b>	
Data mining is not used to detect patterns in large volumes of data. The MMIS Fiscal agent made available the COTS tool named Statistical Package for the Social Sciences (SPSS) 9.0. However, it is currently not being utilized.	
<b>Alabama To Be Technical Function Description</b>	
Utilize the SPSS package and can be used to detect various patterns.	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	A COTS tool Statistical Package for the Social Sciences (SPSS) was purchased and loaded to two Agency machines, but it is not being utilized at this time.
<b>AMMIS</b>	
<b>As Is</b>	A COTS tool Statistical Package for the Social Sciences (SPSS) was purchased and loaded to two Agency machines, but it is not being utilized at this time.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Not Applicable
<b>APS</b>	
<b>As Is</b>	Not Applicable

#### 4.2.11 Statistical Analysis

<b>B.6 – Decision Support - B.6.5 – Statistical Analysis</b>	
<b>Alabama As Is Technical Function Description</b>	
The current Alabama Medicaid Enterprise uses SURS and MARS to review data, analyze information, and produce reports. The request to run reports against AMAES must be submitted in Form-103. If the Agency wishes to run reports against production MMIS data, a request must be submitted to the MMIS Fiscal Agent. If data can be pulled from DSS, the Agency can submit via Business Objects. AMAES users cannot directly produce statistical reports. They must request the reports through IT or the DSS at HP.	
<b>Alabama To Be Technical Function Description</b>	
The SPSS package is already installed in Agency computers and Agency should make use of that COTS tool.	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Coded procedures are used to run against AMAES files and produce many reports from AMAES and the Log File, which are related to Eligibility. No COTS products are used to perform statistical analysis.
<b>AMMIS</b>	

<b>B.6 – Decision Support - B.6.5 – Statistical Analysis</b>	
<b>As Is</b>	Perform statistical analysis, review data, analyze information, and produce reports using SURS and MARS.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Not Applicable
<b>APS</b>	
<b>As Is</b>	Not Applicable

#### 4.2.12 Neural Network Tools

<b>B.6 – Decision Support - B.6.6 – Neural Network Tools</b>	
<b>Alabama As Is Technical Function Description</b>	
Alabama Medicaid Enterprise does not use any learning tool (neural network tools) nor utilize third-party services (such as Fair Isaac) to perform the neural network analysis.	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
	<b>Description</b>
<b>AMAES</b>	
<b>As Is</b>	There is no neural network tool.
<b>AMMIS</b>	
<b>As Is</b>	There is no neural network tool.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	There is no neural network tool.
<b>TFQ</b>	
<b>As Is</b>	There is no neural network tool.
<b>APS</b>	
<b>As Is</b>	There is no neural network tool.

## 4.3 Access Channels

### 4.3.1 Portal Access

A.1 – Portal Access	
Alabama As Is Technical Function Description	
<p>Recipient access to Alabama Medicaid is via a mix of manual, alphanumeric devices, and portal. Web alerts are available on the public website if the webpage changes. Users can access APS functions via Medicaid web portal and users can go either to APS Test region or Production region. There are no alphanumeric devices.</p>	
Alabama To Be Technical Function Description	
Function Description for Individual Systems	
Description	
AMAES	
<b>As Is</b>	AMAES presentation tier is primarily a 3270 emulation. It does not fulfill any of the open standard specifications (JSR-168 / 268) for portals, portlets, and portlet containers. It has an AVR interface but it does not support multiple access channels. It cannot be accessed by a portal.
AMMIS	
<b>As Is</b>	<p>The MMIS Fiscal Agent maintains a web application that some providers can access functions related to claims. All other processes that are not related to claims and eligibility (standard HIPAA transactions) are manual.</p> <p>MMIS supports multiple access channels and recipients can access AVRS for access to data and entry into a call center. Provider access is via a mix of manual, alphanumeric devices, and web (with single online access point).</p> <p>MMIS has the potential for some of its services to be accessed via a Portal.</p>
My Alabama (CAMELLIA II)	
<b>As Is</b>	My Alabama (Camellia II) is In development it is intended to be a true Portal bringing together services from multiple sources. Its support for multiple device and access types is not known at this time
TFQ	
<b>As Is</b>	Providers' access is via a web application with single online access point. This web user interface is basically an HIE-capable EMR system, not an MMIS system.
APS	
<b>As Is</b>	APS can be accessed through the Medicaid web portal and users can access APS functions. In addition, APS allows manual submission of data but APS does not support multiple channel and device access.

### 4.3.1.1 Web Portal

Web Portal	
<b>Alabama As Is Technical Function Description</b>	
The Agency website provides information about providers; however, these are not the primary communication and outreach channels.	
<b>Alabama To Be Technical Function Description</b>	
<p>A web portal, also known as a links page, presents information from diverse sources in a unified way. Apart from the standard search engine feature, web portals offer other services. Portals provide a way for enterprises to provide a consistent look and feel with access control and procedures for multiple applications and databases</p> <p>JSR-168 portlet containers have the potential to be used to support the deployment of many portlets simplifying the deployment architecture and promoting reuse of presentation tier artifacts. Reusing these architecture components is not without challenges these will be further analyzed in the next phase.</p> <p>Make available increased functionality via the member web portal for submission of applications and other forms, distribution of communications, and outreach materials. Provide the ability for providers to update their information via the web. Version control capability to be introduced.</p>	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	<p>Caseworkers access the Alabama Medicaid functions via a mix of manual, alphanumeric devices and 3270 terminal emulation software.</p> <p>The general public can submit applications online via a web user interface. This is referred to as a portal but is a portal in name only. Insure Alabama is not a portal since it does not consume and or render content from any other system or provide any synchronous interfaces to any other system.</p>
<b>AMMIS</b>	
<b>As Is</b>	The MMIS EMC Documentum subsystem provides content management, publishing and portal capabilities. However, it is not being used as a portal since it only renders information that originates in the MMIS system.
<b>My Alabam (CAMELLIA II)</b>	
<b>As Is</b>	TBD
<b>TFQ</b>	
<b>As Is</b>	TBD
<b>APS</b>	
<b>As Is</b>	TBD

### 4.3.2 Support for Access Devices

<b>A.2 – Support for Access Devices</b>	
<b>Alabama As Is Technical Function Description</b>	
Recipients access the Medicaid function via a mix of manual submission, alphanumeric devices, voice response systems, browser, kiosk, etc. The Agency use PDAs mainly for e-mail. APS allows submission of data manually and through a browser (Internet Explorer), and there are no alphanumeric devices.	
<b>Alabama To Be Technical Function Description</b>	
To be determined in subsequent Stages.	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Recipients access the Medicaid function via a mix of manual submission, alphanumeric devices, voice response systems, browser, etc. The proportion for each device that recipients use to access are as follows: Manual submissions - 25-50%, Browser - 25-50%, Voice response system - <25%. Recipients can access via kiosk; however, it is very limited. The proportion for each device that Providers use to access are as follows: Manual submissions - 25-50%, Browser - 25-50%, Voice response system - <25%.
<b>AMMIS</b>	
<b>As Is</b>	Recipients access the Medicaid function via a mix of manual submissions, browser, voice response system, call center agents. The proportions for each device that Recipients use to access are as follows: Voice response system - 25-50%, Call center agents <25%. Recipient access the Medicaid functions via a mix of manual submissions, EDI, Browser, Voice response system, and call center agents. The proportions for each device that Providers use to access are as follows: Manual submissions - <25%, EDI - 75-100%, AVRS - <25%, Call center agents <25%.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Provider access via EDI and Browser; use the HL7 Data Exchange Standard for hospitals and EMRs.
<b>APS</b>	
<b>As Is</b>	Access to services is via a mix of manual and browser; no AVRS or Kiosks or mobile phone.

## 4.4 Interoperability Channels and Service Oriented Architecture

### 4.4.1 Service Structuring and Invocation

#### I.1 – Service Oriented Architecture - I.1.1 – Service Structuring and Invocation

##### Alabama As Is Technical Function Description

The system functions or modules are defined, structured, and invoked through multiple interface standards.

AMAES functions are primarily CICS transactions with some web services in the Public Health Insure Alabama system.

AMMIS interchange adheres to a service oriented architecture for the invocation of services between its presentation tier and business layer. The remaining layers adopt a custom development approach.

From the Survey responses, only TFQ interfaces are defined in Web Service Description Language (WSDL).

The web application system (ALLKids ADI) is capable of receiving and processing other applications including TransUnion, AVAA, and Plan First web applications. The DHR interface accepts files from both State Support and Foster Care. The file format is the same, but the source of the data is different.

APS data is stored in VSAM and RDBMS. The APS interfaces with the State Finance system, the Personnel Department and HP (through the State mainframe) and the interfaces are point-to-point. The data that APS receives is in delimited text format. APS and the Personnel system do not communicate with each other. In the creation of Personal Payment Vouchers (salaries and vouchers), manual intervention is required to check whether or not the input files empty and to obtain the generation number of the Generation Data Group (GDG). If the input file is not empty, the Finance staff sends an email to the DBA to physically run and create personal vouchers and the Accounts Department pays salaries and vouchers.

## I.1 – Service Oriented Architecture - I.1.1 – Service Structuring and Invocation

### Alabama To Be Technical Function Description

Alabama Medicaid can avoid many of the common pitfalls by not making the common mistake of assuming that implementing web services is the same as implementing a service oriented architecture. While web services are an important foundation SOA is an architectural approach, not a collection of granular services.

All of the existing systems are potential candidates for sources of services for a future Service Orientated Architecture. This can be achieved through one of four methods:

- Application Renovation
- Wrapping Legacy package
- Legacy Component for Service Exposure
- Top Down Modeling of New Business Services

Application Renovation is the process of refactoring and or reengineering an existing application that is not component based to create packages of components and a service layer for future use and reuse.

Wrapping a Legacy package is the process of taking an existing application and creating packages and services that encapsulate existing business processes then making these available for future use and reuse.

Exposing Legacy components as a service is the process of taking an existing application that has component architecture and exposing existing components as services.

Top down modeling a model driven development is the process of creating new services.

### Alabama AS IS Technical Function Description

Description	
AMAES	
<b>As Is</b>	<p>AMAES is mainframe, COBOL and 75-100% is defined using custom CICS transactions and custom file formats. AMAES adheres to and supports the X12 transaction and interfaces standards defined by the SSA for the secure exchange of eligibility information.</p> <p>The modules within AMAES are generally tightly coupled CICS transactions and rely on proprietary parameter passing to perform the necessary functions. Most of the transactions are written as a visual CICS transaction, not as a service. A number of the COMMAREA transactions and some components like sub-routines, copy books, etc., are reused for multiple purposes. These transactions are not exposed for use across other platforms. However, in the mainframe environment, there are reusable sub-routines or called programs within in same environment.</p> <p>Almost everything is defined, structured, and invoked in a non-standardized way. Data is defined in XML, proprietary, X12, and ASCII text formats.</p>

## I.1 – Service Oriented Architecture - I.1.1 – Service Structuring and Invocation

### AMMIS

<b>As Is</b>	Less than 25% of AMMIS has some standards and from a SOA standpoint, only certain areas like translator and front end are SOA compliant. Everything else is non-standard. However, <25% of the TFQ are non-standard. The web interactions and EDI transmissions in TFQ area are defined, structured, and invoked in a standardized way.
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### My Alabama (CAMELLIA II)

<b>As Is</b>	Not Applicable
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### TFQ

<b>As Is</b>	Majority is defined, structured, and invoked in standardized way. There is only <25% are defined, structured, and invoked in non-standardized way. Data are defined in XML schema and interfaces defined in Web Service Description Language (WSDL).
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### APS

<b>As Is</b>	Everything is defined, structured, and invoked in a non-standardized way. Data is defined in binary and text formats.
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## 4.4.2 Enterprise Service Bus

### I.1 – Service Oriented Architecture - I.1.2 – Enterprise Service Bus

#### Alabama As Is Technical Function Description

The Alabama Medicaid Enterprise is capable of operating with other systems/applications and performing an end-to-end process. The Medicaid Enterprise is coupled using conventional common mainframe legacy integration standards, and has non-standardized application integration with a lot of hard coding. The AMMIS Fiscal Agent follows some internal standards and supports an Enterprise Service Bus.

An Enterprise Service Bus (ESB) is used in the TFQ.

#### Alabama To Be Technical Function Description

Best strategy and best practice is to have only one ESB in an enterprise. The intent of the ESB is to facilitate integration across the entire enterprise, hence the name *Enterprise Service Bus*. One ESB eliminates the need for directly connected ESBs, federated ESBs, or for any ESB integration at all.

Alabama already has two potential ESBs. In the future phase we will determine and recommend whether there is an overreaching requirement for ESB integration or a need to eliminate one of the ESBs, adopt a directly connected ESB strategy or a federated ESB strategy.

#### Description

### AMAES

<b>As Is</b>	AMAES does not currently use an ESB, non-standard application integration, using point-to-point interfaces and lots of hard coding.
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**I.1 – Service Oriented Architecture - I.1.2 – Enterprise Service Bus**

<b>AMMIS</b>	
<b>As Is</b>	AMMIS uses an ESB; the integration is a mix of standard and non-standard methods.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Enterprise Service Bus is used to interoperate as a shared messaging layer for connecting applications and it guarantees delivery of messages.
<b>APS</b>	
<b>As Is</b>	Non-standard application integration, using point-to-point interfaces and lots of hard coding.

### 4.4.3 Orchestration and Composition

I.1 – Service Oriented Architecture - I.1.3 – Orchestration and Composition	
<b>Alabama As Is Technical Function Description</b>	
<p>From a Service Oriented Architecture (SOA) standpoint, there is no standardized approach to orchestration and composition within and across the Alabama Medicaid Enterprise. There are some internal standards within the AMAES system, but it is mainly a non-standardized approach to orchestration and composition. In general, only certain processes have well-defined and interactive functionality (e.g., the web portal on Fiscal agent side interacts with the translator to take the standard transactions, send them to the translator, pass the XML on to the claims engine, and send response back through that path in an interactive way).</p> <p>TFQ uses standardized approach like HL7 Continuity of Care Document (CCD). However, they receive claims post-adjudication information in a non-standardized format from the MMIS Fiscal agent (ACS used to receive the same file that HID was receiving and in the same format. Later on, that changed, because ACS requested additional data other than what HID was receiving, so they receive a different file with a layout from HP, according to what they directed and needed). Orchestration and composition in the APS system is through a non-standardized approach (i.e., during check write process, HP consolidates the information into 12 categories and creates a mainframe file. Someone in APS manually checks the availability of the mainframe file, runs SQL, and converts the information to vouchers, APS staff manually verifies the data, and depending on fund availability, payment will be made to HP, and HP re-distributes it to Providers).</p>	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Approach to orchestration and compositions are a mix of standard (internal) and non-standardized methods and do not use a MITA standard approach to orchestrate activities across the Medicaid Enterprise.
<b>AMMIS</b>	
<b>As Is</b>	Approach to orchestration and a composition is a mix of standard (internal) and non-standardized methods and does not use a MITA standard approach to orchestrate activities across the Medicaid Enterprise.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Standardized approach to orchestration and composition in an SOA environment.
<b>APS</b>	
<b>As Is</b>	Non-standard approach to orchestration and composition within and across MMIS.

#### 4.4.4 Standards Based Data Exchange

I.2 – Standards Based Data Exchange	
<b>Alabama As Is Technical Function Description</b>	
Standard data extracts for external customers will be provided in fixed file formats. The Alabama Medicaid Enterprise supports HIPAA format, Pipe delimited ASCII format, Comma delimited files etc., while other extracts are in a mutually agreed upon format. Data extracts formatted for external use are typically based upon the requested format of the requesting party (e.g., SSA, CMS, and IRS). EDI Transactions are in HIPAA/X12 format. TFQ mostly uses Pipe delimited ASCII format, HL7, and X12 standards for data exchange. TFQ uses MITA and HL7 standards when exchanging data with external agencies. Cartridges sent to external entities are not encrypted. Data transmitted through Connect:Direct, FTP, and SOBRA transmission are not encrypted. However, Tumbleweed (transmission to IRS) is encrypted and transmission to the bank is secured by sending it through VPN. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. AMAES and TFQ uses media tracking (e.g., use Tumbleweed) when Protected Health Information (PHI) is sent out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email. TFQ and AMMIS have a policy that requires that notebook computers must have encryption. APS sends the data per the format required at the receiving end. Packed decimal data needs to be unpacked and sent.	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Federal X.12 data exchange standards are used for the exchange of SSA and CMS information.
<b>AMMIS</b>	
<b>As Is</b>	Mostly proprietary data exchange standards are used. Incoming data in national standard is translated into proprietary format using the Sybase translator and store it in MMIS.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Mostly proprietary data exchange standards are used.
<b>APS</b>	
<b>As Is</b>	Proprietary data exchange standards are used.

#### 4.4.5 Integration of Legacy Systems

I.3 – Integration of Legacy Systems	
<b>Alabama As Is Technical Function Description</b>	
The integration of components within the Alabama Medicaid Enterprise is mainly through an ad hoc, point-to-point (tightly coupled) integration. The interactive pieces with translator and web are loosely coupled and the batch is tightly coupled. There are some service-enabling technologies in AMAES, AMMIS, and TFQ areas (e.g., provider enrollment interacts with the web portal and a data table in the MMIS).	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Integration is point-to-point with each point individually developed to meet the need of the exchange.
<b>AMMIS</b>	
<b>As Is</b>	Integration is a mix of both tightly coupled (ad hoc point-to-point) and loosely coupled. Most integration is point-to-point with each point individually developed to meet the need of the exchange.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Most integration is point-to-point with each point individually developed to meet the need of the exchange
<b>APS</b>	
<b>As Is</b>	Ad hoc point-to-point integration based on the requirement on State side.

## 4.5 Data Management And Sharing

### 4.5.1 Data Exchange Across Multiple Organizations

#### D.1 – Data Exchange Across Multiple Organizations

##### Alabama As Is Technical Function Description

The Alabama Medicaid Enterprise exchanges information in a number of ways. In many cases, the exchanges happen electronically in standardized formats, but in other cases, the process is completed manually with non-standardized data or exchanges.

With the current technology, the Alabama Medicaid Enterprise is capable of exchanging and sharing information internally and with other State agencies, organizations, and enterprises (this is a representative list):

- CMS – through mainframe datasets/files with RACF security
- DHR – through mainframe datasets/files with RACF security
- HMS – through FTP
- VIVA – through FTP
- Healthspring – through FTP
- IRS – FTP
- DPH – FTP, place files on mainframe to be picked up with appropriate RACF authority
- DPS – FTP
- SSA – Connect:Direct
- PARIS – using CyberFusion
- AL Power – magnetic cartridge

In general, the Alabama Medicaid Enterprise exchanges data with multiple business partners via browser, GenTran (Browser-based Secure Mailbox), EDI, Fax, FTP/SFTP, cartridge, zipped CD/DVD, Connect:Direct, CyberFusion, email, and Tumbleweed Secure Data Transfer protocol. In addition, data is manually exchanged with other entities (e.g., TRICARE, Hard copies of Form 291 with ALLKids, manual exchange between Medicaid and the MMIS, etc). Sometimes, the MMIS Fiscal Agent receives data exchange request from the Medicaid Agency for other modes that are not specified above (e.g., spreadsheets).

In most cases, the data exchange is performed electronically. However, data is also exchanged manually with multiple organizations in non-standard formats (i.e., agreed between partners) and in various modes. There are few entities with which the Alabama Medicaid Enterprise exchanges data via a hub (e.g., AMAES exchange data with CMS and IRS via a hub and TFQ exchange data with a mix of hub and point-to-point interface). The behavior of most of the interfaces is a mix of both one-way and two-way, with interface characteristics such as real-time, batch, online, and asynchronous (e.g., pharmacy transactions and eligibility verification is real-time; user interface for MMIS is online; most other processing is batch). Other State agencies like ADPH, DHR, Mental Health, Rehab, SSA, etc. access the Medicaid enterprise either through the network, extranet or direct access. Access to various applications is allowed through Active directory domain, RACF security, etc. There is collaboration on data sharing and interoperability between critical systems like SOBRA, FED, between connected hospitals/EMRs in TFQ area, AMAES, HID, BCBS, etc. The Chronic Care Medicaid-only program (Q4U) is interfaced with the RMEDE database, which is a separate system from QTool. Information for Q4U is claims based. QX is web-based and all information is input by an individual.

The TFQ system is capable of exchanging data internally with other State agencies and externally

## D.1 – Data Exchange Across Multiple Organizations

with hospitals, doctors' offices, and Blue Cross Blue Shield, and the mode of exchange is web service. TFQ is not interfaced with other State agencies. TFQ exchanges data with Surescript (a national prescribing network) via a hub.

APS system is not directly connected to EDI. Purchase orders are still on paper.

### Alabama To Be Technical Function Description

TBD in subsequent stages

### Function Description for Individual Systems

Description	
<b>AMAES</b>	
<b>As Is</b>	Though some data exchanges are conducted electronically (e.g., EDI, Connect:Direct, CyberFusion, etc.), there are still numerous manual exchanges as well (e.g., phone, paper, fax, etc.).
<b>AMMIS</b>	
<b>As Is</b>	Though most of the data exchanges are conducted via SFTP and Connect:Direct, there are still manual exchanges as well (e.g., paper, fax, etc).
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Though most of the data exchanges are conducted electronically, there are still some manual exchanges as well (e.g., faxed prescriptions).
<b>APS</b>	
<b>As Is</b>	Though data exchanges are conducted via SFTP, there are still some manual exchanges (e.g., purchase orders are on paper).

### 4.5.1.1 Electronic Interchange Requirements

#### Electronic Interchange Requirements

##### Alabama As Is Technical Function Description

Deficiencies in data necessary to support the business area exist in both AMAES and AMMIS impacting successful completion of processes (e.g., neither AMAES nor AMMIS supports the maintenance of the member's address of residence can prevent completion of the enrollment process). Much of the member data needed is not available electronically (e.g., case files). Implementation of HIPAA transactions (e.g., X12N 278, 270/271) is incomplete.

There is a lack of coordination regarding data sharing between the Alabama Medicaid Enterprise and Department of Public Health (DPH). Users in Alabama Medicaid Enterprise and DPH have not been given access to member information held by the other agency. (DPH does not have access to some member information in the Medicaid system and DPH is not allowing access for privacy reasons.) Member information is not standardized across the Medicaid Enterprise.

## Electronic Interchange Requirements

### Alabama To Be Technical Function Description

Add the following functionality:

- Implement 270/271 and 278 transaction
- Ability to store all member information electronically, and make it more accessible to authorized users and other business areas
- Validation activities to the extent possible through data matching with external entities and online access to data sources (taking account that data exchange partners may not support a matching activity)
- Implement X12 5010, the latest NCPDP version, and ICD-10 as part of the MMIS Re-procurement project
- More system-to-system interaction between the systems containing program information
- Implement a single unified interface for all member data that would make access to the information available to all authorized users and automated processes.

### Function Description for Individual Systems

Description	
<b>AMAES</b>	
<b>As Is</b>	TBD
<b>AMMIS</b>	
<b>As Is</b>	TBD
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	TBD
<b>TFQ</b>	
<b>As Is</b>	TBD
<b>APS</b>	
<b>As Is</b>	TBD

## 4.5.2 Adoption of Data Standards

### D.2 – Adoption of Data Standards

#### Alabama As Is Technical Function Description

The Alabama Medicaid Enterprise is currently using the American Dental Association (ADA), HL7, HIPAA 4010A1 standard and the NCPDP 5.1 standard. There are multiple proprietary formats being used for interfaces in both input and output modes (e.g., Crossover claims, State monthly claims file, much of MMIS files, etc). In general, data standards are not uniform across the Enterprise and data is stored in several places.

#### Alabama To Be Technical Function Description

TBD in subsequent Stages

<b>D.2 – Adoption of Data Standards</b>	
<b>Function Description for Individual Systems</b>	
	<b>Description</b>
<b>AMAES</b>	
<b>As Is</b>	Not all data is standardized throughout the AMAES.
<b>AMMIS</b>	
<b>As Is</b>	Not all data is standardized throughout the MMIS. Much of the MMIS still utilizes proprietary standards.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Data is standardized throughout the system.
<b>APS</b>	
<b>As Is</b>	Proprietary data standards and formats are used.

### 4.5.3 Transaction Processing

<b>Transaction Processing</b>	
<b>Alabama As Is Technical Function Description</b>	
Most of the key transactions' processing functions are in or dependent upon legacy applications with business rules embedded in the coding. The X12N 278 transaction can be received, but have not been implemented as a response transaction. The Agency has processes in place for the electronic delivery of 835 transactions, but the provider community is slow to adopt the use of these transactions. HIPAA standard transactions for COB are not implemented. HIPAA transactions are used for incoming data, but the data is then translated into local data requirements.	
<b>Alabama To Be Technical Function Description</b>	
The State is seeking to expand electronic transactions with efile and X12 transactions. Implement the use of HIPAA standard transactions for COB.	
<b>Function Description for Individual Systems</b>	
	<b>Description</b>
<b>AMAES</b>	
<b>As Is</b>	TBD
<b>AMMIS</b>	
<b>As Is</b>	TBD
<b>CAMELLIA II</b>	
<b>As Is</b>	TBD
<b>TFQ</b>	
<b>As Is</b>	TBD
<b>APS</b>	

## Transaction Processing

<b>As Is</b>	TBD
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### 4.6 Performance Management

#### 4.6.1 Performance Data Collection and Reporting

##### P.1 – Performance Data Collection and Reporting

###### Alabama As Is Technical Function Description

AMAES collects and reports how many batch jobs were submitted through CA7 and sums up how many were executed and how many abended using predefined and ad hoc reporting methods.

The areas that the performance is monitored:

- COLD system
- VPN lines
- Web portal
- System resource usage
- Servers
- System performance
- Job executes
- Operations processes
- Network
- Call Tracking
- System performance
- Cisco equipment
- Wireless networks
- Email
- Network performance monitoring
- Workstations
- Call Tracking
- Claims processing averages

The metrics that were defined to monitor the performance are:

- Statistics on applications, members added, denied, births, deaths, positive & negative QC
- Job Executing log
- Contract requirements
- Monthly status report - Claims statistics, CSRs completed, calls taken, report of hours spent by HP, number of defects worked, etc.
- Eligibility management uses statistical reports such as MSRP997 to monitor worker transactions and caseload management
- Run stats on DB2
- TFQ monitors transaction processing response time related to user interface

Performance monitoring and reporting is mostly a mix of manual and automated processes (e.g., contract performance reports are manual and generation of monthly status report is automated and pulling them together into report format is manual). Performance monitoring and reporting is not

## P.1 – Performance Data Collection and Reporting

centralized and consistent across the Medicaid Enterprise. Tools used to monitor the performance are:

- Coded programs and Microsoft Office
- Paper tools (i.e., list of survey questions that were asked) and call reports that the contract monitoring group sends out
- eHealth, Spectrum (both are part of the CA Unicenter suite)
- Segue
- Manual monitoring utilizing various reporting in the MMIS

Network monitoring, Exchange monitoring, and Segue tools generate alerts and alarms when the value of a metric falls outside limits.

APS does not perform any performance monitoring. Since the APS application resides on the State hardware, the State Information Systems monitor the performance of some general areas.

### Alabama To Be Technical Function Description

TBD in subsequent Stages

### Function Description for Individual Systems

Description	
<b>AMAES</b>	
<b>As Is</b>	Collects and reports on the number of batch jobs that were submitted through CA7 and sums up how many were executed and how many abended using predefined and ad hoc reporting methods. Contract monitoring reports are also produced manually.
<b>AMMIS</b>	
<b>As Is</b>	Monthly status report collects several performance metrics for the Agency. Generation of monthly status reports is automated and pulling them together into report format is manual.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics, which include: call tracking, Cisco equipment, Wireless networks, Servers, Web portal, System resource usage, System performance, email, Network performance monitoring, VPN lines, etc. Network Monitoring and Exchange Monitoring generate alerts and alarms when the value of a metric falls outside limits.
<b>TFQ</b>	
<b>As Is</b>	Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics, which include: servers, Web portal, System resource usage, Network performance monitoring, etc. Sequel tool generates alerts and alarms when the value of a metric falls outside limits.
<b>APS</b>	
<b>As Is</b>	APS does not perform any performance data collection.

## 4.6.2 Dashboard Generation

P.2 – Dashboard Generation	
<b>Alabama As Is Technical Function Description</b>	
Dashboards are generated on RACF reports and Call Center. Call Center reports are generated daily, weekly, bi-weekly, monthly, and quarterly; and RACF reports are generated on monthly basis and printed on paper. Tools used to generate the dashboard are CA Unicenter (Call Center) and Vanguard (RACF reports)	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages.	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Generate and display performance dashboards (RACF reports). Dashboards are printed on paper.
<b>AMMIS</b>	
<b>As Is</b>	Performance dashboards are not generated.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Generate and display performance dashboards (Call center).
<b>TFQ</b>	
<b>As Is</b>	Performance dashboards are not generated.
<b>APS</b>	
<b>As Is</b>	Performance dashboards are not generated.

## 4.6.3 Testing

Testing	
<b>Alabama As Is Technical Function Description</b>	
TBD in subsequent Stages	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	TBD
<b>AMMIS</b>	
<b>As Is</b>	TBD
<b>CAMELLIA II</b>	
<b>As Is</b>	TBD
<b>TFQ</b>	
<b>As Is</b>	TBD

Testing	
APS	
<b>As Is</b>	TBD

## 4.7 Security And Privacy

### 4.7.1 Authentication

S.1 – Authentication	
Alabama As Is Technical Function Description	
<p>System access is allowed based on user ID and password and allows users to access functions based on their sign-on (role-based access). Mainframe is secured using Resource Access Control Facility (RACF) on AMAES and related files. There is no "single sign-on" that covers all the systems, except My Alabama (Camellia II). In certain instances, the user needs to navigate through multiple functional systems to perform a single task (e.g., in .NET, user needs to go through eligibility verification, CICS system, two or three panels on MMIS to check on prior claims, FEITH COLD system, then create voucher request). The user needs to log-on to each of these databases to retrieve the information). Except My Alabama (Camellia II), public key infrastructure (PKI) is not used to perform user authentication. There is no consistent way for an application to be authenticated by another system with which it must interact (i.e., since the systems do not share security utility services, the outstation SOBRA workers need to sign into separate systems and workers cannot access them using one log-on and systems cannot be authenticated in a standard manner). In general, the access requirements identified in the business processes are defined within the data models and implemented across the enterprise. A user is authenticated both at log-on and database level.</p> <p>Only registered providers who have a high security level (known as clinical user) can input information in QTool. From the Agency perspective, there is not a restriction on who can have this level. The level of security is decided by the practice/provider who takes responsibility for the persons.</p>	
Alabama To Be Technical Function Description	
TBD in subsequent Stages	
Function Description for Individual Systems	
Description	
AMAES	
<b>As Is</b>	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at log-on and database level.
AMMIS	
<b>As Is</b>	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at log-on and database level.
My Alabama (CAMELLIA II)	
<b>As Is</b>	Unique log-on ID and password used. Role-based access. Authenticate both at log-on and database level. Single sign-on and PKI are implemented.
TFQ	

<b>S.1 – Authentication</b>	
<b>As Is</b>	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at log-on and database level.
<b>APS</b>	
<b>As Is</b>	Unique logon ID and password used. Based on users' access rights, the APS applications will become available to the user. Single sign-on.

#### 4.7.2 Authentication Devices

<b>S.2 – Authentication Devices</b>	
<b>Alabama As Is Technical Function Description</b>	
The Alabama Medicaid Enterprise does not use any biometric measures for user authentication. The LAN is controlled by user IDs/passwords and the mainframe is secured using RACF. Log-on ID and password are still used in all areas. Card access is used in certain areas. User authentication via kiosks based on fingerprints and RSA SecureID tokens are not supported.	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Secure access is primarily determined by building access cards and logon IDs.
<b>AMMIS</b>	
<b>As Is</b>	Secure access is primarily determined by building access cards and logon IDs.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Secure access is primarily determined by building access cards and logon IDs.
<b>TFQ</b>	
<b>As Is</b>	Secure access is primarily determined by building access cards and logon IDs.
<b>APS</b>	
<b>As Is</b>	Secure access is primarily determined by building access cards and logon IDs.

### 4.7.3 Authorization and Access Control

<b>S.3 – Authorization and Access Control</b>	
<b>Alabama As Is Technical Function Description</b>	
<p>User access to system resources depends on their role at sign-on (role-based access). Each user gets a unique log-on ID. The user needs to renew their password anywhere from 30 to 60 days depending on the system (e.g., AMAES – 30 days, Network – 45 days, Internet ISD – 60 days, My Alabama (Camellia II) – 60 days, TFQ – 45 days, MMIS – 30 days). In general, access to the building and parking ramp relies on a card swipe authorization system, which allows access only to authorized personnel. Any guest visitor must wear a visitor badge, sign into a log book, and be escorted by approved personnel.</p> <p>Cartridges sent to external entities are not encrypted. Data transmitted through Connect:Direct, FTP, and SOBRA transmission are not encrypted. However, Tumbleweed (transmission to IRS) is encrypted and transmission to the bank is secured by sending it through VPN. The AMMIS Fiscal Agent uses the SFTP to encrypt the files that are exchanged with other entities. AMAES and TFQ uses media tracking (e.g., use Tumbleweed) when Protected Health Information (PHI) is sent out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email. TFQ and AMMIS have a policy that requires that notebook computers must have encryption.</p> <p>Only registered providers who have a high security level (known as clinical user) can input information in QTool. From the Agency perspective, there is not a restriction on who can have this level. The level of security is decided by the practice/provider who takes responsibility for the persons that are allowing access to the system.</p>	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
	<b>Description</b>
<b>AMAES</b>	
<b>As Is</b>	User access to system resources depend on their role at sign-on (role-based access).
<b>AMMIS</b>	
<b>As Is</b>	User access to system resources depend on their role at sign-on
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	User access to system resources depend on their role at sign-on
<b>TFQ</b>	
<b>As Is</b>	User access to system resources depend on their role at sign-on
<b>APS</b>	
<b>As Is</b>	User access to system resources depend on their role at sign-on

#### 4.7.4 Intrusion Detection

<b>S.4 – Intrusion Detection</b>	
<b>Alabama As Is Technical Function Description</b>	
<p>The intrusion detection tools/devices in place across the enterprise are:</p> <ul style="list-style-type: none"> <li>- Virus detection</li> <li>- Firewall</li> <li>- Anti spyware</li> <li>- Website filtering</li> <li>- Email filtering</li> <li>- Desktop security software</li> <li>- Personal firewall</li> <li>- Pointsec PC encryption software</li> </ul> <p>The intrusion detection tools installed in AMAES, TFQ, and My Alabama (CAMELLIA II) are capable of detecting when an intrusion attempt has been made on the network and relays that information to the respective person. The network is protected using Demilitarized Zone (DMZ) firewall configuration. The data sent through the network are encrypted with an exception of local LAN, where it is point-to-point connection between the MMIS Fiscal Agent and the Alabama Medicaid Enterprise. As a means of physical measures, security badges, card keys, and/or intrusion detection devices, such as motion control cameras, are used to monitor a physical breach of security. The equipment is stored in secured access area (e.g., State mainframe, Medicaid servers, Medicaid printers, MMIS Fiscal agent equipment, etc.).</p> <p>Systems or Application (AMAES, MPS, etc.) security is defined within the application. Active Directory and RACF are configured to lock an account if the password is entered incorrectly three times.</p>	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relaying that information to the respective person. Since there is no MITA-defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
<b>AMMIS</b>	
<b>As Is</b>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relaying that information to the respective person. Since there is no MITA-defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relaying that information to the respective person. Since there is no MITA-defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.

TFQ	
<b>As Is</b>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relaying that information to the respective person. Since there is no MITA-defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
APS	
<b>As Is</b>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network. It is not capable to automatically relay that information to the respective person. Since there is no MITA-defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.

#### 4.7.5 Logging and Auditing

S.5 – Logging and Auditing	
<b>Alabama As Is Technical Function Description</b>	
<p>The logging and auditing is a mix of manual and automated processes (e.g., Mainframe logging is automated, screen access or transactions are automated, network logon is captured, RACF also captures logon information, and SMF files capture everything automatically). All log-on (successful and failed logon) attempts and account lockouts in AMAES and TFQ are tracked automatically, and a report is printed (that includes at least records of updates, data changed in tables, who did it, and when they did it) on a daily basis. In AMMIS, failed and successful logons and account lockouts are logged at initial authentication to the windows servers. Data changes to tables are captured via audit tables, but no reports are printed. In general, the Alabama Medicaid Enterprise has the capability to lock a user ID if the logon attempt fails three times or more, with the exception of My Alabama (Camellia II). Except My Alabama (Camellia II), there are audit tables that show who changed data, and there is the capability to generate any reports or set any alerts. Capabilities exist to access the history of user's activities like network and email activities, log file of online transactions per user and create reports, and other management functions. In APS, Active Directory and RACF is configured to capture the last logon information and manually run monthly reports to identify the corresponding accounts that have been inactive for 90 days or more.</p> <p>My Alabama (Camellia II) is in the process to develop a tracking mechanism that tracks all successful and failed log-ons, and also track users logging on from different IP addresses. Triggers and reports will be part of this development.</p> <p>Other than the above, the Alabama Medicaid Enterprise is capable of providing a complete audit trail of business functions</p>	
<b>Alabama To Be Technical Function Description</b>	
To be determined in subsequent Stages.	

Function Description for Individual Systems	
Description	
<b>AMAES</b>	
<b>As Is</b>	Logging process is automated and analysis of audits is largely manual. Capable to search the log and access the History of user's activities and other management functions. Capable to do playback. Capability to view logs and screens that users had accessed.
<b>AMMIS</b>	
<b>As Is</b>	Logging process is automated and analysis of audits is largely manual. Capable to access the History of user's activities and other management functions. Not capable to do playback. The Fiscal Agent's interChange system tracks changes that were made by the users.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Logging process is automated and analysis of audits is largely manual. Capable to access history of user's activities and do playback. Camellia II plans to date and time stamps all data changes and also will historically take a snapshot of all application data.
<b>TFQ</b>	
<b>As Is</b>	Logging process is automated and analysis of audits is largely manual. Capable to access the History of user's activities and other management functions. Not capable to do playback.
<b>APS</b>	
<b>As Is</b>	Logging process is automated and analysis of audits is manual.

#### 4.7.6 Disaster Recovery and Backup

Disaster Recovery and Backup	
<b>Alabama As Is Technical Function Description</b>	
TBD in subsequent stages	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent stages	
Function Description for Individual Systems	
Description	
<b>AMAES</b>	
<b>As Is</b>	TBD
<b>AMMIS</b>	
<b>As Is</b>	TBD
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	TBD
<b>TFQ</b>	
<b>As Is</b>	TBD
<b>APS</b>	
<b>As Is</b>	TBD

#### 4.7.7 Privacy

<b>S.6 – Privacy</b>	
<b>Alabama As Is Technical Function Description</b>	
<p>The Alabama Medicaid Enterprise has procedural controls including training, positioning of computer monitors, and ensuring sensitive information is out of sight, etc., for the privacy and security of data, and it is HIPAA compliant. The Agency ensures that PHI files in electronic format are password protected. The Agency requires employees to take adequate technical steps to safeguard PHI, by locking doors, storing files in locked cabinets and ensuring their screensavers are activated when leaving the immediate area of PHI. Not all areas have the ability to restrict or grant access down to the column/field level (e.g., My Alabama (Camellia II)). On Medicaid files maintained on the mainframe, access cannot be restricted up to the column/field level. However, via programming, PHI data on the online screens can be displayed/hidden. In TFQ, restrict or grant access is down to data type and not data element. In AMAES and TFQ, access to data elements is based on defined access roles. In AMMIS, access is restricted at screen or report level. Except My Alabama (Camellia II), access to sensitive information is based on assigned roles and logon IDs. If applicable, information requests are funneled through the Privacy Officer.</p>	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
	<b>Description</b>
<b>AMAES</b>	
<b>As Is</b>	Privacy is largely procedural based with some user-defined access roles.
<b>AMMIS</b>	
<b>As Is</b>	Privacy is largely procedural based with some user-defined access roles.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Privacy is largely procedural based with some user-defined access roles.
<b>TFQ</b>	
<b>As Is</b>	Privacy is largely procedural based with some user-defined access roles.
<b>APS</b>	
<b>As Is</b>	Privacy is largely procedural based across the Agency with some user-defined access roles.



## 4.8 Flexibility - Adaptability And Extensibility

### 4.8.1 Rules Driven Processing

#### F.1 – Rules Driven Processing

##### Alabama As Is Technical Function Description

Most of the system and business process rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables, and changes to business rules requires programming changes. Systems lists and parameters are also used in AMAES, AMMIS, and TFQ to apply system and business process rules.

AMAES is setting up a table-driven system and that will be controlled and managed by programming staff under the direction of business users.

In the NET voucher request system, workflow documents are routed and processed through the workflow according to a rules engine (i.e., the FEITH Document Database rules engine (REX), which was developed and maintained by FEITH Systems and Software, Inc).

For the systems that are on the mainframe platform (e.g., AMAES, BENDEX, SDS, SVES, etc.), the business rules are primarily within the COBOL program and not in tables. However, there is a process in progress to convert from VSAM to DB2, which will allow system users to add some business rules into DB2 tables in the future. Both TFQ and AMMIS also have a rules engine (e.g., editing and auditing rules in MMIS claims engine).

A variety of methods are used to apply rules to systems (e.g., manually through panel interaction and then automated as with the reapplication of rules when data changes, use tables and coded ID codes, configurable rules based on patient procedures, diagnoses, dates of service, clinical observations etc). More than 75% of the business process rules in AMAES and AMMIS are either hardcoded in program codes or system parameters. A log file is maintained for auditing CICS transactions, and changes to all software rules in both programs and in hard copy are tracked. However, >75% of the business rules in TFQ are in rules engine.

Business process rules are managed either by:

- Programmatically changing the hardcoded logic when the users specify policy changes and then requesting programming staff to change programming as needed
- Automated updates applied to rules engine based on the periodical review of the rules

By using the program log, change request, history of changes, or last update date, one would be able to see which rules were in production at any given time. Changes to edit and audit rules are captured with date stamps in the reference audit tables and are accessible through audit trail panels.

TFQ utilizes a rules engine named Hercules, which is used to analyze claims and clinical data and look for standard best practices for asthma, diabetes, etc. The base rules are manually set up via user interface. All the business rules are set up the rules engine. The rules that are currently in production are identified by an indicator. In APS, business rules are not documented properly and many of the rules are manually applied and some are hard coded in the program logic.



## F.1 – Rules Driven Processing

### Alabama To Be Technical Function Description

TBD in subsequent Stages

### Function Description for Individual Systems

Description	
<b>AMAES</b>	
<b>As Is</b>	Business rules are generally hard coded, system edits and parameter lists. Business rules are applied manually.
<b>AMMIS</b>	
<b>As Is</b>	Business rules are generally hard coded, system edits and parameter lists. Have rules engine and the business rules are applied either manually or automatically.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Business rules are generally hard coded (i.e., some customer specific rules regarding required data are hard coded), system edits, and parameter lists. Have rules engine and the business rules are applied automatically.
<b>APS</b>	
<b>As Is</b>	Business rules are either hard coded in the program source code or manually applied.

## 4.8.2 Extensibility

F.2 – Extensibility	
Alabama As Is Technical Function Description	
<p>Most of the key transactions processing functions are in or dependent upon legacy applications with business rules embedded in the coding. Extension to system functionality requires pervasive coding/coding changes, depending on the business need. The components of the Alabama Medicaid Enterprise are not loosely coupled and the interfaces are technology-dependent upon applications. In other words, it is highly proprietary. In AMMIS, the system functionality can be added as modular, hard coded, parameter, or table-driven depending on the functionality. Around 25% of the operational extensions in AMMIS and TFQ are applied through systems lists and system parameters and the rest through configuration files, tables, hard coding, etc. Table-driven functionality makes it easier to make changes. Testing can add to the time needed to make changes. The majority of the interfaces in the Alabama Medicaid Enterprise are technology-dependent. There are some off-line, desktop solutions that are not integrated to MMIS system (like siloed/standalone or homegrown systems (e.g., Project Tracking System, Tape Management, Motor Pool, HR, CROCS, APS (interfaces), Help Desk, MPS, PTS, etc). The changes or extensions to the system functionality are not localized.</p> <p>Following are the tools used to facilitate the mapping and development of interfaces:</p> <ul style="list-style-type: none"> <li>- Microsoft Visual Studio framework</li> <li>- DevExpress</li> <li>- Power Designer</li> <li>- tcAccess</li> <li>- Sybase translator</li> <li>- BizTalk (by TFQ)</li> </ul>	
Alabama To Be Technical Function Description	
TBD in subsequent Stages	
Function Description for Individual Systems	
Description	
AMAES	
<b>As Is</b>	New functionality can be integrated as modular or hard coded.
AMMIS	
<b>As Is</b>	New functionality can be integrated as modular, hard coded, parameter, or table-driven depending upon the functionality. There are places where plug and play exists, but not for the overall architecture (e.g., Translator, web portal, places where COTS products are utilized).
My Alabama (CAMELLIA II)	
<b>As Is</b>	Not applicable
TFQ	
<b>As Is</b>	New functionality can be integrated as a modular. The QTool application is built on .NET SOA-based architecture. Additional functionality is added as plug and play.
APS	
<b>As Is</b>	Significant programmer and/or Database Administrator (DBA) intervention is required.

### 4.8.3 Automate Configuration and Reconfiguration Services

F.3 – Automate Configuration and Reconfiguration Services	
Alabama As Is Technical Function Description	
<p>There are some published procedures but there is no configuration management plan across the Alabama Medicaid Enterprise. There are separate configuration management plans for AMAES, AMMIS, and TFQ, as they are on different platforms like mainframe, servers, etc. Mainframe processes are documented. The Server applications are new to IT and hence policies and procedures are still being developed. MMIS has its own Configuration Management process outside of IT, which is maintained by the Fiscal agent. The Configuration Management Plan on the MMIS Fiscal agent side only applies to AMMIS. Only TFQ has the capability to automatically configure and reconfigure the applications/functions and it is manual elsewhere. Configuration and reconfiguration of a rules engine is a mix of manual and automated processes, i.e., some parameters will auto-populate and some manual configuration is required based on the information entered. The majority of the configuration and reconfiguration of distributed applications requires extensive hard-coded changes across many software components and/or applications across the Enterprise. However, the configuration and reconfiguration implementations on AMMIS are planned to not cause significant disruption. Except for TFQ, the introduction of new technology significantly affects the interfaces to applications. The introduction of new technology is a resource challenge rather than a technology challenge. Reconfiguring the applications and functions usually requires coding changes with the associated requirements gathering, code development, testing, and implementation. In TFQ, there are published procedures and a configuration management plan, but in a Medicaid Enterprise perspective, those rules are applied only in the TFQ area. APS uses the new versioning software named TFS, which is not stable, and APS is still learning how to use it. Configuration and reconfiguration requires extensive changes to hard-coded program logic, and it creates a significant disruption to services.</p>	
Alabama To Be Technical Function Description	
TBD in subsequent Stages	
Function Description for Individual Systems	
Description	
AMAES	
<b>As Is</b>	Configuration is generally manual and requires code-level changes.
AMMIS	
<b>As Is</b>	Configuration is generally manual and requires code-level changes.
My Alabama (CAMELLIA II)	
<b>As Is</b>	Not Applicable. The system is in the development stage; hence, at this time, there is no configuration/reconfiguration process or plans.
TFQ	
<b>As Is</b>	Capable to do automatic configuration and reconfiguration
APS	
<b>As Is</b>	Requires extensive changes to the hard-coded logic. There is significant disruption.

#### 4.8.4 Introduction of New Technology

<b>F.4 – Introduction of New Technology</b>	
<b>Alabama As Is Technical Function Description</b>	
The majority of components of the Alabama Medicaid Enterprise are neither loosely coupled nor introduced easily. Most of the interfaces are not defined in WSDL, with point-to-point connection, and are dependent upon technology. There are web services created in AMAES and TFQ (i.e., which connect hospitals and EMR systems to TFQ), and the TFQ web services is created in WSDL. Introduction of new technology is cumbersome due to the legacy mainframe environment and the distribution of information and data across multiple subsystems. The introduction of new technology is both a resource challenge and technology challenge.	
<b>Alabama To Be Technical Function Description</b>	
TBD in subsequent Stages	
<b>Function Description for Individual Systems</b>	
<b>Description</b>	
<b>AMAES</b>	
<b>As Is</b>	Interfaces to applications are technology-dependent, and are affected by the introduction of new technology.
<b>AMMIS</b>	
<b>As Is</b>	Interfaces to applications are technology-dependent, and are affected by the introduction of new technology.
<b>My Alabama (CAMELLIA II)</b>	
<b>As Is</b>	Not Applicable
<b>TFQ</b>	
<b>As Is</b>	Interfaces to applications are technology-neutral, and are not affected by the introduction of new technology
<b>APS</b>	
<b>As Is</b>	Technology dependent. Introduction of new technology is a resource challenge.

## 5 SPECIFIC REQUIREMENTS

This section was originally written with the assumption that there will be more than one major category of functionality or system that will be identified to support Medicaid operational functions under the BPR project. These subsystems were organized in accordance with the focus of BPR process: e.g., Recipient (beneficiary) Subsystem, Third Party Liability (TPL), Program Integrity, and Non-Emergency Transportation (NET). There was a subsection written for each of these identified categories of functionality or system.

The information outlined in Section 5.1 and 5.2, below, serves as an example of the topics the requirements will address. The emphasis of the content will be on: unambiguous, quantitative, testable requirements. Note: Not every topic will apply to each functionality or system.

The initial information in the requirements was also a result of information gathered in the MITA Sessions. This was added to during Phase 3 and will continue to be added to during the next several Stages as a result of information collected in the Business Process Re-engineering activities and Joint Application Requirement (JAR) sessions.

### 5.1 AMMIS Recipient Subsystem

The AMMIS Recipient Subsystem (AMMIS-RS) will support the key business processes of the Beneficiary Services function. This system will also support the TPL, Program Integrity, Quality Control, and NET functions, especially as these business areas interface with and support the Beneficiary Services function.

This subsection focuses on the business specifications and requirements for the Beneficiary Services function. The requirements for the additional support functions specified in the ITB are presented in following subsections 5.2, 5.3, and 5.4.

#### 5.1.1 Functional Requirements Based on the BPR Review

This subsection originally presented the functional requirements that had been identified for the new AMMIS-RS based on the findings of the BPR analysis. The functional requirements addressed seven functions:

- **Outreach, Intake, and Referral**, which covers the functions that are performed to help recipients and applicants identify the services that may be available to meet their needs, prepare an application for services, and schedule and refer recipients and applicants for follow up eligibility review.
- **Verification and Validation**, which involves the search of available information sources and systems to help verify and validate the information received from recipients and search for additional needed information.
- **Mail Room and Document Management**, which involves processing and imaging all information received from the public or through an electronic interface process, and storing, managing, and controlling all records
- **Eligibility Determination**, which involves the process of reviewing applications; tracking, receiving, and obtaining missing or incorrect information; and making an eligibility determination decision

- **Enrollment**, which involves the process of enrolling a new recipient or member in the Medicaid program and making changes in enrollment status as appropriate
- **Case Maintenance and Redetermination**, which involves the process of monitoring the continued eligibility of recipients after initial eligibility determination; identifying and entering information that may change the status of a case, such as change in income, address, or family composition; and the annual redetermination of cases
- **Reporting**, which provides reporting and analysis support to management and staff at all levels and across all of the major processes of the Beneficiary Services function

These baseline specifications provide a “first cut” of the requirements and specifications for the new system. From these requirements, detail requirements were written and presented in JAR sessions. Those baseline specifications that were addressed prior to July 16<sup>th</sup> in JAR sessions are located in Attachment A. These baseline specifications are now replaced by the following detail requirements and have been assigned a Detail Requirement ID. The baseline specifications that remain, Mailroom and Document Management, Enrollment and Reporting, will be addressed in Stage 4 and remain in this section. A mapping of these detail requirements to the baseline requirements can be found in Attachment B.

DR ID	Requirements
Req	<b>COMMON ADMINISTRATION</b>
	<b>System Functionality</b>
	<b>General</b>
CAS1	The system shall be a comprehensive automated case management tool that meets the needs of all staff (including workers and their supervisors, whether employed by the State, County, or contracted private providers).
CAS2	The system shall support all system requirements as define by the requirements specification document.
CAS3	The system shall support all MITA capabilities.
CAS4	The system shall support all CMS certification standards.
CAS5	The system shall provide for the full protection al all clients' rights to privacy and confidentiality through effective internal and external security controls that meet or exceed legal requirements, federal regulations (e.g. HIPPA), State official regulations and agency policies on the subject.
CAS6	The system shall provide the capability to pilot new policy or policy changes by program, by location(s), by timeframes.
CAS7	The system shall have the ability to freeze data at Agency pre-determined points in the life of a case to prevent workers from modifying that data after a certain period of time or after a specific action has been completed on the record.

CAS7.1	The system shall have show/hide or expand/collapse buttons
CAS7.2	The system shall display complex information (i.e. help information) in an easy to read format.
CAS7.3	The system shall have the ability to display task and actions from multiple screens in a single page view.
CAS7.4	The system shall be retrieved by anyone with security access regardless of location.
CAS7.5	The system shall feature customized menu link based on the access rights for workers.
CAS7.6	The system shall be designed with a user-friendly format to assist inexperienced users.
	<b>Searches</b>
CAS8	The system shall provide a proven Soundex-like capability for searching to find exact matches and close matches for name searches.
CAS9	The system shall accommodate searches for hyphenated last names, including possibility of inverted hyphenated names
CAS10	The system shall provide the capability to search for a person by multiple parameters with a minimum of name or partial name, address, ID numbers, Medicare claim, date of birth, social security number and sex.
CAS11	The system shall provide the capability to search by address.
CAS12	The system shall associate current applicants with clients at residential address, if applicable.
CAS13	The system shall provide for the capability to search for an Agency worker by multiple parameters.
CAS14	The system shall provide for the capability to search for a provider by multiple parameters.
CAS15	The system shall provide for the capability to search for a collateral contact by multiple parameters.
CAS16	The system shall provide for the capability to search for a household by multiple parameters.
CAS17	The system shall include automatic search of alias names during a search.
CAS18	The system shall display the results of person(s) that meet search criteria displaying exact matches first.
CAS19	The system shall indicate when a search is returned based on an alias match rather than a name match.
CAS20	The system shall allow the user to view case information such as other case members when validating a new person.
CAS21	The system shall allow the worker to determine current and past applications from returned search results.
CAS22	The system shall have the ability to stop the processing of a query search at any point in the process.
CAS23	The system shall identify potential matches based on a search criteria and support drilling down to more detailed data.



CAS23.1	System shall automatically search archived records for initial applications based on modifiable criteria, i.e. date range, eligibility dates, etc.
CAS23.2	System shall allow the user to optionally search archived records for all other inquiries.
<b>Duplicate Entry</b>	
CAS24	The system shall be designed to prevent the occurrence of duplicate entries of the same person based on agency criteria.
CAS25	The system shall not require users to enter redundant data within the system between modules and functions within the life of the case.
CAS26	The system shall store data attached to persons to prevent duplicate entry of information that belongs to an individual versus a case.
<b>Help</b>	
CAS27	The system shall have online user, operations and technical user help documentation.
CAS28	The system shall include online documentation that includes, at a minimum, online program specific policy and procedures manuals.
CAS29	The system shall provide online task-oriented user guides.
CAS29.1	The system help shall be capable of configuration by the user.
CAS30	The system shall provide context sensitive help.
<b>Checklist</b>	
CAS31	The system shall provide case-based activity checklists (to-do lists) to assist in prompting the users in the completion of required case activities according to business rules.
CAS32	The system shall automate the checklist to demonstrate when the user completes the task listed.
CAS33	The system shall automate the checklist to display the date the user completed the task listed.
CAS34	The system shall automate the checklist to document the user name that completed the task listed.
CAS35	The system shall automate the checklist to dynamically fill tasks based on case type,
<b>Checklist Templates</b>	
CAS36	The system shall allow the user to pre-fill, preview and print the checklist as needed.
CAS37	The system shall allow the user to print blank checklists or partially completed checklists.
<b>Approvals</b>	



CAS38	The system shall identify which work requires approval.
CAS39	The system shall identify approvals required for each piece of work or component authorized.
CAS40	The system shall automatically route any work that require approval under Agency policies to the appropriate workers.
CAS41	The system shall support multiple approval levels for a piece of work depending on the type of work and data entered for the work.
CAS42	The system shall verify the position, classification or role that must approve each piece of work.
CAS43	The system shall identify the time limits required for each approval type based on agency criteria.
CAS44	The system shall escalate system alerts to supervisors when approval on a piece of work is overdue.
CAS45	The system shall find and display the staff person with the authority to authorize each piece of work requiring approval based on assigned roles.
CAS46	The system shall display the role required for the approval with the work to be approved whenever approval is required.
CAS47	The system shall display the list of pending approvals for each person on their desktop.
CAS48	The system shall provide a system alert staff to indicate their approval is due on a piece of work.
CAS49	The system shall allow supervisors the ability to delegate online approval authority to a user for case management activities to another user based on agency criteria.
CAS50	The system shall support temporary delegation of approval authority from one authorized user to another.
CAS51	The system shall treat the delegated staff person the same as the staff with original approval authority when approval has been delegated.
CAS52	The system shall send system alerts to the delegated staff and the staff with original approval authority during the period of delegation.
CAS53	The system shall display a history of approvals with the dates/times and name(s) of the worker or workers who approved the work.
CAS54	The system shall support supervisory and administrative staff overrides to allow exceptions to policy.
CAS55	The system shall allow the supervisor to enter comment notes on approvals but require comments to be entered by the supervisor for all disapprovals.
CAS56	The system shall allow a supervisor to enter in a due date when a piece of work is returned for corrections.
CAS57	The system shall display comment notes with all approval and disapproval records.
CAS58	The system shall send e-mails to the user who created the work including approval status and comments for the work.
CAS59	The system shall allow authorized users to reverse an approved piece of work within a configurable time frame to correct user errors.
CAS60	The system shall provide a full audit trail for all changes to approval, including sources, dates and status changes based on agency criteria.

CAS61	The system shall allow all approval requirements, their effective dates and routing for all works that require approval to be user-maintainable and configurable with tables or rules engines.
CAS62	The system shall record and display all dates and times that approvals were requested, sent back for corrections, reviewed, and completed.
CAS63	The system shall track the history of each action on an approval (e.g. each request, denial, etc).
CAS64	The system shall provide text for the requestor and approver to document descriptions and justifications on the approval action completed.
CAS65	The system shall report all required approvals that are due or past due.
<b>Archive</b>	
CAS66	The system shall support archiving including at a minimum records, cases, case files, and any supporting documentation contained in the ECR in accordance with Agency policies.
CAS67	The system shall support archiving including at a minimum records, cases, case files, and any supporting documentation contained in the ECR in accordance with Federal ,State, and Agency approved retention schedule.
CAS68	The system shall include a scheduled archiving process in which data that meets established agency criteria will be selected for archiving.
CAS69	The system shall provide modifiable archiving criteria options that can be easily changed by an authorized administrator.
CAS70	The system shall allow an authorized administrator to restore archived records or partial records, individual documentation.
CAS71	The system shall validate the integrity of the database before and after the archive.
CAS72	The system shall provide the ability to list all records included in an archive.
CAS73	The system shall retain including at a minimum records, cases, case files, and any supporting documentation contained in the ECR needed for auditing purposes in accordance with Federal and State approved retention schedule.
CAS74	The system shall have the ability to associate archiving timeframes with imaged documents.
<b>System Alerts, User Alerts and Notices</b>	
CAS75	The system shall provide system alerts based on Agency established policies and practices.
CAS76	The system shall generate system alerts for workers and supervisors when actions are upcoming, due, or overdue.
CAS77	The system alerts shall count down timeframes until the system alert is removed or the piece of work is complete.
CAS78	The system shall have the capability to escalate a system alert to a supervisor or monitor at a defined period of time.
CAS79	The system shall allow authorized staff to delete system alerts.
CAS80	The system shall remove system alerts when the piece of work is completed.
CAS81	The system shall navigate the worker directly from the system alert to the piece of work that is required to remove the system alert.



CAS82	The system shall have user configurable user alerts that do not require a developer to add the alert or inactivate an existing the alert.
CAS83	The system shall have user configurable user alert messages.
CAS84	The system shall have configurable user alerts timeframes.
CAS85	The system shall provide the user the ability to sort all alerts by user specifications.
CAS86	The system shall provide an option to minimize the display of all alerts.
CAS87	The system shall allow the user to create and maintain personal user alerts.
CAS88	The system shall create a history of all notices associated with the client.
CAS89	The system shall have the capability to maintain a history of the notice contents.
CAS90	The system shall have the capability to track the date the notice was sent.
CAS91	The system shall create a summary view of completed alerts.
CAS92	The system shall have the capability to generate email alerts and notifications based on Agency Policy.
CAS93	The system shall maintain a history of all email alerts and notifications.
CAS94	The system shall have the capability for an authorized user to turn alerts on or off without the use of a developer.
CAS95	The system shall allow the user to print alerts.
<b>Corrections</b>	
CAS96	The system shall provide authorized users the ability to make corrections when errors are made to completed work.
CAS96.1	The system shall allow authorized users the ability to delete records entered in error within the agency specified time frame.
CAS97	The system shall provide a complete audit trail of any changes made to correct errors on completed work.
CAS98	The system shall display an indication online that a change was made to correct an error on completed work.
CAS99	The system shall provide a narrative to explain why an authorized user made the correction to a completed piece of work.
CAS100	The system shall allow the user to generate a report of all corrections made by user by piece of work and timeframe.
CAS100.1	The system shall allow the user to generate a report of all deletions made by user by piece of work and timeframe.
<b>Forms and Reports</b>	
CAS101	The system shall maintain a complete inventory of all Agency forms and store them centrally.
CAS102	The system shall make Agency forms available within the system workflow as defined by Agency.
CAS103	The system shall generate each form in formats and languages approved by Agency.
CAS104	The system shall provide the capability for a primary language indicator for a beneficiary.



CAS105	The system shall produce beneficiary correspondence, forms, and templates in the language identified by the primary language indicator.
CAS105.1	The system shall allow authorized users to create templates for system-wide use.
CAS105.2	The system shall pre-fill available system data in created templates.
CAS106	The system shall support workers ability to pre-fill data on templates.
CAS107	The system shall maintain a history of all reports, forms and templates.
CAS108	The system shall maintain and provide access to a history of all templates created and saved to allow users to view the exact image of what was entered on these templates by client or case.
CAS109	The system shall be able to display and print stored or imaged forms.
CAS110	The system shall allow the user to search for forms using Agency defined criteria.
CAS111	The system shall generate all reports with consistent report header and footer formatting.
CAS112	The system shall identify on all reports the date and time it was generated and allow the user to save the report.
CAS113	The system shall provide versioning and authorization management for standard forms.
CAS114	The system shall produce reports with labels that uniquely identify each report.
CAS115	The system shall provide the ability to print dynamic Agency letterhead, logo, and form name, and number when forms and reports are printed.
CAS116	The system shall calculate and print sequential page numbers for all reports.
CAS117	The system shall allow authorized users to access, generate, and print reports.
CAS118	The system shall provide integrated support for online reports and forms generation which shall include local and central print capabilities.
CAS119	The system shall include a forms tool that allows an authorized user to define forms and link existing database fields to fields on the forms.
CAS120	The system shall provide a comprehensive reporting solution that will generate standard operating, pre-defined or operational reports without an adverse effect on system performance or response time.
CAS121	The system shall allow the capability to apply "DRAFT" or other water marks to printed forms, template and reports
CAS122	The system shall be able to save reports or raw data in multiple output formats (e.g. CSV, tab delimited, text, HTML, XML) in conformance to security standards.
CAS123	The system shall include drill down and sort capabilities to view components of online summary reports.
CAS124	The system shall provide a mechanism to distribute selected reports electronically to appropriate users.
CAS125	The system shall provide a user interface for configuring automatic report distribution.
CAS126	The system shall ensure all documents and forms are generated within the system and pre-fill all documents and forms with case/person specific information.
CAS127	The system shall provide the capability for a user to make corrections in templates and have this information update the database.



<b>Organizational Management</b>	
<b>Maintain Organization Structure (Organization relationship)</b>	
CAO1	The system shall identify the type of organizational structure for each group.
CAO2	The system shall record data on organizational structures and reporting relationships in the Agency and other pertinent external organizations.
CAO3	The system shall utilize organizational structure to automatically route work per Agency specifications.
CAO4	The system shall allow assignment of organization roles to staff.
CAO5	The system shall allow staff to be assigned one or more roles within an organizational unit.
CAO6	The system shall have the capability to assign staff to backup roles.
CAO7	The system shall support the organizational structure by allowing 'teams' or 'units' of workers to be created with a designated role.
CAO8	The system shall support and maintain assignment of staff to an organizational unit.
CAO9	The system shall maintain a full history of temporary delegations.
<b>Staff Management</b>	
CAO10	The system shall maintain unique staff identifier.
CAO11	The system shall support the creation of a staff profile.
CAO12	The system shall track staff records for all agency staff.
CAO13	The system shall include job related demographics in the staff profile (e.g. skills, job title, phone number, etc).
CAO14	The system shall include organization information in the staff profile.
CAO15	The system shall maintain a history of organization assignment and pertinent demographics.
CAO16	The system shall include education, training and skills possessed by the staff in their profile.
CAO17	The system shall provide the capability to update a staff profile in the system on-line.
CAO18	The system shall maintain begin and end dates for staff data (e.g. employment dates, roles, unit assignments, locations, address, etc.)
CAO19	The system shall allow assignment of staff to multiple units based on work to be performed.
CAO20	The system shall support all necessary levels and classes of security to protect staff information.
CAO21	The system shall allow supervisors, administrator and authorized users to edit and update staff records for the staff within their reporting units.
CAO22	The system shall provide the capability to inactivate or temporarily suspend a staff person's status.
CAO23	The system shall record and display staff termination dates.



<b>Person Management (Client)</b>	
<b>General</b>	
CAP1	The system shall assign a unique identifier for each person entered.
CAP1.1	The system shall always associate the same unique identifier with each person as they exit and enter the system.
CAP2	The system shall allow a person to be assigned one or more roles (e.g., sponsor, spouse, payee, etc).
CAP3	The system shall maintain data that is specific to an individual and shall not require re-entry when cases or roles change.
CAP4	The system shall support a person summary view that provides a thumbnail of critical person data.
CAP4.1	The system shall allow the user to document discussions with an applicant to reflect any provision of agency required information to include but not limited to freedom of choice, etc. so they can be electronically retrieved for statistical and/or reporting purposes.
<b>Person Demographics</b>	
CAP5	The system shall allow users to record the name and aliases of any person entered into the system to include first, middle, last and maiden names.
CAP6	The system shall allow the user to enter in multiple races up to five (5) races per person.
CAP7	The system shall allow the user to select the ethnicity for each person.
CAP8	The system shall allow the user to select if the person's ethnicity is Hispanic/Latino using Yes and No identifiers.
CAP9	The system shall record if the person is "Native American or Alaskan Native".
CAP10	The system shall allow the user to record the gender/sex of each person.
CAP11	The system shall allow user to record recipient's tribal designation.
CAP11.1	The system shall allow the user to document if an individual is a veteran or a dependent of a veteran.
CAP11.2	The system shall track information related to the veteran if they are not a member of the household.
<b>Birth Information</b>	
CAP12	The system shall track each person's birth information which includes country, state, county and city.
CAP13	The system shall allow the user to record a person's date of birth.
CAP14	The system shall allow the user to indicate if the person's date of birth is an estimate.
CAP15	The system shall calculate and display the person's age.
CAP16	The system shall allow the user to record if the date of birth was verified and the source of verification.
<b>SSN Information</b>	
CAP18	The system shall allow the user to record the person's Social Security Number.

CAP19	The system shall indicate the source of the Social Security Number verification.
CAP20	The system shall record the date the Social Security Number verification was complete.
CAP21	The system shall record if an application for a Social Security Number was completed and the date it was completed.
CAP21.1	The system shall allow a pseudo number to be assigned to an individual who does not have an assigned social security number.
CAP21.2	The system shall not allow duplicate social security numbers.
CAP21.3	The system shall maintain a history of all social security numbers.
<b>Language</b>	
CAP22	The system shall allow a user to record if the person requires an interpreter.
CAP23	The system shall allow the user to record the person's primary language.
CAP24	The system shall allow user to record a person's primary language for correspondence.
<b>Address and Phone</b>	
CAP25	The system shall support United States addresses (domestic) as well as foreign addresses.
CAP27	The system shall allow for only one primary address per person for benefit related correspondence.
CAP27.1	The system shall allow for one privacy address per person according to HIPAA regulations.
CAP28	The system shall allow for only one address per household for benefit related correspondence in the event there is more than one person in the household.
CAP30	The system shall allow the user to enter in effective dates for each address entered.
CAP30.1	The system shall be able to calculate and display the length of time an individual has resided in Alabama from the effective dates entered.
CAP31	The system shall allow the user to enter in email addresses for any person entered into the system.
CAP32	The system shall allow the user to enter in fax numbers for any persons.
CAP33	The system shall provide the user a mechanism to enter in one address for a family and associate it to each person.
CAP34	The system shall provide the capability to verify beneficiary addresses with the US Postal Service (USPS) and National change of Address (NCOA) file.
CAP35	The system shall provide the capability to utilize the USPS and NCOA file to conduct address change verification as required.
CAP35.1	The system shall accept updates from the USPS and NCOA interface and update records accordingly.
CAP36	The system shall allow override of postal verification in cases where actual address does not agree with postal verification or cannot be readily verified (i.e. prior to latest update of postal software, for homeless shelters, for migrant camps, etc.)
<b>Citizenship</b>	
CAP38	The system shall record a person's citizenship data.



CAP39	The system shall record if the person's citizenship data has been verified.
CAP40	The system shall track the citizenships source of verification and date of verification.
CAP40.1	The system shall record a person's alien status.
CAP40.2	The system shall record if the person's alien status has been verified.
CAP40.3	They system shall record the alien verification source and date of verification.
<b>Migrant - Refugee</b>	
CAP41	The system shall allow recording a person's refugee status.
CAP42	The system shall allow recording of the person's Country of Origin.
CAP43	The system shall allow recording of the Date the person entered the USA.
CAP45	The system shall provide the reason for coming to USA.
CAP46	The system shall allow recording a person's migrant status.
CAP46.1	The system shall capture the dates of an individual's refugee assistance.
<b>Relationships</b>	
CAP47	The system shall allow user to set, maintain and associate relationships to each person which allows for tracking across multiple generations and multiple cases.
CAP48	The system shall automatically determine reciprocal relationships (e.g. father - son identified by user, son - father determined by system).
CAP49	The system shall allow family relationship values to be configurable.
CAP50	The system shall allow the user to record the relationship between the child and the caretaker (e.g. parent, relative, guardian, potential adoptive parent, aunt, uncle, grandmother, etc).
CAP51	The system shall maintain and display a history of all relationships entered.
CAP53	The system shall allow the user to capture the current marital status of each person.
CAP54	The system shall allow users to record the collateral relationship to the person.
CAP54.1	The system shall allow the users to record information related to a sponsor, spouse and authorized representative of an applicant.
<b>Person Merge/Unmerge</b>	
CAP55	The system shall allow merging of a duplicate person's data into a single active person's data.
CAP56	The system shall allow the user to select which data should be retained on the active person.
CAP57	The system shall allow reversing the merged person's record.
CAP58	The system shall be able to split a person record to create two active persons.
CAP59	The system shall allow the user to select which data to associate to the two active persons when performing a person split.
<b>Household Merge/Unmerge</b>	
CAP60	The system shall allow merging of a duplicate household's data into a single active household's data.



CAP61	The system shall allow the user to select which data should be retained on the active household.
CAP62	The system shall allow reversing the merged household's record.
CAP63	The system shall be able to split a household record to create two active households.
CAP64	The system shall allow the user to select which data to associate to the two active households when performing a household split.
<b>Health Insurance Information</b>	
CAP65	The system shall provide a mechanism to track all health insurance information including but not limited to both primary and secondary coverage.
CAP66	The system shall require the user to document whether or not the applicant discloses health insurance.
CAP67	The system shall require the user to document whether or not the person is covered by health insurance by someone else.
CAP68	The system shall require the user to document whether or not health insurance is available but not being used.
CAP69	The system shall require the user to document the reasons why insurance is not being used.
CAP70	The system shall send a system alert to the authorized user when insurance is available but not purchased or is dropped for purposes of HIPP or premium payment.
CAP71	The system shall allow a user to record the primary holder's name.
CAP72	The system shall allow a user to record the employers name, phone, and address that is providing the health coverage.
CAP73	The system shall allow a user to record the insurance company's name, address, and phone.
CAP74	The system shall allow a user to record the group/policy number.
CAP75	The system shall allow a user to record the coverage code and contract number
CAP76	The system shall allow a user to enter the reason for any change in coverage.
CAP77	The system shall record start and end dates for insurance coverage.
CAP78	The system shall have a mechanism to track HMO enrollment or disenrollment.
CAP79	The system shall be able to translate codes for insurance providers into "plain English"
CAP80	The system shall track any and all Medicaid and Medicare numbers.
CAP81	The system shall track begin and end dates associated with Medicaid and Medicare numbers.
CAP81.1	The system shall record the frequency of the health insurance payment.
CAP81.2	The system shall record multiple health insurance policies.
CAP81.3	The system shall record type of insurance policy (burial, dental, life, etc.)
<b>COMMON ADMINISTRATION</b>	

	<b>Screening</b>
	<b>Potential Eligibility</b>
ISC1	The system shall provide the capability to electronically identify the Medicaid programs that an individual or family may qualify for based on a limited set of key identifying questions
ISC2	The system shall provide the capability to link with screening systems that may be under development for other programs such as the Temporary Assistance for Needy Families (TANF) program, Child Health Insurance Program (CHIP), Supplemental Nutritional Assistance Program (SNAP), and child care to help members identify the full scope of services for which they are eligible
ISC3	The system shall provide the web based functionality to allow applicants/eligibles to complete screening for potential Medicaid and CHIP eligibility.
ISC3.1	The Medicaid pre-assessment screening tool shall allow clients to answer an initial basic set of questions to quickly and anonymously identify potential eligibility based on the user's responses.
ISC5	The system screening tool shall have required edit fields to be completed before providing potential eligibility results.
ISC6	The system screening tool shall allow the applicant/user to print the screening results from their location.
ISC10	The system shall monitor the number of screenings completed.
ISC10.1	The pre-assessment screening tool shall be available in English and Spanish at a fourth grade reading level.
	<b>Outreach</b>
ISC11	The system shall provide, through the screening tool, information to individuals about local offices or other organizations offering assistance and/or services (e.g. CHIP, Child Support, TANF, Child Care, employment services, etc.
ISC12	The system shall provide, through the on line application, information to individuals about local offices or other organizations offering assistance and/or services (e.g. CHIP, Child Support, TANF, Child Care, employment services, etc.
ISC13	The system shall provide the capability to create and maintain waiting lists for clients who request program benefits, but the program is currently closed to new applications.
	<b>Referral</b>
ISC14	The system shall support automatic referrals to, but not limited to, HIPP, LTC, Program Integrity, NET, Home and Community Based Waivers, TPL, CHIP, DHR, WIC, DMV, etc. based on clients responses submitted via the online application.
ISC15	The system shall support referrals to, but not limited to, HIPP, LTC, Program Integrity, NET, Home and Community Based Waivers, TPL, CHIP, etc. upon action initiated by the user.
	<b>Record Intake</b>



General Workflow	
IRI1	The system shall provide an automated or guided application process to enable the user to easily enter required information.
IRI2	The system shall allow the user to exit the workflow when desired in order to move directly to a screen of choice.
IRI3	The system shall allow the user to record all client inquires/complaints in an automated fashion.
IRI4	The system shall provide system-generated date and time stamp for receipt of applications to be used in monitoring standards of promptness by program.
IRI5	The system shall assign an internal unique identifier to each intake.
IRI6	The system shall have the capability to allow the user to record multiple types of intakes (e.g. complaints, information only, messages, referrals, requests for transportation services, etc).
IRI7	The system shall support modifying and reclassifying an incorrectly identified intake (e.g. request for transportation, informational only) without creating a new internal unique identifier or re-entering data into the system.
IRI8	The system shall allow the user to record at any time during the intake process, the type of intake being received.
IRI9	The system shall track the method the intake information was received (e.g. call, mail, etc).
IRI10	The system shall display the dates and times when intake information is entered into the system.
IRI11	The system shall support capturing a narrative of the intake.
IRI12	The system shall provide a means for the user to record a message to another individual, link the message to the case and send it to the worker.
IRI13	The system shall provide edit checks that are limited to essential information and do not impede collection of the intake.
IRI14	The system shall allow the authorized user to override the system-generated date with a date in the past if date of application is different from current date (no future dated applications)
IRI15	The system shall automatically identify those applicants that are potentially eligible for express lane eligibility.
IRI16	The system shall only collect applicant/case information once and share across all programs.
IRI17	The system shall provide interactive questions that can lead to appropriate next questions based on responses and other existing data.
IRI18	The system shall be flexible to allow the user to conduct interactive interview with the client present.
IRI19	The system shall edit all input information and allow for its correction by the user before acceptance for further processing.
IRI20	The system shall require the user to document the case action type. M-1 TYPES
IRI21	The system shall prompt questions for the user to answer based on the type of action documented.



IRI22	The system shall prompt questions for the user to answer based on the type of program for which the individual is eligible.
IRI23	The system shall require the user to identify whether or not the applicant is applying for self or as a representative.
IRI25	The system shall allow and record an applicant's request to withdraw an application.
IRI31	The system shall provide a set of questions that shall guide the member or worker through the NET payment request process.
IRI31.1	The system shall track the processing of the release of HIPAA information.
<b>Person Management</b>	
IRI32	The system shall allow the user to record member's address.
IRI33	The system shall allow the user to record member's address type.
IRI34	The system shall allow the user to record and associate member's code assignment(s) (e.g. county, district and region, other).
IRI35	The system shall allow the user to record the living arrangement of the member.
IRI36	The system shall allow the user to collect information on individuals associated with, to include but not limited to, the member's guardian, custodian, sponsor, spouse and/or the representative payee's name, address and address type.
IRI37	The system shall collect information related to homelessness.
IRI38	The system shall allow the user or another system to report member's date of death.
IRI39	The system shall allow a verified death to be recorded.
IRI41	The system shall allow the user to record the verification source of the death and the date of verification.
IRI42	The system shall allow user to record member's emancipated youth indicator.
IRI43	The system shall allow user to record member's custody status.
IRI44	The system shall allow user to record other member demographic information as designated by the State.
<b>Medical Information</b>	
IRI45	The system shall allow the user to collect medical criteria (i.e. substance abuse, mental health, etc) for clients as needed for eligibility determination.
<b>Pregnancy Information</b>	
IRI46	The system shall allow user to collect information about pregnancy.
IRI47	The system shall allow user to record member's pregnancy date of delivery.
IRI48	The system shall allow the user to record the member's date of confinement.
IRI49	The system shall alert the user when no birth has been recorded and it is two months past the date of confinement.
IRI49.1	The system shall allow the user to record the number of unborns for the current pregnancy.
IRI49.2	The system shall allow the user to assign a name for each unborn child.
IRI49.3	The system shall assign a unique identifier for each unborn child.



IRI49.4	The system shall assign a Medicaid number for each unborn child.
<b>Mental Health Information</b>	
IRI50	The system shall allow the user to record screening types associated with Substance or Alcohol Abuse.
<b>Education Information</b>	
IRI53	The system shall provide the capability to track school attendance of any individual that is of school age per Agency policy.
<b>Special Needs of Individual</b>	
IRI56	The system shall allow the user to document whether the applicant needs assistance due to special needs (i.e. blind)
IRI57	The system shall have the capability to track clients who are affected by a natural disaster.
<b>On-line Application</b>	
IOL1	The online application shall be featured as a part of a self-service portal that will offer a one-stop-shop that allows customers to screen and apply for benefits, report changes and renew benefits.
IOL2	The online application shall include an interactive preliminary assessment screening tool to reduce the number of nonqualified applicants that submit unnecessarily.
IOL2.1	The online application shall allow the client to report changes and offer eligibility information retrieval functionality.
IOL3	The online application shall have the ability to pre-populate recertification application with client information that is currently on file and allow the client to change or add information.
IOL4	The system shall provide a web based functionality to allow applicants/eligibles to make an application online.
IOL6	The online application shall allow the client, authorized representative and an application assister to electronically sign and submit their application or renewal or changes in real-time.
IOL6.1	The online application shall require that an authorized representative or application assister to identify their relationship as a condition for acceptance of the electronic signature.
IOL7	The online application shall feature a user identification/password to ensure confidentiality once the application or renewal is received.
IOL8	The online application shall use advanced encryption technology to protect person information and comply with HIPAA privacy requirements.
IOL9	The online application shall be available in English and Spanish at a fourth grade reading level.
IOL10	The online application shall be located with ease through various online search engines.
IOL11	The online application shall include "skip patterns" designed to only elicit information needed to evaluate the clients' individual circumstances.

IOL13	The online application shall be designed to only ask those questions required for which they are applying based on broad program groups (e.g. Family Certification, Elderly & Disabled, etc)
IOL14	The online application shall have functionality that allows multiple records (i.e. family members) to be quickly added on the same page.
IOL16.2	The online application shall point out missing data, errors and inconsistencies as they progress through the application.
IOL16	The online application shall notify the client which additional source documents will be necessary to complete the eligibility determination process.
IOL16.1	The online application shall prevent the client from submitting an online application with missing data, errors and inconsistencies in information.
IOL17	The system shall allow a prospective client to suspend the application process and return to it at a later time with appropriate security to access the suspended application.
IOL18	The online application shall allow the client to suspend the application or renewal for up to 30 days in order to gather additional information.
IOL18.1	The system shall purge information that is contained in an online application if it is not submitted after 30 days.
IOL18.2	The system will not allow a client to submit an application if there is an online application in pending status.
IOL18.3	The system shall not allow a client to submit more than one application within 30 days from the initial submission.
IOL19	The online application shall allow the client to use their unique user identification/password to check on the status of the application after it is submitted.
IOL20	The system shall allow an applicant to review the current application after formal submission with the appropriate safeguards and security measures.
IOL21	The system shall allow an applicant to update certain information from the most recent application at reapplication with the appropriate safeguards and security measures.
IOL22	The system shall maintain a history of all changes and updates to applications that is easily viewable by the agency worker in the electronic case record.
IOL22.1	The system shall display to the worker upon receipt of the online application discrepant information between the new application and information stored in the existing case.
IOL23	The web portal shall provide access to allow the client to add or delete a member, view their eligibility status, eligibility benefits, report changes, change primary health provider, lookup Q&As, request replacement Medicaid card, to apply and complete a renewal, and complete requisite forms, and NET request.
IOL24	The system shall display confidentiality statements and privacy protections wherever appropriate.
IOL26	The online application shall allow applicants to either fill out the form for electronic submission or print a copy for their records.
IOL27	The system shall assign a unique identifier to each electronic application received.

IOL28	The system shall provide a web based functionality to allow the client to renew eligibility online.
IOL30	The system shall allow the user to upload source documents to support eligibility determination.
IOL31	The online application shall feature a progress bar and left navigation menu to highlight client's progress.
IOL31.1	The online application shall allow the client to jump back to sections previously completed without losing data entered.
IOL32	The online application shall feature calculation tools to display computations of wages and income, resources, deductions and family size for each program.
IOL33	The data entered into the online application shall be submitted via secure transmission protocol and automatically populated in the system's data fields and appropriate interfaces to eliminate need for worker to manually key data.
IOL34	The online application shall provide customized local agency information (i.e. physical office location of nearest District Office and name, email and phone) about how to get in touch with a worker.
IOL35	The online application shall produce customized listing of source documentation required to complete eligibility determination.
IOL36	The online application shall allow for postal address verification that conforms to the USPS standards.
IOL37	The online application shall present the client with a summary view of the information entered prior to submission.
IOL38	The online application shall require the client to agree to all required affirmations and agreements as a condition for acceptance of the application.
IOL39	The online application shall provide the ability to change the primary applicant on the application prior to submission.
IOL40	The online application shall provide a preliminary eligibility determination upon submission of an application.
IOL41	The online application shall prompt the client to enter an email address.
IOL42	The online application shall ask the client if they would like to receive information via email.
<b>Intake Workflow</b>	
<b>Eligibility Data Management</b>	
<b>Nonfinancial Data</b>	
IWF1	The system shall not require the user to collect person level non-required nonfinancial eligibility data if determination of eligibility can be made from supporting data based on Agency requirements.
IWF2	The system shall establish client grouping automatically (e.g. families, households, income groupings, etc.) based on program requirements. (make sure to cross reference cases)
IWF3	The system shall capture all nonfinancial data required by agency policy.
IWF4	The system shall validate if the applicant meets relationship eligibility factors.
IWF5	The system shall track cooperation/non-cooperation for medical support

IWF6	The system shall allow the user to document good cause for non-cooperation with medical support.
IWF7	The system shall validate if the applicant meets cooperation factors for medical support.
IWF9	The system shall validate if the applicant meets residency requirements.
IWF10	The system shall validate if the applicant meets citizenship or immigrant requirements.
IWF10.1	The system shall capture the alien status, country of origin, alien registration number, date of entry, alien verification documents and all other information regarding aliens.
IWF10.3	The system shall determine the five year ban period for aliens or eligibility periods for certain aliens depending on their eligibility type
IWF10.2	The system shall capture citizenship and identification verification codes
IWF11	The system shall validate if medical insurance (such as cancer policies and/or indemnity) or medical support benefits has been signed over to the state.
IWF12	The system shall determine if the applicant meets age requirements.
IWF13	The system shall validate if the applicant meets medical requirements for the health care coverage program being considered.
IWF14	The system shall validate if the applicant meets living arrangements required for the health care coverage program being considered.
IWF15	The system shall validate if the applicant has health care coverage from other sources.
IWF16	The system shall capture and track sanctions, disqualifications and suspensions (e.g. transfer of assets, fraud, etc)
IWF16.1	The system shall capture and track eligibility for partial services
IWF16.2	The system shall capture information regarding a disaster circumstances
IWF16.3	The system shall capture medical information including but not limited to sterilization, pregnancy, disability, etc..
	<b>Financial Data</b>
IWF17	The system shall provide the capability to collect earned income at the person level.
IWF18	The system shall allow the user to collect and record employment types to include but not limited to gross wages, tips, rental income, and room and board.
IWF19	The system shall provide the capability to collect unearned income at the person level.
IWF20	The system shall allow the user to collect unearned income types to include but not limited to lump sum settlements, child support, Social Security, social security disability, SSI, trust funds, educational stipends, Black Lung benefits, annuities, and retirement funds.
IWF20.1	The system shall capture the amount of income going into a qualified income trust (QIT).
IWF 20.2	The system shall capture subtypes of types of income (e.g. VA aide and attendance, CME and UME)

IWF21	The system shall allow the association of multiple income types (earned and unearned) to an individual.
IWF22	The system shall allow the start and end dates of all income types.
IWF23	The system shall capture whether or not the individual is self-employed.
IWF24	The system shall allow the user to collect financial data using effective dates for application by the eligibility rules to the correct budget months.
IWF25	The system shall calculate client's total income according to individual program rules and apply income eligibility according to program rules.
IWF26	The system shall maintain table driven income and asset minimum and maximum levels by family size.
IWF27	The system shall have the functionality to convert income amounts to monthly amounts.
IWF27.1	The system shall capture and calculate disregards, deductions and exclusions based on the program.
<b>Expense Data</b>	
IWF28	The system shall collect expenditure amounts and types to include but not limited to educational expenses, medical, Medicare premiums, health insurance premiums, child care, child support, alimony, etc.
IWF29	The system shall collect for whom these expenses are paid.
IWF30	The system shall collect non-covered medical expenditures.
IWF31	The system shall associate dates regarding when expenses were incurred.
IWF32	The system shall calculate deductibles according to program rules.
IWF32.1	The system shall capture and calculate copayment information regarding prescription plans other than Part D.
<b>Resource data</b>	
IWF33	The system shall allow the user to collect resource values on the applicant's savings, assets, and property.
IWF34	The system shall allow the user to collect resource data using effective dates for application by the eligibility rules to the correct budget months.
IWF35	The system shall calculate total resources according to individual program rules and apply asset eligibility according to program rules.
IWF36	The system shall categorize financial resources details by types to include but not limited to bank accounts, credit union accounts, retirement accounts, CDs, 401(K) and any other savings.
IWF36.1	The system shall capture data on financial institutions including but not limited to name, address, ticker symbol, etc.
IWF37	The system shall allow the user to capture account details regarding resources.
IWF38	The system shall categorize assets details by types to include but not limited to houses, cars, trucks, motorcycles, motor homes, boats, mobile home etc.
IWF38.1	The system shall capture situations where a mobile home in which they reside is owned but do not own the property.
IWF39	The system shall allow the user to capture whether or not the resource is "co-owned".

IWF40	The system shall allow the user to capture the details associated with the "co-owner" of any resource.
IWF41	The system shall capture property/real estate with land or housing that has value or that is leased, rented or borrowed out or life estate or ownership interest on property.
IWF41.1	The system shall capture the number of heirs and calculate the ownership interest.
IWF42	The system shall capture if anyone has, within the last 60 months, sold, transferred, given away, traded a resource/asset or has closed an account.
IWF43	The system shall capture the cash surrender and face value of any life/burial insurance policies.
IWF43.1	The system shall capture information on a pre-paid burial.
IWF44	The system shall capture individual values of resources/assets and total them for eligibility determination purposes.
IWF44.1	The system shall capture whether or not the resource was excluded and the reason for exclusion.
IWF44.2	The system shall capture if a nursing home resident is still paying a mortgage and track foreclosures.
IWF44.3	The system shall capture information on liens.
<b>Validation and Verification of Eligibility</b>	
<b>Document Management</b>	
<i>(a) Document Scanning</i>	
IWF45	The system shall provide the capability for documents to be managed electronically during the intake process as defined in the requirements for document management.
<i>(b) Case Tracking (paper file tracking)</i>	
IWF46	The system shall provide the capability to track and control information and identify source documents that are missing at the time of initial data entry
IWF46.1	The system shall track the dates missing information is received.
IWF46.2	The system shall allow the documents to be scanned into the electronic case file and the ability to organize records and documents.
<b>Interface Management</b>	
<i>(a) Real-time</i>	
IWF47	The system shall allow for the caseworker to be able to access data validation and verification information from any point during intake
IWF48	The system shall provide an electronic capability to share with other internal and external data sources, including other state agency sources, federal sources, and available commercial information sources, to obtain information that is needed to verify and validate eligibility information that has been received from the applicant or member, or to search for additional information that is needed
<i>(c) Online inquiry</i>	
IWF49	The system shall support the user in making direct inquiries into other sources of data during intake as defined by interface requirements.



Confidential Cases	
IWF50	The system shall provide the ability to designate any intake and any case as confidential at any time.
IWF51	The system shall allow only authorized users to view and update the information in cases deemed to be confidential
IWF52	The system shall display to unauthorized users a visual indicator that the case is deemed to be confidential and access is unauthorized.
IWF53	The system shall automatically designate the case of a staff member as confidential.
IWF54	The system shall require an explanation when a case or intake is made confidential and when it is changed by an authorized user.
ELIGIBILITY	
General	
EDT1	The system shall be able to handle multiple and different types of case actions including receipt of new applications, pends, awards, denials, a change in circumstances that may or may not impact eligibility, suspensions, reapplications, redeterminations, case closures/terminations, and exparte.
EDT2	The system shall provide the capability to automate eligibility actions to include but not limited to awards, denials, pending, suspensions, terminations, renewals, alerts, notifications, expartes, and interim actions.
EDT3	The system shall be able to pend an application and applicants until eligibility has been determined.
EDT4	The system shall provide the capability to pend and award one program while the determination of benefits for a separate program remains pending or active.
EDT5	The system shall provide the capability for the caseworker or applicant to save applications (for both initial applications and updates to the application) in progress and access them at a later point with all of the information still populated.
EDT6	The system shall carry forward all updated information in the eligibility process and not require the user to re-enter any previously acquired information.
EDT7	The system shall allow the worker to import all or part(s) of an applicant's completed web application or use an application that already exists in the system to determine eligibility.
EDT8	The system shall track and record changes made to the application or eligibility determination up until the point the eligibility decision is finalized.
EDT9	The system shall perform edits that ensure that all required and appropriate data is documented to complete the application process.
EDT10	The system shall apply program rules to ensure data is only required to be captured for applicants and those individuals whose circumstances are included in determining eligibility (data on other individuals may be allowed but not required)
EDT11	The system shall provide the capability to identify and track recipients that may qualify for multiple programs.



EDT12	The system shall provide an automated hierarchical or cascading eligibility determination approach that is table-driven, for Medicaid categories, to deliver the optimum benefits to each household member based on individual and household circumstances.
EDT13	The system shall establish household groupings, and will allow worker override according to Agency policy, automatically.
EDT14	The system shall determine the household/family size and identify the members of the case whose income, assets, expenses, and circumstances must be considered in the determination of eligibility in accordance with program rules, and will allow worker override.
EDT15	The system shall, when the household fails financial tests, run a cascading test for a smaller family unit to establish eligibility for as many household members as possible.
EDT16	The system shall provide the capability for individuals in a household to receive different benefits, though a household may represent a single case.
EDT17	The system shall assign and display an eligibility status and program for each household member, including those who are in a case but have no eligibility (e.g., pending, approved, denied, etc.).
EDT18	The system shall determine eligibility for multiple programs and multiple Medicaid categories as defined by Agency policy.
EDT19	The system shall automatically allow for open, pend, update, terminate, exparte, suspend, or create a closed period of eligibility of individuals found eligible by another agency administering the eligibility process.
EDT20	The system shall provide the capability to automatically open, pend, update, terminate, exparte, suspend, or create a closed period of eligibility for Medicaid for SSI-eligible individuals directly from the SDX interface as well as allowing these cases to be created manually by authorized staff.
EDT21	The system shall provide the capability to automatically award retroactive Medicaid for SSI-eligible individuals based on data on the SDX.
EDT21.1	The system shall provide the capability to award retroactive Medicaid for SSI-eligible individuals prior to the SSI-eligible date based on data on the SDX and Agency specifications.
EDT21.2	The system shall provide the capability to award retroactive eligibility for the 3 months prior to Medicaid application.
EDT21.3	The system shall provide the capability to capture and display any retroactive eligibility dates prior to the current month and the issuance date for the purpose of claims processing.
EDT22	The system shall provide the capability to auto-enroll post-partum women into the Family Planning Waiver Program (Plan First) under established criteria.
EDT22.1	The system shall provide the capability to perform an exparte for an eligible individual if they have been terminated from another program.
EDT23	The system shall be capable of determining eligibility for the following Alabama Medicaid programs/categories (including but not limited to):
	Adopted Children, state and federal adoption subsidy groups
	Aged Groups



	Blind Groups
	Breast and Cervical Cancer Program
	Child of an SSI mother
	Children under the age of 19
	Children under 21 years of age in a psychiatric facility
	Continuous Medicaid (Pickle Program)
	Department of Youth Services Children
	Disabled Groups
	Disabled Adult Child (DAC) Program
	Disabled Widow/Widower Program
	Disaster Survivors/Evacuees
	Early Widow/Widower and Deemed Widow/Widower Program
	Elderly and Disabled Waiver
	Emergency Services for Aliens
	Foster Children
	Grandfathered Children
	Grandfathered Nursing Home Medicaid
	HIV/AIDS Waiver
	Hospital Medicaid
	Living at Home Waiver
	Medicaid in an ICF-MR Facility
	Nursing Home Medicaid
	Payee Only
	Plan First Family Planning Waiver
	Post Extended Hospital Care (PRC)
	Pregnant Women
	Psychiatric/Geriatric Medicaid
	Qualified Disabled Working Individuals
	Qualified Medicare Beneficiaries (QMB)
	Qualifying Individual-1 (QI-1)
	Refugee Medical Assistance
	Retroactive Medicaid
	Retroactive SSI Medicaid
	Specified Low Income Medicare Beneficiary (SLMB)
	State Of Alabama Independent Living Waiver (SAIL)
	Technology Assisted Waiver for Adults
	Transitional Medicaid for Adults and Children



EDT25	The system shall allow the workflow to be configurable so that it follows the application process.
EDT26	The system shall provide an automated eligibility determination via a rules-based engine that is easily configurable to allow for new programs to be added and changes to existing programs.
EDT27	The system shall provide the capability to easily update rule tables when policy changes occur, based on Role permissions.
EDT28	The system shall allow rules to be date driven with begin and end dates.
EDT29	The system shall contain a rules trace and highlight all factors where the applicant failed eligibility.
EDT29.1	The system shall determine eligibility based on data entered and business rules.
EDT30	The system shall, in the case of exceptional circumstances, provide the capability for an individual to be eligible for multiple programs in the same month (e.g., QMB/SLMB recipient who becomes eligible for full coverage).
EDT30.1	The system shall maintain an audit trail of eligibility actions in the member's electronic case record.
EDT31	The system shall provide a summary view in the electronic case record of member eligibility history.
EDT32	The system shall display eligibility history by eligibility segments that are date driven (with begin and end dates) and provide accurate eligibility program and other information at any point in history.
EDT33	The system shall be capable of suspending an individual for a configurable period of time based on circumstances including but not limited to returned mail or incarceration.
EDT34	The system shall provide the capability to reinstate eligibility without requiring an application process, when applicable (e.g. program closed in error, result of hearing decision, etc.).
EDT35	The system shall provide the capability for managers/QC to electronically review applications against a hierarchy of program eligibility requirements to determine program or programs for which an individual or family may qualify.
EDT36	The system shall track the number of slots available for applicable programs such as waiver programs or QI1 and maintain a waiting list or a recipient count for State or Federal allotment purposes.
<b>Determine Nonfinancial Eligibility</b>	
EDT37	The system, through the use of a rules engine, shall evaluate the nonfinancial eligibility of an applicant and make a determination whether or not the applicant passes or fails nonfinancial eligibility based on Agency policy.
EDT38	The system shall make a determination of each nonfinancial eligibility criteria and display results of each criteria.
EDT39	The system shall display the reason(s) for failure for each nonfinancial eligibility criteria.
EDT40	The system shall capture data on medical, disability and blindness and require this data to be present for those programs for which medical, disability or blindness are an eligibility factor.



EDT41	The system shall provide the capability for the Medical Review Team to approve or deny medical disability requests that impact eligibility.
<b>Determine Income Eligibility</b>	
EDT42	The system, through the use of a rules engine, shall evaluate the income eligibility of an applicant/recipient and make a determination whether or not the applicant passes or fails financial eligibility based on Agency policy.
EDT43	The system, in determining income eligibility, shall apply agency methodology, rules and policy for what income is counted.
EDT44	The system, in determining income eligibility, shall apply the appropriate income standard (dollar amount).
EDT45	The system shall calculate the spousal and family income allocation for institutionalized individuals, as needed.
EDT45.1	The system shall calculate budgets for deemed income.
EDT46	The system shall provide the capability to add the applicant/recipient's earned income and unearned income together to arrive at total countable income.
EDT46.1	The system shall be able to apply disregards and deductions in the budgeting process.
EDT46.2	The system shall be capable of populating the income allocation into the family member's budget and determining eligibility.
EDT47	The system shall perform the calculations to arrive at an applicant's total income according to individual program rules.
EDT48	The system shall make a determination of whether each applicant/recipient meets the income eligibility criteria and display results of each criteria.
EDT49	The system shall display an income calculation for each budget month to show whose and which income was included, how much was counted and the total amount of income.
EDT50	The system shall display the reason(s) for failure for each income eligibility criteria.
EDT51	The system shall highlight in the rules trace where the applicant failed income eligibility.
EDT51.1	The system shall capture whether an income amount is part of a QIT.
<b>Determine Deductions/Disregards</b>	
EDT52	The system, through the use of a rules engine, shall make a determination whether or not an amount shall be deducted in determination of eligibility based on Agency policy.
EDT52.1	The system shall be able to calculate patient liability taking into account disregards such as VA pension disregards, non-covered medical, allocation, etc.
EDT53	The system shall total the allowable deductions/disregards for each applicant.
EDT54	The system shall make a determination and display all deductions and disregards used in the income calculation.
EDT55	The system shall highlight in the rules trace where and how the deduction/disregard was used in determining eligibility.



EDT55.1	The system shall be able to calculate and make necessary adjustments for non-covered medical expenses such as payments, copays and premiums.
<b>Determine Resources/Assets</b>	
EDT56	The system, through the use of a rules engine, shall evaluate the resource/asset eligibility of an applicant when determining eligibility for those programs requiring a resource/asset test.
EDT57	The system shall, if applicable, make a determination whether or not the applicant passes or fails eligibility based on Agency policy in relation to resources/assets.
EDT58	The system shall make a determination of each resource/asset's impact on eligibility and display results of each determination.
EDT59	The system shall calculate the applicant/recipient's and the household's total resources/assets according to individual program rules.
EDT60	The system, in determining resource eligibility, shall apply the appropriate resource limit according to policy.
EDT61	The system shall display a resource calculation for each budget month to show whose and which resources were included, how much was counted and the total amount of countable resources.
EDT62	The system shall be capable of calculating a spousal resource assessment based on resources owned at the time of institutionalization and use the calculated amount in the eligibility determination.
EDT63	The system shall automate a spend down of resources calculation for an institutionalized individual.
EDT64	The system shall provide the capability to look at prior assets for a configurable look-back period in determining eligibility.
EDT65	The system shall display banking information such as bank balances that may alert the worker to explore whether a possible transfer of resources has occurred
<b>CASE MANAGMENT</b>	
<b>NEW ID Case Record Management</b>	
<b>General</b>	
CRM1	The system shall support all updates real time to member data required to maintain current status.



CRM2	The system shall support and maintain member demographic data, including, but not limited to multiple addresses, region code assignment(s), e.g. county or other, guardian, sponsor, custodian, representative payee name and address, zip plus 4 on all addresses, date of birth, date of death, pregnancy date of delivery, race(s), sex, marital status, ethnicity or tribal designation, emancipated youth indicator, eligibility reason indicator, eligibility program code, primary language spoken, primary language for correspondence, benefit address, custody status, telephone numbers-i.e. home, cell, work, guardian and individual ownership of phone, fax number, email address, text number or pager number, head or member of household, foster care indicator, foster care for EPSDT mailing indicator.
CRM3	The system shall support any updates to member identification data, including, but not limited to member ID number, universal identifier-the MMIS number to which all other identities shall be linked, name, SSN, case identification number, aliases, ID type, name source, HIC number, Medicare, buy-in.
CRM4	The system shall provide the capability to maintain insurance coverage data, including, but not limited to: a. Carrier b. Policy number c. Group number d. Pharmacy Benefit Manager (PBM) ID and member identification number e. Sponsor, subscriber, or policy holder name/identification number(s) f. Type(s) of coverage g. Dates of coverage h. Date the coverage was added to the database i. Date the coverage was updated j. Court order, including date ranges and responsible payer k. Part D Enrollment Indicator; The record should indicate the member is enrolled in Medicare Part D and identify the plan the member is enrolled in l. Allow for multiple insurance policies
CRM5	The system shall maintain a history of transportation dates.
CRM6	The system shall allow the user to update original dates of transportation.
CRM7	The system shall maintain the historical status of transportation dates for audit purposes to include but not limited to original, rescheduled, kept, paid, etc.
CRM8	The system shall provide edits to prevent duplicate entry of treating provider appointment dates.
CRM9	The system shall handle multiple types of case actions by the system user including case changes/updates that may or may not change eligibility for the purpose of maintaining the electronic case record.
CRM10	The system shall provide the ability to automatically record actions performed systematically e.g. form/letter generation as a result of a response on the application or related to a renewal or change in the system.
CRM11	The system shall allow the user to access any automatic generated notices for viewing and regeneration.
CRM12	The system shall provide the capability to indicate persons authorized to discuss case information on behalf of a member per Agency procedures.

CRM13	The system shall display all participants and their case status in a case summary (Active/Inactive/Deceased).
CRM14	The system shall allow users to update, modify and add persons, roles and relationships to an active case.
CRM15	The system shall allow case participants roles and relationships to be modified when a case is re-opened.
CRM17	The system shall provide a history of modifications to case participants, roles, and relationships.
CRM18	The system shall allow multiple concurrent case types within one case.
CRM19	The system shall allow automation of the case initiation.
CRM20	The system shall allow a user with the proper authority to remove a case member without losing case related information attached to other case member.
CRM21	The system shall provide the capability to maintain an audit trail to document date, time, and authorized user who updated the member record.
CRM22	The system shall allow for authorized users to update member records online.
CRM23	The system shall provide the capability to flag members that have been placed in lock-in.
CRM24	The system shall provide the capability to identify the name(s) of the provider(s) to which the member is locked-in.
CRM25	The system shall provide the capability to flag members for lock-in segments, organ transplant stays, care management program, and other special programs or conditions.
CRM26	The system shall maintain record/audit trail of any notice sent to beneficiaries (including time/date, user/source, and reason for notice).
CRM27	The system shall provide audit trails, to allow information on all member update source transactions, to be traced through the processing stages to the point where the information is finally recorded, regardless of the method used to update. The ability to trace data from the final place of recording back to its source must also be provided.
CRM28	Provide the capability to maintain current and historical information, with inquiry and update capability, for authorized Agency users, on Medicare Part A, B, C, D, including, but not limited to: a. Effective dates b. Termination dates c. Medicare identification number d. Medicare advantage plan information e. Part D PBM information f. Other health plan information g. Medicare Buy-In information h. Part D subsidy information i. Part C information j. Other information as defined by the Agency k. Medicare premium amounts
<b>Scheduling an Appointment</b>	
CRM29	The system shall provide the capability to electronically link the scheduling of cases with the worker calendar function



CRM30	DRAFT: The system shall allow workers to enter client application requirements and schedule the next available worker based on availability, workload and program function requirement
CRM31	DRAFT: The system shall provide capability to maintain an electronic calendar and schedule for all workers, and to update this calendar and schedule as applications are received
CRM32	DRAFT: The system shall provide capability to electronically generate scheduling, call and appointment notices to families and individuals (e.g., email, web portal communications, and system-generated letters).
CRM33	DRAFT: The system shall provide capability for workers to block times for interviews, redeterminations, annual leave, protected time, etc
CRM34	DRAFT: Provide capability to block times for entire office, or section, or unit, or workers for staff meetings, etc. in a single action.
CRM35	DRAFT: The system shall provide the capability to record date and type of interview (e.g. initial application, redetermination).
CRM36	DRAFT: The system shall provide capability to record worker appointments in an automated fashion or manually.
CRM37	DRAFT: The system shall provide capability to override system-assigned appointments.
CRM38	DRAFT: The system shall provide capability to schedule group interviews (i.e. several households at same time).
CRM39	DRAFT: The system shall provide for rescheduling of missed appointments.
	<b>Case Notes/Narratives</b>
	<b>Case Notes-Household Contacts</b>
CRM40	The system shall use case management system to enter case notes for each eligible member.
CRM41	The system shall provide searchable notes capability for entering free-form member data in the recipient subsystem.
	<b>Case Notes-General</b>
CRM42	The system shall provide capability to query case notes by program area, date, date range, and staff person involved
CRM43	The system shall provide the ability for worker to add case notes to a client's record regardless of the status of the case.
CRM44	The system shall enable the worker to keep a narrative and chronological listing of notes on each case or application reviewed
CRM45	The system shall provide capability for system to track changes made to a client electronic record and forms so that the electronic records are "auditable" by the State and Federal reviewers
CRM46	The system shall support all case type and programs needs and values for case notes.
CRM47	The system shall provide a method for workers to easily enter lengthy narrative text at various points through the life of a case.
CRM48	The system shall allow for voice recognition for recording notes.
CRM49	The system shall support multiple and configurable case notes types.



CRM50	The system shall allow the user to print a selected note or series of case notes.
CRM51	The system shall support the ability to attach files to case notes.
CRM52	The system shall have the ability to link a case note on a referral.
CRM53	The system shall allow the user to attach selected notes to an email.
CRM54	The system shall freeze (notes cannot be modified) case notes after specified period of time.
CRM55	The system shall support addendums to frozen case notes.
CRM56	The system shall provide capability to identify the user entering the note.
<b>Case Closure</b>	
CRM57	The system shall automatically close members/cases/programs based on applicable eligibility rules resulting from changes in circumstances.
CRM58	The system shall track closure reasons.
CRM59	The system shall automatically generate any required notices including referrals to other entities from case closures.
CRM60	The system shall provide a system alert to the worker when a case needs closure that is not closed automatically.
CRM61	The system shall provide the capability to suspend certain benefits for temporary ineligibility, without closing the case.
CRM62	The system shall have real time edits when a user attempts to close the case.
CRM63	The system shall require a closing reason in order to close a case which will automatically be included in the case narrative.
CRM64	The system shall allow the user to enter in a narrative when closing a case.
CRM65	The system shall allow an authorized user to override system edits that prevent a case from being closed with narrative explanation.
CRM66	The system shall display the worker that closed the case or indicate if the closure was system generated (and which system process closed it including a description in plain English).
<b>Approval Function related to Open/Closure</b>	
CRM67	The system shall allow online awards/changes/ closures by authorized staff.
CRM68	The system shall provide the capability to reinstate eligibility by authorized staff without requiring an application process, when applicable (e.g. program closed in error, result of hearing decision, etc.).
CRM69	The system shall automatically route to the appropriate supervisory worker actions that require approval per business rules.
<b>Reports/Documents related to Case Record Management</b>	
CRM70	The system shall provide a dash board control function to show the application completion status of each application and the capability to view status by program
CRM71	The system shall receive member disenrollment and termination dates and generate termination and disenrollment notices to member
CRM72	The system shall provide reports for each program in/under Beneficiary Services that can be run for a particular program or across programs



CRM73	The system shall provide the capability to generate a report if a duplicate ID number(s) has been assigned to a member.
CRM74	The system shall provide the capability to produce reporting on potential duplicate records and merge statistics.
CRM75	The system shall provide the capability to generate all required Agency and Federal reports, in the format, media and schedule specified by the Agency
CRM76	The system shall provide a report listing of potential TPL cases with insufficient information.
CRM77	The system shall automatically send outreach and education materials to recipients who have been terminated for benefits
CRM78	The system shall allow the user to generate adhoc reports.
CRM79	The system shall allow utilization of all data in the recipient subsystem for reporting purposes.
<b>System Alerts, Worker Alerts and Notices for Case Record Management</b>	
CRM80	The system shall provide the capability to electronically generate notices for missing information or additional required information with the specific information and text that is required
CRM81	The system shall provide the functionality to automatically generate notices by mail, email, phone or fax.
CRM82	The system shall generate notices automatically based on processing, such as but not limited to member enrollment, termination, denials, awards, disenrollment, etc.
CRM83	The system shall provide the capability for mass notification including adhoc.
CRM84	The system shall allow users to insert unlimited free form text in notices where allowed by agency policy.
CRM85	The system shall allow users to generate or regenerate a notice/form upon demand.
CRM86	The system shall allow user to override the primary address designated for mailings.
CRM87	The system shall generate various letters as further defined by the Agency.
CRM88	The system shall provide an indicator to suppress generation of documents containing member identification for confidential services or other reasons.
CRM89	DRAFT: The system shall generate appointment notices for all renewal applications and interviews
CRM90	The system shall provide a system alert to workers associated with a case when information is noted that may affect the eligibility status of a case (such as a change in address or income)
CRM91	The system shall provide a system alert to identify that a lien, mortgage or a trust exists on a case
CRM92	The system shall provide capability to generate a system alert to workers of all cases requiring a follow up case action based on audit results and findings.
<b>Caseload Administration</b>	



<b>Caseloads</b>	
CLM1	The system shall provide for a caseload tracking system to assist management in analyzing worker activities to establish priorities, trends and distribution of caseloads.
CLM2	The system shall allow recording and tracking of applicant/eligible and case information such that each applicant/eligible and household is able to receive benefits from multiple programs, with accurate applicant/eligible and caseload counts.
CLM3	The system shall use applicant/eligible, case and caseload counts in producing statistics for management to use in reviewing worker caseloads.
CLM4	The system shall provide management reports that both cumulate (i.e. roll-up) and individualize data from individual workers.
CLM5	The system shall provide a configurable work distribution process that can be managed by the Agency workers with the appropriate security.
CLM6	The system shall identify those workers that are over Agency caseload standards.
CLM7	The system shall allow supervisors to view worker's tasks/alerts.
CLM8	The system shall maintain a history of case/caseload assignments.
CLM9	The system shall provide a "what if" functionality to assist the Agency in applying potential policy changes under consideration to all or part of a caseload for any or all programs to analyze impact.
<b>Case/Caseload Assignment</b>	
CLM10	The system shall include the capability to electronically assign applicants with a worker, based on a table driven set of assignment/scheduling parameters, for example first letter of last name, availability of workers, city, zip codes, counties, facility and other considerations
CLM11	The system shall provide the ability for authorized workers to override the automatic distribution of cases and distribute them manually.
CLM12	The system shall provide the ability to assign multiple caseworkers to one case
CLM13	The system shall provide the ability to determine worker availability or unavailability in making case assignments.
CLM14	The system shall display listings of available staff for case assignments based on caseload counts.
CLM15	The system shall identify all workers responsible for the case.
<b>Case Transfer</b>	
CLM16	The system shall provide the capability to electronically reassign cases among workers.
CLM17	The system shall allow the authorized worker to override the electronic reassignment of cases to workers.
CLM18	The system shall provide the ability for authorized workers to transfer individual cases or entire caseloads from one worker to another.
CLM19	The system shall provide the capability to transfer a case to another office or unit.
CLM20	The system shall provide the capability to create and assign a temporary "generic" worker for the transfer of cases to another office.

CLM21	The system shall have the ability to reassign entire caseloads to support equitable redistribution.
CLM22	The system shall ensure all alerts remain with cases when re-assigned.
CLM23	The system shall automatically provide required notifications to all parties impacted by the reassignment of cases.
CLM24	The system shall provide the capability for authorized worker to cover a case or an entire caseload for temporary periods of time without requiring reassignment.
CLM25	The system shall produce a system alert to the receiving office or worker of case transfer.
	<b>Workflow</b>
CLM26	The system shall support workflow as defined by the Agency for all aspects of AMMIS-RS business processes, including for example intake, referral, eligibility verification, eligibility determination, etc.
CLM27	The system shall support interactions between workers and a workflow engine to manage the work required to execute the business needs of the Agency.
CLM28	The system workflow rules engine shall be rules-based and easily modifiable by authorized workers.
CLM29	The system shall provide the capability within the workflow engine to enable the majority of processing to be automated and forwarded to designated work queues, and processed according to specified business rules, rather than manual navigation by workers.
CLM30	The system's workflow engine shall take automatic actions as defined by the Agency, without worker intervention, for example child aging out of current Medicaid category, suspensions based on returned mail, etc.
CLM31	The system shall provide a system alert to the worker when automatic actions are taken by the workflow engine.
CLM32	The system shall consistently apply workflow rules to workers as defined by role, task or case type(s).
CLM33	The system shall allow specific work configurations by program area.
CLM34	The system workflow rules engine shall support priorities, security alerts, and multi-routing of tasks including escalation to multiple layers of management.
CLM35	The system shall provide the ability to update and access status of a process within a workflow (e.g., started, completed, at step 3, waiting for approval) from application to the point the eligibility decision is finalized.
CLM36	The system shall provide the capability to save work in progress, exit the workflow, access work at a later point with all of the information still populated from the previous worker's actions so as previous work will not need to be repeated and the worker can enter the workflow where they left off.
CLM37	The system shall provide the capability to automatically forward completed tasks to the next responsible party or parties, when multiple levels of effort are required for resolution.
CLM38	The system shall create work items in workflow as a result of alerts from the web portal when changes occur.
CLM39	The system shall provide capability to easily add customized emergency groups as required by Agency need.



CLM40	The system shall support the tracking needs surrounding emergency groups and services.
CLM41	The system shall produce on a daily basis documentation to provide statistical performance information on a worker's activities in relation to the workflow.
CLM 41.1	The system shall produce a cumulative report with very specific worker activities in the form of a statistical performance report based on time parameters sorted by worker/supervisor/cachment area on a weekly, monthly, quarterly, yearly (fiscal and/or calendar) basis and on request.
<b>Merge or Split Case</b>	
CLM42	The system shall provide the ability to link together separate records based upon internal IDs, SSN, pseudo SSN, case number, and other criteria specified by the Agency
CLM43	The system shall allow for a case merge.
CLM44	The system shall ensure that when a merge is initiated the authorized worker shall have the ability to select which information shall be merged and used in the merged case eliminating the need for data entry.
CLM45	The system shall allow an authorized worker to reverse the case level data that has been merged.
CLM46	The system shall allow the authorized worker to create a new case for some case participants in an existing case (split case).
CLM47	The system shall ensure that when a split is initiated the authorized worker shall have the ability to select which information shall be copied into the new case eliminating the need for data entry.
CLM48	The system shall allow an authorized worker to reverse a split performed on a case.
<b>Mass Changes</b>	
CLM49	The system shall provide a mass change capability to affect all or part of State caseload for any or all programs to accommodate such changes as annual SSA COLA changes, spousal allocations.
CLM50	The system shall provide the capability to perform mass re-assignment of cases on a scheduled or as needed basis.
CLM51	The system shall provide capability to perform mass disenrollment due to changes in status.
<b>Changes to Closed Cases</b>	
CLM52	The system shall allow the authorized worker to update a closed case for administrative purposes (e.g. update location of paper file, correct information; add missing information, hearing information, etc.).
CLM53	The system shall retain the original closure date if the closed case is updated for administrative purposes.
CLM54	The system shall provide an audit trail of all changes made to a closed case.
CLM55	The system shall require a narrative to be completed to explain why an authorized worker or automated system action made a correction to a completed piece of work.

CLM56	The system shall display an indication online that a change was made to correct an error on completed work for example to correct the date of death, SSI closed periods, or to reopen a closed (denied/terminated) case.
CLM57	The system shall display upon request a list of the closed cases for example archived cases.
	<b>INTERFACES</b>
	<b>General</b>
ING1	The system shall generate a system alert to all appropriate users when matched information is received from an interface.
ING1.1	The system shall generate a system alert to all appropriate users when confirmation is received there is no match from an interface.
ING2	The system shall support a means to identify full and partial matches based on Agency defined criteria
ING4	The system shall allow the user to select the correct information from the display of discrepant information before updating the system.
ING5	The system shall automatically update, without further user intervention, an individual's electronic case record when correct information is selected by the user from the discrepant information existing from an interface.
ING5.1	The system shall not update the ECR with discrepant information that is not valid but will store for historical purposes.
ING5.2	The system shall note whether or not the information was used.
ING6	The system shall close the system alert regarding interfaces when the worker takes action.
ING7	The system shall provide a system alert to the user when eligibility information has been updated that does not require user intervention based on Agency rules.
ING8	The system shall capacity to automatically update an individual's electronic case record with information received from an interface based on system rules.
ING9	The system shall automatically terminate the system alert after a defined period of time.
ING10	The system shall maintain a history of the interface source from which data was received, date and/or verified.
ING11	The system shall provide the capability for all interfaces to be real-time.
ING12	The system shall provide the capability for user accessible hyper-links for access to on-line inquiries where defined.
ING13	The system shall interface with a United States Postal Service (USPS) certified vendor for address matching software.
ING14	The system shall electronically transmit updates for Medicaid eligibility to and from the TANF system from the various Department of Human Resources (TANF, SNAP, Child Care) to initiate the eligibility process for applicants under the Express Lane Eligibility process provisions of the recent Child Health Insurance Program Reauthorization Act (CHIPRA)



ING15	The system shall automatically generate requests for information based on information entered by the user or received from an interface to include but not limited to letters to employers regarding verification of employment, wages, etc.
ING15.1	The system support the pass-through of inquires and transactions from external systems to the MMIS system and other federated systems.
<b>Interagency State Interfaces</b>	
<b>Department of Human Resources</b>	
<b>Title IV-A (TANF)</b>	
INS1	The system shall automatically initiate an interface to the Title IV-A TANF system according to agency business needs.
INS2	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the Title IV-A TANF system.
INS3	The system shall provide for the exchange of information or changes to information to and from the TANF system for on-going determination for Title XIX (Medicaid) eligibility.
INS5	The system shall receive termination information from the TANF system on individuals who were Title XIX eligible.
INS6	The system shall automatically trigger the eligibility process upon notification of information that impacts eligibility.
INS7	The system shall allow authorized users to view cases and case members on the TANF system.
<b>Title IV-D Child Support (ALECS)</b>	
INS8	The system shall automatically initiate an interface on designated appropriate cases to the Title IV-D Child Support system upon receipt of an application on all household members and absent parent associated with the household.
INS9	The system shall request eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the Title IV-D Child Support system (ALECS).
INS10	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the Title IV-D Child Support system (ALECS).
INS11	The system shall provide for the exchange of information or changes to information to and from the child support system for on-going determination for Title XIX (Medicaid) eligibility.
INS12	The system shall automatically update recipient child support cooperation or non-cooperation.
INS13	The system shall automatically create a unique ID number for absent parents received and associate that ID with the unique DHR AP ID.
INS14	The system shall allow the creating of multiple associations of absent parents with their child or children.



INS16	The system shall electronically receive absent parent data to include but not limited to information on employment, health insurance, demographics, and medical support orders from the Title IV-D Child Support System.
INS17	The system shall provide a system alert to the authorized user when new or updated insurance (TPL) information is received.
INS18	The system shall automatically trigger an eligibility action, notice or alert upon notification of information that impacts eligibility.
INS19	The system shall receive and process periodic updates to include but not limited to address changes, child support income, insurance information, cooperation, etc. from the ALECS child support system.
INS19.1	The system shall process medical support referrals to DHR and accept notifications of receipt of referral.
INS19.2	The system shall notify the IV-D Child Support System of terminations for related cases.
<b>Food Stamps (SNAP)</b>	
INS20	The system shall automatically initiate an interface to the Food Stamps SNAP system upon receipt of an application.
INS21	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, status of application, income, assets, resources and health insurance from the Food Stamps SNAP system.
INS22	The system shall provide for the exchange of information or changes to information to and from the Food Stamps SNAP system for on-going determination and prior to renewals for Title XIX (Medicaid) eligibility.
INS23	The system shall receive notice of termination from the Food Stamps SNAP system on individuals who were Title XIX eligible.
INS24	The system shall automatically trigger an eligibility action, notice or alert upon notification of information that impacts eligibility.
INS25	The system shall allow authorized users to view cases and case members on the Food Stamps SNAP system.
<b>FACETS</b>	
INS25.1	The system shall automatically initiate an interface to the FACETS TANF system according to agency business needs.
INS25.2	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the FACETS system.
INS25.3	The system shall provide for the exchange of information or changes to information to and from the FACETS system for on-going determination for Title XIX (Medicaid) eligibility.
INS25.4	The system shall receive termination information from the FACETS system on individuals who were Title XIX eligible.
INS25.5	The system shall automatically trigger an eligibility action, notice or alert upon notification of information that impacts eligibility.
INS25.6	The system shall allow authorized users to view cases and case members on the FACETS system.

<b>PARS</b>	
INS25.7	The system shall automatically initiate an interface to the PARS system according to agency business needs.
INS25.8	The system shall electronically receive state supplication eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the PARS system.
INS25.9	The system shall provide for the exchange of information or changes to information to and from the PARS system for on-going determinations and renewals.
<b>SACWIS</b>	
INS25.10	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the SACWIS system to process Medicaid eligibility for children in foster care.
INS25.11	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the SACWIS system to process Medicaid eligibility for children receiving adoption assistance.
INS25.12	The system shall provide for the exchange of information or changes to information to and from the SACWIS system for on-going determination and prior to renewals for Title XIX (Medicaid) eligibility.
INS25.13	The system shall receive termination information from the SACWIS system on individuals who were Title XIX eligible.
INS25.14	The system shall automatically trigger an eligibility action, notice, or alert upon notification of information that impacts eligibility.
<b>Department of Public Health</b>	
<b>Children's' Health Insurance Program (CHIP) All KIDS</b>	
INS36	The requirements for ALL KIDS remain in draft
INS36.1	The system shall automatically send and receive terminations, denials, and renewals to and from the Public Health information systems.
INS37	The requirements for ALL KIDS remain in draft
INS38	The requirements for ALL KIDS remain in draft
INS39	The requirements for ALL KIDS remain in draft
INS40	The requirements for ALL KIDS remain in draft
<b>Vital Events</b>	
INS40.1	The system shall automatically initiate an interface to the Public Health systems upon receipt of an application.
INS40.2	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the Public Health systems.
INS40.3	The system shall provide for the exchange of information or changes to information to and from the Public Health systems for on-going determination for Title XIX (Medicaid) eligibility.

INS40.4	The system shall automatically trigger an eligibility action, notice, or alert upon notification of information that impacts eligibility.
INS40.5	The system shall allow authorized users to view cases and case members on the Public Health system.
<b>Department of Mental Health</b>	
INS41	The system shall automatically initiate an interface to the Department of Mental Health for those individuals who apply for Behavioral Health services.
<b>Department of Industrial Relations</b>	
<b>New Hire Database</b>	
INS42	The system shall automatically initiate an interface to the New Hire Database upon receipt of an application for household members over the age of 16 with a verified SSN.
INS43	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, and employer information from the New Hire Database.
INS44	The system shall provide for the exchange of information or changes to information to and from the New Hire Database for on-going determination for Title XIX (Medicaid) eligibility.
INS45	The system shall auto generate a letter to employers identified for information related to availability insurance coverage.
<b>Wages</b>	
INS46	The system shall automatically initiate an interface to the DIR Wage data upon receipt of an application for household members over the age of 16 with a verified SSN.
INS47	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, and employer information from the DIR Wage database.
INS48	The system shall provide for the exchange of information or changes to information to and from the DIR Wage Database for on-going determination for Title XIX (Medicaid) eligibility.
INS48.1	The system shall provide the capability to receive dates associated with each income segment as identified by the interface with DIR.
<b>Worker's Compensation</b>	
INS48.2	The system shall automatically initiate an interface to the DIR Wage data upon receipt of an application for household members over the age of 16 with a verified SSN.



INS48.3	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, and employer information from the DIR Wage database.
INS48.4	The system shall provide for the exchange of information or changes to information to and from the DIR Wage Database for on-going determination for Title XIX (Medicaid) eligibility.
INS48.5	The system shall provide the capability to receive dates associated with each income segment as identified by the interface with DIR.
INS48.6	The system shall provide the capability to receive dates associated with each benefit segment as identified by the interface with DIR.
<b>Unemployment Compensation</b>	
INS48.7	The system shall automatically initiate an interface to the DIR Wage data upon receipt of an application for household members over the age of 16 with a verified SSN.
INS48.8	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, and employer information from the DIR Wage database.
INS48.9	The system shall provide for the exchange of information or changes to information to and from the DIR Wage Database for on-going determination for Title XIX (Medicaid) eligibility.
INS48.10	The system shall provide the capability to receive dates associated with each benefit segment as identified by the interface with DIR.
<b>Revenue Department</b>	
INS49	The system shall automatically initiate an interface to the Revenue Department upon receipt of an application for household members over the age of 16 with a verified SSN.
INS50	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, and employer information from the Revenue Department.
INS51	The system shall provide for the exchange of information or changes to information to and from the Revenue Department for on-going determination for Title XIX (Medicaid) eligibility.
<b>Administrative Office of Courts</b>	
INS52	The system shall automatically initiate an interface to the Administrative Office of Courts upon receipt of an application.
INS53	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, criminal history, child support history and employer information from the Administrative Office of Courts.
INS53.1	The system shall provide for the exchange of information or changes to information to and from the AOC for on-going determination for Title XIX (Medicaid) eligibility.
<b>Department of Corrections</b>	
INS54	The system shall automatically initiate an interface to the Department of Corrections upon

	receipt of an application.
INS55	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, criminal history, and employer information from the Department of Corrections.
INS55.1	The system shall provide for the exchange of information or changes to information to and from the DOC for on-going determination for Title XIX (Medicaid) eligibility.
<b>Retirement Systems of Alabama (Teachers, State, and Judicial employees)</b>	
INS56	The system shall automatically initiate an interface to the Retirement Systems of Alabama upon receipt of an application for household members over the age of 16 with a verified SSN.
INS57	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, retirement income, and health insurance information from the Retirement Systems of Alabama
INS57.1	The system shall electronically send to RSA an annual file of individuals that receive Medicaid and are also receiving state retirement.
<b>Public Safety</b>	
INS58	The system shall automatically initiate an interface to the Department of Public Safety upon receipt of an application.
INS59	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, criminal history, accident information and employer information from the Department of Public Safety.
<b>Myalabama.gov</b>	
INS62	The system shall automatically initiate an interface to Myalabama.gov upon receipt of an application.
INS63	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, criminal history, health insurance and employer information from the Myalabama.gov.
INS63.1	The system shall provide for the exchange of information or changes to information to and from myalabama.gov for on-going determination for Title XIX (Medicaid) eligibility.
<b>Federal Agencies</b>	
<b>Social Security Administration (SSA)</b>	
INF1.1	The system shall be designed to support the SSA interface via real-time inquiries and batch access including but, not limited to, SOLQ, SVES, TPQY, LIS, BENDEX, BEER, and SSA 8019.
<b>State Online Query (SOLQ) State Verification Exchange System (SVES)</b>	
INF1	The system shall automatically initiate an interface to SSA upon receipt of an application.
INF2	The system shall request eligibility data verification to include but not limited to Medicare entitlement codes and dates for entitlement received from the SSA interface.



INF3	The system shall request eligibility data to include but not limited to citizenship and immigration status received from the SSA interface.
INF4	The system shall request eligibility data to include but not limited to SSDI work quarter data for those individuals with a SSDI disability as received from the SSA interface.
INF6	The system shall request eligibility data verification to include but not limited to DOB, DOD, SSNs used, benefits received, benefit type, monthly payment, and buy-in information with information received from the SSA interface.
	<b>SSA 8019</b>
INF5	The system shall request eligibility data to include but not limited to available employer and insurance information received from the SSA 8019 interface.
	<b>Low Income Subsidy (LIS)</b>
INF5.1	The system shall identify those individuals who may be eligible for Medicaid services when notified by SSA via the LIS interface.
	<b>Third Party Query (TPQY)</b>
INF5.2	<b>DRAFT:</b> The system shall identify from the TPQY interface those individuals with Medicare Prescription Drug Coverage (Part D).
	<b>Beneficiary Earnings Data Exchange (BENDEX )</b>
INF7	The system shall automatically initiate a real-time interface to SSA to retrieve BENDEX information upon receipt of an application.
INF8	The system shall identify from the BENDEX information retrieved via the SSA interface those individuals receiving social security benefits and the amount received.
INF9	The system shall identify from the BENDEX information retrieved via the SSA interface those individuals with Medicare Part A & B entitlement.
INF10	The system shall identify from the BENDEX information retrieved via the SSA interface if an individual is receiving Medicare.
INF11	The system shall provide for the exchange of BENDEX information or changes to BENDEX information to and from the SSA interface to include but not limited to eligibility, benefit amount, payment status, dates for entitlement, SMI status code, HI status code, Medicare start/stop dates, onset of disability, date of death and Individual's claim/Medicare number for on-going determination for Title XIX (Medicaid) eligibility.
INF12	The system shall identify from the BENDEX interface those individuals with dual Medicaid and Medicare eligibility.
INF17	The system shall provide the capability to process BENDEX COLA (BRI) files received from SSA.
	<b>State Data Exchange (SDX)</b>
INF19	The system shall identify and provide available information from the SDX interface those individuals with a SSDI disability and SSI.
INF20	The system shall provide for the initial receipt and changes to information from SDX for on-going determination for Medicaid eligibility.
INF21	The system shall update SSI eligibility and payment data for an individual received from the SDX interface.



INF22	The system shall allow for on-line inquiry of SSI eligibility data for the authorized users.
	<b>Medicare Enrollment Database (EDB)</b>
INF23	The system shall initiate an EDB interface upon an application being received.
INF23.1	The system shall initiate an EDB interface bi-monthly for individuals that are active and over the age of 21 or lost eligibility within the current month.
INF23.2	The system shall allow for yearly updates with EDB for all Medicaid individuals who have been eligible within the last year.
INF24	The system shall update an individual's electronic case record with information about dual Medicaid and Medicare eligibility based on the information received from the EDB interface.
INF25	The system shall update an individual's electronic case record as to whether or not services are being billed to Medicaid or Medicare for a SSDI recipient. Does not appear to be appropriate for the RS? Gretel to research.
INF26	The system shall update an individual's electronic case record with Medicare entitlement codes and dates for entitlement received from the EDB interface.
	<b>(DEERS)</b>
INF27	The system shall automatically initiate an interface to DEERS upon receipt of an application.
INF28	The system shall provide for the exchange of information or changes to information to and from DEERS for on-going determination for Title XIX (Medicaid) eligibility.
INF29	The system shall provide for the exchange of information or changes to information to and from DEERS for on-going determination of availability of other health coverage.
INF30	The system shall update an individual's electronic case record with the information received from the DEERS interface.
	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
	<b>Payment Error Rate Measurement (PERM)</b>
INF30.1	The system shall automatically initiate an interface to PERM determined by CMS schedules in compliance with the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300).
	<b>Medicaid Statistical Information System (MSIS)</b>
INF30.2	The system shall automatically initiate an annual MSIS interface to provide CMS with eligibility and claims data. <b>Waiting on Debra Murphy before finalizing.</b>
	<b>Administrative of Children and Families</b>
	<b>Public Assistance Reporting Information System (PARIS)</b>
INF31	The system shall automatically initiate an interface to PARIS determined by federal schedules.
INF32	The system shall provide for the exchange of information or changes to information to and from PARIS for on-going determination for Title XIX (Medicaid) eligibility.
INF33	The system shall provide for the exchange of information or changes to information to and from PARIS for on-going determination of availability of other health coverage.

INF34	The system shall update an individual's electronic case record with the information received from PARIS interface.
<b>Department of Homeland Security</b>	
<b>Systematic Alien Verification for Entitlement (SAVE)</b>	
INF35	The system shall automatically initiate an interface to SAVE Per specified guidelines.
INF36	The system shall provide for the exchange of information or changes to information to and from SAVE for on-going determination for Title XIX (Medicaid) eligibility.
INF37	The system shall update an individual's electronic case record with the information received from SAVE interface to include but not limited to alien number, US entry data, immigrant status, classification, and documentation.
INF38	The system shall provide the capability for the user to have on-line access and administrative rights to the SAVE website.
<b>Internal Revenue Service (IRS)</b>	
INF39	The system shall automatically initiate an interface to IRS upon receipt of an application and other specified schedules and federal guidelines.
INF40	The system shall provide for the exchange of information or changes to information to and from IRS for on-going determination for Title XIX (Medicaid) eligibility.
INF41	The system shall update an individual's electronic case record with the information received from IRS interface to include but not limited to income, employer and other asset information.
<b>Private Entity Interfaces</b>	
<b>EBT</b>	
INP1	The system shall interface with contracted Electronic Benefits Transfer (EBT) contractor for transfer of payment funds to recipients (private vehicle travel) and transporters
INP2	The system shall maintain a record viewable by the user of the details associated with the payment made through EBT.
INP3	The system shall have the capability to receive incoming transmissions from the EBT contractor regarding payments made.
<b>Financial Institutions (Credit Unions and Banks)</b>	
INP4	The system shall electronically interface with available public and commercial sources of information including credit bureau information, available banking information, and external employment and income sources such as TALX, ADP and others in order to comply with Medicare Improvement Patient and Providers ACT (MIPPA)
INP4.1	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, financial verification information, stock values, bond values, sources of income, sources of property, assets and employer information from financial institutions with which interfaces have been established.
INP4.2	The system shall have the capability re received from the financial institution interfaces account information to include balances for the past 60 months.



INP5	The system shall automatically initiate an interface to available public and commercial sources of financial information upon receipt of an application.
INP6	The system shall update an individual's electronic case record with financial information received from the public and commercial sources of financial information.
INP7	The system shall electronically interface with available public and commercial sources of information including credit bureau information, available banking information, and external employment and income sources such as TALX, ADP and others at the request of the user or at regular intervals as defined by the agency.
INP17	The system shall automatically generate notices to recipients as a result of receiving information regarding other sources of income and property information.
	<b>TALX</b>
INP8	The system shall automatically interface with TALX for the purpose of validating employment upon receipt of an application.
INP9	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from TALX.
INP9.1	The system shall provide the capability to receive dates associated with each employment segment as identified by the interface with TALX.
	<b>ADP</b>
INP10	The system shall provide capability to electronically interface with ADP for the purpose of validating employment.
INP11	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from ADP.
INP11.1	The system shall provide the capability to receive dates associated with each employment segment as identified by the interface with ADP.
	<b>Insurance Companies</b>
INP12	The system shall provide capability to electronically interface with major insurance payers for the purpose of identifying individuals and families than may have other sources of insurance to include but not limited to health, life, burial, long term care and accident.
INP12.1	The system shall have the capability to interface with the Health Insurance Exchange System to be developed for Health Care Reform.
INP13	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from interfaces with major health insurance payers.
INP14	The system shall automatically generate notices to recipients as a result of receiving information regarding other sources of health insurance.
	<b>National Association for Public Health Statistics and Information Systems (NAPHSIS)</b>
	<b>Electronic Verification of Vital Events (EVVE)</b>

INP18	The system shall provide capability to electronically interface with EVVE for the purpose of receiving electronic certification of birth.
INP19	The system shall provide capability to receive an electronic response from the EVVE that verifies or denies the birth match with official state or jurisdiction records
INP20	The system shall provide capability to receive an electronic response from the EVVE that provides a death of death that is validated with official state or jurisdiction records
INP21	The system shall track the number of transactions to EVVE for validation against future billing.
<b>Intra-agency Interfaces</b>	
<b>Together for Quality (TFQ)</b> <b>Kim Allen-Davis to review these requirements</b>	
INM1	The system shall automatically initiate an interface to TFQ upon receipt of an application.
INM2	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from TFQ.
INM3	The system shall provide for the exchange of information or changes to information to and from TFQ for on-going determination for Title XIX (Medicaid) eligibility.
INM4	The system shall automatically trigger the eligibility process upon notification of information that impacts eligibility.
<b>MMIS</b>	
INM5	The system shall interface with MMIS to determine if an individual has Medicare coverage for required period.
	None of the remaining requirements were addressed at this session and another meeting will be held when Eddie does technical requirements in order to complete.
<b>Local Public Entity</b>	
<b>Tax Assessor</b>	
INL1	The system shall automatically initiate an interface to tax assessors systems upon receipt of an application.
INL2	The system shall electronically receive eligibility data, to include but not limited to personal and household demographics, income, assets, resources and health insurance from the tax assessors systems.
INL3	The system shall provide for the exchange of information or changes to information to and from the tax assessors systems for on-going determination for Title XIX (Medicaid) eligibility.
INL4	The system shall automatically trigger the eligibility process upon notification of information that impacts eligibility.

The following represents the remaining baseline specifications to be addressed in stage 4.

<b>Central Document Management Control – Imaging, Indexing, Organizing, Retrieving, Retention, Archiving and Destruction</b>	
D-1	Provide capability to scan source documents submitted remotely or by mail through a central mail room by a support worker
D-2	Support a central mail room function
D-3	Provide capability to track and control receipt of mail at the time it is received, wherever mail is received
D-4	Set up an electronic case record that is organized to record the application and documentation information submitted by an individual or family
D-5	Pre-populate the application or renewal to the extent possible with the information submitted either remotely or by mail from a family or individual or batch program actions such as letters, awards, denials, reviews, etc.
D-6	Capability to scan documents into the system and associate them with specific applications, and organize in appropriate folders such as income, etc.
D-7	Provide capability for the worker to readily retrieve and review the source documents received by a family or individual for each application
D-8	Provide the capability to track and control information and identify source documents that are missing at the time of initial data entry
D-9	Provide a method to receive documents using a bar coding technique to identify client on form letter or, if bar coded letter not returned, provide the ability to enter client name manually
D-10	Provide ability to view, retrieve, update and print case file information based on user level permissions e.g. worker, supervisor, manager, Long Term Care, or Legal purposes.
D-11	Provide automated document retention capabilities based on agency defined retention policy
D-12	Capability to electronically reassign cases among workers and send files to workers on an electronic basis based on role based permissions.
D-13	Capability to scan a new document into an existing record and export to appropriate file
D-14	Capability to scan documents of multiple paper sizes and formats, including photos
D-15	Capability to easily retrieve data for viewing; capability to easily archive and store data; capability to electronically set parameters for document storage, indexing, and destruction



<b>Central Document Management Control – Imaging, Indexing, Organizing, Retrieving, Retention, Archiving and Destruction</b>	
D-16	Capability to search records by name, Social Security Number (SSN), Recipient ID, worker ID, and document type; table based capability to identify other search parameters
D-17	Provide automated case file archival with the ability to access entire record once archived
D-18	Provide the capability to electronically share source documents received across programs and agencies through a HIPAA compliant method of transfer and retrieval
D-19	Provide capability to electronically track and monitor mail that cannot be identified in terms of its intended recipient
D-20	Scan returned mail (envelope and content) into appropriate case file and select (drop down) the reason for return. Selection options: forward expired, moved /no forwarding address and insufficient address
D-21	Ability for scanning technician to index each document into the appropriate case file by document type
D-22	Validation of scanning to ensure accuracy e.g. Post Review / QC process to ensure proper posting, quality of documents posted (legible), two-sided copies captured
D-23	Process for mis-indexed documents to be corrected
D-24	Automated schedule for archiving and deletion of records according to Agency policies
D-25	Ability to perform pre-defined actions such as suspension based on triggering events (returned mail)
D-26	Ability to easily add an index category based on Role permissions
D-27	Ability to search records by name, Social Security Number, Recipient ID, worker ID, document type (application, renewal) or other specified criteria
D-28	Capability to scan, index, retrieve, manage, authenticate, and or archive documents
D-29	Capability to send alerts notifying workers when new information is received
D-30	Ability to redact part of a document for printing, training, or other purposes
D-31	Ability to automatically record actions performed systematically e.g. form/letter generation and mailed as a result of a response on the application or related to a renewal or change in the system. A copy of such items will be systematically copied and stored in the record.



<b>Central Document Management Control – Imaging, Indexing, Organizing, Retrieving, Retention, Archiving and Destruction</b>	
D-32	<p>Ability for worker to notate the account, rubber stamp, record client contact on record. For Example:</p> <ul style="list-style-type: none"> <li>• Remarks on awards, denials and termination screens</li> <li>• Referrals to All Kids or other sources</li> <li>• Note when a hearing is scheduled</li> <li>• Note to remind caseworker of information pending</li> <li>• Record all changes, updates, awards, denials, terminations, suspensions</li> <li>• Record of forms sent to client or other actions taken</li> </ul>
D-33	<p>Ability to retrieve document and fax or email to external entity such as a bank or nursing home</p>

<b>Enrollment</b>	
EN-1	<p>Provide capability to perform enrollment for all available Medicaid programs and program transactions, including:</p> <ul style="list-style-type: none"> <li>• Eligibility for a program based on medical criteria</li> <li>• HCBS/Waiver programs</li> <li>• Elderly and Disabled Long-term care</li> <li>• SOBRA</li> <li>• MLIF</li> <li>• Plan First</li> <li>• Alabama Child Caring Program (ACCP)</li> <li>• Breast &amp; Cervical Cancer</li> <li>• DYS</li> <li>• Emergency Services for Aliens</li> <li>• Patient 1st</li> <li>• Hospice</li> <li>• Medicare Advantage</li> <li>• Pregnant Women/Maternity Waiver</li> <li>• Lock-In – Program Integrity, entered into AMMIS</li> </ul>
EN-2	<p>Provide capability to electronically receive data from the eligibility determination function</p>



<b>Enrollment</b>	
EN-3	Provide capability to identify programs for which a member may qualify for (e.g., managed care, HIPAA, waiver), load the enrollment outcome data into the Member and Contractor data stores, and produce notifications to the member and the contractor
EN-4	Provide capability to send an electronic notice of eligibility to the Medicaid fiscal agent or other appropriate party of system to initiate the Medicaid enrollment process and provide information for determination of benefit plans
EN-5	Provide capability to develop benefit packages by program corresponding with state specific eligibility benefit packages; provide an enterprise rules engine function to identify different rules by program
EN-6	Provide the capability to determine the amount of coinsurance, deductible, and other premium payments owed by eligible recipients or members; notify members, providers, and contractors, generate invoices to obtain payment for premium amounts owed by recipients or members
EN-7	Provide capability to identify and track recipients that may qualify for multiple programs
EN-8	Provide capability to create and record benefit (level of service) plans for individuals and families
EN-9	Provide capability to offer physician choices where appropriate to members, provide recipient with the option to request a change
EN-10	Provide capability to process eligibility terminations and requests for disenrollment
EN-11	Provide capability to alert members, providers, and contractors that new or updated disenrollment information will be loaded into the Member Information data store and request that these providers and contractors prepare notifications to the affected parties. Provide notification of appeal rights.
EN-12	Provide support for the member grievance and appeal business process
EN-13	Provide capability to perform disenrollment based on member's death or failure to meet enrollment criteria
EN-14	Provide capability to perform mass disenrollment due to changes in status
EN-15	Request that recipient, provider, and/or contractor are notified of enrollment decisions on behalf of a member
EN-16	Receive and record member disenrollment and termination dates and generate termination and disenrollment notices to member
EN-17	Provide capability to validate that enrollment requests meet state rules
EN-18	Provide capability to produce disenrollment record data set and request for members who are terminated



<b>Enrollment</b>	
EN-19	Provide capability to easily add customized emergency groups
EN-20	Provide electronic alerts to send outreach and education materials to recipients who have been terminated for benefits
EN-21	Ability to process medical support referrals to DHR and accept notifications of referral received

<b>Eligibility Redetermination</b>	
RD-1	Provide the ability for the Medicaid Agency, to re-determine eligibility for every Medicaid recipient at least once every 12 months. More frequent redeterminations are necessary for recipients whose circumstances are likely to change or from whom information indicates conditions have changed.
RD-2	Automatically schedule redetermination notices to generate and send to clients for redetermination purposes.
RD-3	Generate requests to schedule all renewal applications and interviews
RD-4	Provide individuals and families with a pre-populated renewal
RD-6	Allow caseworker to be able to complete redetermination via web-based application.
RD-7	Automate and populate, in either English or Spanish, forms necessary to support the eligibility redetermination process.
RD-8	Ability to perform automated renewals or passive renewals using case file information and verification data without sending a form to the client

<b>Reporting</b>	
RP-1	Provide the following dashboard views for workers: <ul style="list-style-type: none"> <li>• Summary view of active cases</li> <li>• Summary view of critical dates</li> <li>• Error Cases</li> <li>• Quality assurance corrective action cases</li> <li>• Worker inbox</li> <li>• View of pending applications</li> </ul>

Reporting	
RP-2	Provide the following dashboard view for supervisors: <ul style="list-style-type: none"> <li>• Summary view of active cases for all workers in unit</li> <li>• Error Cases</li> <li>• Quality assurance corrective action cases</li> <li>• Summary view of critical dates for all workers</li> <li>• View of pending applications</li> </ul>
RP-3	Provide the following dashboard views for managers: <ul style="list-style-type: none"> <li>• Summary view of active cases across all units</li> <li>• Error Cases</li> <li>• Summary view of critical dates for all units</li> <li>• View of pending applications</li> </ul>
RP-4	Provide reports for Beneficiary Services that can be run and analyzed routinely
RP-5	Provide reports for each program in/under Beneficiary Services that can be run for a particular program or across programs
RP-6	Provide the ability for reports to be exported to PDF, Excel, Text, or Word format depending on the type of report
RP-7	Ensure that the reports are print-ready and visually acceptable to the user
RP-8	Provide the ability to generate ad hoc requests based on queries on a number of different fields or data sets contained within the modules of the system
RP-9	Ability for AMAES users to produce statistical reporting (functionality similar to AMAES DSS or a DSS that incorporates both AMAES data <b>and</b> AMMIS data)
RP-10	Provide a dashboard control report for each worker showing cases requiring action and by program
RP-11	Provide a dash board control function to show the application completion status of each application and the capability to view status by program
RP-12	Provide a capability to collect and record required information according to the different information and timing requirements for each major financial program
RP-13	Provide an electronic dashboard report to track results of QC reviews by supervisors and other second and third level reviewers
RP-14	Provide ability for AMAES users to produce statistical reporting; Provide capability to provide a decision support system that incorporates both AMAES data, MSIS (MAS/BOA) and AMMIS data

### 5.1.2 Inputs

Receipt of:

- Original eligibility application data set

- Resubmitted eligibility application data set
- Eligibility application cancellation data set

Time for Redetermination of eligibility

- Calculate cost share
- Changed circumstances
- Annual

Enrollment application data set that may accompany initial or redetermination of eligibility.

Enrollment application data set submitted subsequent to being determined eligible in response to change in demographics, e.g., residence, because important provider no longer contracts with current program, or because of change in health status, e.g., the member applies for SOBRA.

Receipt of disenrollment request data set from the Determine Eligibility process

- In conjunction with a redetermination of eligibility for Medicaid in which the member is found to be no longer eligible
- As a result of a denial of eligibility for a program – where eligibility is based on health status (e.g., an AIDS Drug Assistance Program (ADAP), Home and Community Based Services, a Maternity Case Management, etc.)
- From Program Integrity, Manage Case – a fraud and abuse investigation results in disenrollment

For a member to change primary physician, which is forwarded by the Manage Applicant and Member Communication process:

- As permitted by State rules
- Due to change in residence
- Because a provider whom the member has chosen no longer contracts with current program
- As a result of requesting a change after auto-assignment
- The member has issues with the primary physician, which may impact quality of care

From a program provider or contractor due to issues with the member, such as moving out of service area, fraud and abuse, disruptive behavior, non-compliance, or death,

Receipt of information indicating change in eligibility status from the Manage Member Communication or Manage Member Information processes:

- Date of death file indicates member is deceased
- Notification of incarceration
- State of residence change
- Change in Medicare status

- Receipt of data from Foster Care, DYS to Patient First for manual change

### **5.1.3 Outputs**

TBD

### **5.1.4 Data Management and Reporting**

- The recipient data in both State and contractor systems adheres to the same standards. Standards to be developed as part of the BPR project.

### **5.1.5 General System Responsibilities**

TBD

### **5.1.6 System Development, Maintenance, and Change Control Responsibilities**

- Collaborative requirements definition and design processes, including tools and procedures to capture user and reviewer comments and acceptance
- Business and technical design documentation that clearly outlines, textually and visually, the needs of the users
- Well-documented system, data, process flows, and walkthrough diagrams using a COTS package acceptable by the State
- Well-documented code and package integration notes
- Minimum use of complex logic structures, such as nested statements, for ease in maintenance
- Use of text formatting, such as indented code, to aid in readability and understanding

### **5.1.7 Ad hoc and Standard Reporting Responsibilities**

TBD

### **5.1.8 Performance Requirements**

TBD

### **5.1.9 Interface Requirements**

The system must connect to:

- AMAES
- ADI (Public Health)
- DHR (DHR determines Medicaid eligibility for foster children utilizing the FACETS system)
- FACETS system (Medicaid eligibility for state supplementation)
- TPL subsystem (other insurers and type of coverage)

- Eligibility Categories and Hierarchy Table – AMAES
- Benefit Plans and Associated Services Table – Determined by aid category in AMAES
  - External interfaces:
    - SNAP (food stamps)
    - TANF eligibility
    - SSI/SSDI eligibility
    - State Supplementary Payments (SSP)
    - INS
    - Department of Human Resources (DHR) Benefit/Reference Information data store: Services and provider types covered; program policy; and health plan contractor information
    - Member Information data store: Member demographics, benefit package, enrollment data; applicant/member financial, social, functional, and clinical data. Updated enrollment data is loaded
    - Contractor Information data store: Contracted service areas, Managed Care Organization (MCO) provider network, and other provider data
    - Provider Information data store: Provider data, such as type, location, availability, gender and linguistic and cultural competence

#### **5.1.10 Operational Requirements**

- System termination enhancements
- Greater automation in the system terminations
- Ability for both systems to support day-to-day eligibility changes for all programs (AMAES and AMMIS)
- Include EX PARTE function to re-determine if anyone in the family is eligible for other services
- Ability to suspend eligibility
- Add disenrollment as a step in the EDB process (Widow/Widower)
- Any receipt of automated data should automate disenrollment
- Enroll Member: Currently, the worker needs to manually check to see if an individual is on ALLKids prior to enrollment. They would like automatic notification to the worker of ALLKids enrollment (real time eligibility information between all member systems)
- Ability to check for dual-eligibles across programs automatically
- Items better addressed or addressed as well in other processes:

- Enhance system to easily support a member being in more than one program at the same time for all allowed programs. Note: This item is also addressed in Enroll Member and Develop and Maintain Benefit Package processes.

Short-term To Be items that are already in the process of being implemented:

- In the process of creating an automated process with the vital statistics that would result in automatic disenrollment
- Resource Requirements

### **Internet/Intranet Environment**

- Computers and Operating Environment:
  - Dell Servers Dual and Quad processor with Windows NT SP 6
  - IBM RS6000 AIX 4.3.2
  - Sun SPARC with Solaris 2.6 or Red Hat Linux 6.1
- Software Supported:
  - Commerce Server - Site Server 3.0
  - Web Server - IIS 4.0 with FrontPage 2000 Extensions
  - Middleware:
    - WebSphere
    - Java JDK 1.1
    - Host-on-Demand 2.0 Prod. 4.0 Test
- Databases:
  - IBM UDB 6.1
  - Oracle 8i
- Search Engine

### **Mainframe Environment**

- Computers: IBM 9672-R64 (2), 240 MIPs 6-way 2 Gigabytes Memory
- OS/TP Environment: IBM MVS/OS 390 VTAM/CICS
- Storage:
  - EMC 5700 Symetrix, 560 GB (3390 volumes)
  - IBM RVA, 510 GB (3390 volumes)
  - IBM RAMAC II (2) , 180 GB (3390 volumes)
  - IBM ESS 2105, 3TB (3390 volumes)
- Tape:

- IBM Tape Library System with VTS and Native 3590 Support, 32 VTS Drives and 12 3590 Drives
- IBM 3480 Tape Drives (12)
- Connectivity:
  - IBM 3745 Communications Controller
  - SNA Network: IBM 3172 Controller
  - TCP/IP
  - CISCO Routers
- Databases: IBM DB2 5.2
- File System: IMS
- Language: IBM Cobol, COBOL/CICS,
- User Interface: 3270/CICS Inquiry and access, data entry 3270/CICS to batch

### **Office Software Standards**

Microsoft Office 2007 (including Visio 2007) is the State standard for Office Software.

The State has not decided on a packaged project management tool for documenting project plans and for the exchange of planning information among project participants. Vendor recommendations for specific tools will be considered by the State. Any project plans submitted in electronic form, provided as part of Vendor responses to this RFP, must be submitted in a form readable by State standard software, or must be submitted with a “reader” tool or the project management software necessary to permit the State to display and evaluate the submission (Microsoft Project 2007 is generally available, so submissions in that format need not provide a reader or the tool itself).

#### **5.1.11 Verification Requirements**

TBD - Specifies tests to be done during development, test data, and test documentation to be delivered.

#### **5.1.12 Acceptance Testing**

TBD in subsequent Stages and will be validated by the IV&V contractor procured later in the project.

- Approach to testing and verification throughout the product life cycle, including:
  - Guidelines for planning, designing, monitoring, and documenting tests
  - Description of required documentation, including test plans, test specifications, test procedures, and test reports
  - Guidelines for the development and management of test data
  - Guidelines for the verification and preservation of test results

- Description of approach to specific, required testing, including:
  - Proof of Concept Testing
  - Unit and Integration Testing
  - User Acceptance Testing
  - Load and Performance Testing
  - Production Acceptance Testing
  - Disaster Recovery Testing
  - Pilot/Parallel Testing

### **5.1.13 System Documentation and Training Requirements**

The AMMIS-RS must include User, Technical, and Administrative Documentation, incrementally for follow-on implementation phases, and for Ongoing Activities as applicable. Such documentation should integrate both custom work as applicable to customized elements of the solution, and manufacturer's documentation for those third-party licensed or otherwise supplied components of the solution. The documentation should not be provided in hard copy, except items that are not well suited to electronic display (e.g., large flow charts or data models); rather, it should be provided in electronic reference format; e.g., hypertext (including items that are also presented in hard copy). It is desirable that the documentation be provided in PDF format as well. Vendor responses must describe the proposed approach and solution for this requirement, including but not limited to:

#### **User Documentation**

- Completed Users manual: The purpose of the User's Manual is to fully describe the operation of the system for end users. It is expected that the User Manual will be frequently used as a reference tool and must be designed for ease of access and written in non-technical user terminology. The completed user's manual must be easy to maintain and must be made available to the department in a suitable electronic medium.
- Online help: It is expected that the User's Manual will be available to end users through the application interface as context-sensitive, indexed, and searchable online help

#### **Technical Documentation**

- A system flowchart showing all inputs, files, outputs (indicating media for each), showing all programs in the system in logical sequence, and identified in a manner approved by the department.
- Data flow diagrams showing inputs, processes, and outputs for each subsystem or functional area of the system. User and computer interaction will be diagrammed for each functional area as well. A schematic of the process flow at the transaction level showing navigation through the database will also be included.

- The data dictionary/metadata repository must contain information at the appropriate level of detail to define naming conventions, data elements, relationships among entities of the internal environment, programs accessing data elements, updating data elements, stewardship of the data, etc.
- The data dictionary/metadata repository must be integrated to promote a centralized information source, ease of maintenance of data definitions, extensive data element reporting capabilities, and user access control
- A worksheet for each input showing the purpose, source, contents, frequency, media, volume, and security requirements
- An inventory of reports and other outputs to be generated by the system
- A worksheet for each report, and other output showing the purpose, the heading, content, sequence, significant totals, number of copies, distribution, frequency of preparation, volume of lines, security, retention, and regulatory requirements
- System design of all online interactive processing including online screen formats, edits performed, and files accessed
- Logical and physical database designs
- Logical relationships to provide connections between related physical databases
- File documentation for each permanent file showing file characteristics and all modules accessing it and the access method
- System interface document, capturing all the technical aspects of the interface

#### **Administrative Documentation**

- Computer system operating procedures including backup and recovery procedures
- Description of catastrophic event recovery procedures
- Full System documentation including, but not limited to system manuals for data processing use, which contain:
  - Overall data flow chart with narratives for each processing module
  - Detailed data flow charts for each specific major function in the system
  - A listing of system file allocations
  - Copy of database designs
  - Copy of all file and record layouts
  - Listing of each library within the system, i.e., source, object, procedure, etc.
  - Overall systems hardware allocation

#### **Training**

The Vendor must provide technical and end user training, targeted to specific users groups each year throughout the course of the contract. In all cases, training must be appropriate to the attendee's level of expertise and expected use and responsibilities with the Recipient system. Meeting the training needs of all users will require multiple training curricula, which the Vendor is responsible to maintain and update. Vendor will not be responsible for providing basic personal computer skills training. Following are the training requirements:

- User training that includes:
  - All levels of users so they may take full advantage of the DSS DW/BI; i.e., pursuant to the User Access Level Functional Requirements
  - End user training, which should focus on, but not be limited to the use of the inquiry, analytical, and presentation tools
  - Quick-reference handout materials with examples of queries and report formats
  - Support for User Acceptance Testing, Pilot Test, and full production launch
  - Conducting of regularly scheduled group sessions for advanced users
  - Establishing a user bulletin board
  - Six subject focused training sessions per year
  - Quarterly training for new users
  - Simple non-programming maintenance activities, such as how to update procedure temporary tables used for ad hoc and targeted queries
  - Administrator functions and monitoring tools
- “Train the Trainer” training:
  - As part of the Support Services Transition Plan, below, the Vendor must provide sufficient training and training manuals to a minimum of two Department staff, so that they can train other users on an ongoing basis
  - All training and reference materials must be prior approved by the Department and provided both in hard copy and electronically for the Department and each training recipient. Vendor responses must include a sample of a previously provided User Training Manual.
  - The Vendor's proposed Training Plan must include an ongoing review and acceptance process acceptable to the State for determination of satisfactory completion of training
- Creation of online training by web videos and web pages

#### **5.1.14 Quality Requirements**

- Developing and executing a Quality Assurance Plan to provide an early warning system that identifies the likelihood that any deliverable or milestone may not be completed on schedule or at a satisfactory level of quality. Vendor responses must include a description of the elements of the QA Plan, including but not limited to:



- Identification of key milestones, deliverables, and checkpoints, where clear measurements will be taken to assure the State that the Project is proceeding according to schedule
  - A high-level, presentable summary of status that empirically demonstrates current quality measures, suitable for use in presenting QA-related information and status to agency managers and executives
  - Plan sections or sub-plans to reflect the approach to meeting critical acceptance hurdles
  - An Acceptance Process that clearly identifies criteria for acceptance by deliverable and by milestone, assigns roles and responsibilities in acceptance decision-making, and categorizes and prioritizes deliverables and milestones being considered for acceptance as well as issues and defects at a low level
  - A User Acceptance Testing Plan that clearly identifies the roles, responsibilities, and approach to have end users validate the functionality and performance of the Recipient System, including, but not limited to, the following defined and individually State-accepted processes:
    - Problem reporting processes
    - Diagnostic processes
    - Regression testing processes
    - Defect resolution processes
- Using a QA methodology that integrates smoothly with the Project Management Requirements to deliver a high-quality application in a timely manner and achieve State satisfaction. Vendor responses must include a description of the methodology with examples of specific quality assurance tactics, including but not limited to:
  - Approach to ensuring that user requirements and expectations are aligned with contracted project deliverables early and throughout the life of the project
  - Approach to the adoption of new and/or emerging technologies
  - Approach to internal audits of progress and quality
  - Approach to maximizing the speed and quality of ongoing development following initial launch of the Recipient System
  - Approach to maximizing the availability of the Recipient System while conducting ongoing development and testing activities
  - The activities, documents, and measurements that will be used to monitor quality
- A fully configured change management plan which deals with the governance and approval process. Using tools/enabling technology, where appropriate, to expedite application development and quality assurance. Vendors must describe the capabilities of proposed tools and itemize them as required above, in Hardware & Software Requirements, including:
  - A computerized tool for tracking/logging required changes

- A computerized tool for implementing software fixes that includes rules for:
  - How fixes will be tested
  - When fixes would be added to code and recompiled
  - How recompiled code will be tested
- An automated means of promoting production software installation(s)

#### **5.1.14.1 Data Quality Control Standards**

May specify:

- Production and adherence to a Quality Assurance Plan
- Require supplier to have achieved a Q.A. standard, e.g., BS 5750
- Change control requirements and configuration management

#### **5.1.15 Reliability Requirements**

TBD

#### **5.1.16 Maintainability Requirements**

Specifies attributes of the system that affect the ability to:

- Trace and repair defects
- Make modifications
- Modularity
- Use of object-oriented programming
- Built-in self test
- Quality of documentation
- Readability of source code

#### **5.1.17 Schedule Requirements**

TBD

### **5.2 Third Party Liability**

This section presents the business requirements and specifications that are required to address the recommendations for the Third Party Liability (TPL) function in the BPR report.

#### **5.2.1 Functional Requirements**

The table that follows presents the key business and functional requirements identified by the BPR analysis for the TPL function. These requirements are organized into two broad areas, as follows.

- Additional tools to Help Increase the Identification of TPL as part of the Eligibility Determination Process - Items to support eligibility determination function, corresponding with the recommendations of the BPR report
- Additional Tools for TPL and Eligibility Management and Staff - Items to support the TPL management and staff function, corresponding with items identified during the BPR process

<b>Tools to Support TPL Identification During the Eligibility Determination Process</b>	
T-1	<b>Deleted by TPL Group</b>
T-2	Revise application to help increase the likelihood of identifying: <ul style="list-style-type: none"> <li>• Name of employer</li> <li>• Health insurance provider used by the employer</li> <li>• Ask whether applicant has insurance with employer</li> <li>• Ask whether applicant has insurance available with another family member or sponsor</li> <li>• Ask who is the employer for an absent parent</li> <li>• What insurance does the absent parent have</li> </ul>
T-3	<b>Deleted by TPL Group</b>
T-4	Provide the capability to electronically link with the Together For Quality (TFQ) system to obtain employment and medical insurance and diagnosis information that may be available on the TFQ system concerning applicants and recipients
T-5	Provide the capability to send and receive notices to DHR, DPH and myalabama.gov when ever new information is received about a change in the employer or income status of a recipient to provide information that may be helpful in identifying new sources of TPL



<b>Additional Tools for TPL and Eligibility Management and Staff</b>	
AT-1	<p>Provide an expanded set of data matches to help identify possible sources of TPL for cost avoidance purposes, including such matches as the following:</p> <ul style="list-style-type: none"> <li>• BENDEX, SVES, and SDX matches to obtain available employer and insurance information</li> <li>• Retirement Databases matches to obtain additional insurance</li> <li>• EDB and MMA match to obtain available Medicare information</li> <li>• Match with major insurance carriers serving State to identify possible third party coverage</li> <li>• Match with employment databases containing employer provided information to identify possible insurance coverage through employer</li> <li>• Match with credit bureau sources to identify possible employer information</li> <li>• Match with New Hire Data file to identify possible employer information</li> <li>• Match with DIR, Unemployment, Public Safety, State revenue and tax data to identify possible employer information</li> </ul>
AT-2	Provide capability to electronically contact employers with employer information obtained through other data matches to help determine if employer has insurance
AT-3	Capability to provide a summary TPL profile report showing results of TPL and employer matches identified by applicant or recipient.
AT-4	Provide an electronic notice or letter that TPL staff can use to generate inquiries to employers and insurance companies to help identify possible TPL information.
AT-5	Provide capability to electronically link with Department of Human Resources child support system to identify available employer and medical information on absent parents that can be helpful in establishing TPL for applicants and recipients.
AT-6	Provide eligibility staff with capability to readily view available TPL data stored on the Policy File through the proposed worker portal function
AT-7	Provide the capability to electronically link with the TANF, SNAP, and Child Care systems maintained by the Department of Human Resources to obtain available employment and insurance information in the DHR files

<b>Additional Tools for TPL and Eligibility Management and Staff</b>	
AT-8	<p>Provide an electronic link with the SDX and SVES files to obtain data on SSDI eligible information that may not be available on the EDB file to identify persons who have SSDI eligibility and are eligible for Medicare Part A, including such information as the following:</p> <ul style="list-style-type: none"> <li>• Identification of persons who have an SSDI disability status</li> <li>• Match against EDB and Medicaid files to determine if SSDI recipient has Medicare and if services are being billed to Medicaid or Medicare</li> <li>• Match against SSDI work quarter data to make sure the SSDI recipient meet the SSDI work quarter requirements to claim for services under Medicare</li> <li>• Match against Medicaid files to make sure individual concerned has claimed Medicaid for required period before claiming can be initiated under Medicare</li> </ul>
AT-9	<p>Provide capability to electronically match Medicaid eligibility file against EDB Medicare data to identify persons with dual Medicaid and to verify Medicare eligibility based on coverage dates reflected on EDB and/or SVES files</p>
AT-10	<p>Provide an expanded capability to search for information on individuals that may qualify for veterans medical benefits, including such matches as the following:</p> <ul style="list-style-type: none"> <li>• Match against DEERS data to identify individuals that are already enrolled in a veterans coverage program</li> <li>• Match against PARIS file data to identify individuals who have a veterans status but are not currently enrolled in a veterans coverage program</li> </ul>
AT-11	<p>Provide a Medicare entitlement code using EDB, SVES, and other matches which can be utilized by eligibility at the time of application</p>
AT-12	<p>Provide capability to help identify recipients and claims that may have potential TPL but have not been billed for TPL, including such functionality as the following:</p> <ul style="list-style-type: none"> <li>• Identify claims for individuals who qualify for a third party insurance but are not billed for TPL because of incomplete service and claim information</li> <li>• Prepare a tickler control type of report to provide a list of potential TPL cases without sufficient information to provide a working list for follow up attention by TPL and eligibility staff</li> </ul>



<b>Additional Tools for TPL and Eligibility Management and Staff</b>	
AT-13	<p>Provide an electronic data matching function to help identify providers with potential credit balances, including such functionality as the following:</p> <ul style="list-style-type: none"> <li>• Search across Medicare and major commercial payers to identify potential multiple payments to single provider for same services</li> <li>• Match on SSN, date of service, diagnosis code, and Claim Identification number to help make sure information received is for the same services and claims</li> <li>• Search against CROCS to make sure cases not already identified for collection</li> <li>• Prepare tickler control report of potential cases and providers for follow up attention</li> </ul>
AT-14	<p>Provide capability to generate a tickler control report of all cases identified for recoupment that have not yet been paid, together with the dollar amount of cases and amounts per provider. Objective of this report is to provide a tool that Third Party Division staff can use to help work the backlog of cases that have been billed but not yet collected.</p>
AT-15	<p>Provide capability to identify cases and amounts scheduled to be written off for TPL purposes to provide an additional tool that TPL staff can use to work the backlog of cases pending a write off</p>
AT-16	<p>Provide capability to generate management reports that can help TPL staff and managers to highlight areas for attention, including reports covering such items as the following:</p> <ul style="list-style-type: none"> <li>• Percent of cases identified with TPL at the time of initial eligibility determination or redetermination</li> <li>• Percent of recipients with TPL</li> <li>• TPL recoveries as a percent of total benefit payments</li> <li>• Comparisons with other states</li> <li>• Volume of claims where it is not possible to pursue TPL because of missing claim or service information</li> <li>• Trends in TPL recoveries over time</li> </ul>
AT-17	<p>Provide capacity to determine eligibility and re-determination for the MSP program based on Medicare coverage dates received from the MMIS via HMS</p>

## 5.2.2 Next Stage Tasks

This report provides a first cut list of the functional specifications that are recommended for the TPL function. The following items will be added to this list of functional specifications in the next stage of this project.

- Input
- Output
- Detailed processing specifications
- Data Management and Reporting
- General system responsibilities
- System development, maintenance and change control responsibilities
- Ad hoc and standard reporting responsibilities
- Performance requirements
- Interface requirements
- Operational requirements
- Resource requirements
- Verification requirements
- Acceptance testing
- System documentation and training requirements
- Quality Requirements
- Data control standards
- Reliability requirements
- Maintainability requirements
- Schedule Requirements

## 5.3 Program Integrity

This section presents the business requirements and specifications that are required to address the recommendations for the Program Integrity and Quality Assurance function in the BPR report.

### 5.3.1 Functional Requirements

The table that follows presents the key business and functional requirements identified in the BPR for the Program Integrity and Quality Assurance function.



<b>Program Integrity and Quality Assurance</b>	
P-1	<p>Provide the capability to perform a series of data matching functions to help the Program Integrity organization identify potential items for follow up attention, including such data matching functions as the following:</p> <ul style="list-style-type: none"> <li>• Match of recipients against address information to identify recipients who may have moved or are no longer in the State</li> <li>• Match against vital records and death information to help identify individuals who may no longer be alive but payments are still being issued to nursing homes and other providers</li> <li>• Match against state and local correctional records to identify payments being made on behalf of recipients who are incarcerated</li> <li>• Match against available employer and income information such as New Hire, TALX, and credit bureau records to identify recipients who are in between redetermination periods but may no longer meet the eligibility requirements for Medicaid if their case were to be reviewed as of this point in time for applicable cases</li> <li>• Match against provider certification records to identify providers who may be receiving payments who no longer meet provider eligibility and certification requirements</li> </ul>
P-2	<p>Provide the capability to highlight information received through MEQC reviews on individuals and families who may have had a change in one or more of the items that are important for eligibility determination since the date of their last eligibility review, focusing on changes in such information as the following:</p> <ul style="list-style-type: none"> <li>• Income</li> <li>• Employment</li> <li>• Assets</li> <li>• Address</li> <li>• Household composition</li> </ul>
P-3	<p>Provide staff with the capability to electronically select a statistically valid sample of cases for MEQC and PERM reviews</p>
P-3	<p>Allow MEQC staff to have appropriate access to electronic case file information once an electronic record is developed</p> <ul style="list-style-type: none"> <li>• Electronic case record</li> <li>• Indexing of records</li> <li>• Income and employment data matches</li> <li>• Address matches</li> <li>• Match with key federal information sources</li> <li>• Insurance data matches</li> <li>• TFQ income, insurance, and diagnosis matches</li> </ul>

<b>Program Integrity and Quality Assurance</b>	
P-4	Provide capability to organize information in case files in accordance with key eligibility requirements and MEQC and PERM audit protocols in order to help direct worker attention to the key requirements to consider for quality control purposes, and to facilitate and expedite MEQC and PERM review efforts
P-5	Provide capability to record all audit results in an electronic case file
P-6	Provide capability to allow MEQC supervisors to electronically review MEQC audit results and make notes on electronic file
P-7	Provide capability to electronically track and report status of all audit efforts
P-8	Provide capability to electronically identify worker responsible for cases
P-9	Provide capability to generate an electronic note to workers of all cases requiring a follow up case action based on audit results and findings, including: <ul style="list-style-type: none"> <li>• Cases with errors or missing information</li> <li>• New information received on cases during the audit review</li> <li>• Cases requiring a change in status based on information identified during the audit process</li> </ul>
P-10	Provide ability to field define user access for Program Integrity staff
P-11	Provide capability to query case notes by program area, date, date range, and staff person involved
P-12	Provide alerts and notifications on upcoming reviews (lock-ins, etc.)

### 5.3.2 Next Stage Tasks

This report provides a first cut list of the functional specifications that are recommended for the Program Integrity and Quality Assistance function. The following items will be added to this list of functional specifications in the next stage of this project.

- Input
- Output
- Detailed processing specifications
- Data Management and Reporting
- General system responsibilities
- System development, maintenance and change control responsibilities
- Ad hoc and standard reporting responsibilities
- Performance requirements
- Interface requirements

- Operational requirements
- Resource requirements
- Verification requirements
- Acceptance testing
- System documentation and training requirements
- Quality Requirements
- Data control standards
- Reliability requirements
- Maintainability requirements
- Schedule requirements

## 5.4 Non-Emergency Transportation System

This section presents the business requirements and specifications that are required to address the recommendations for the Non-Emergency Transportation (NET) function.

### 5.4.1 Functional Requirements

The table that follows presents the key business and functional requirements identified in the BPR for the NET function. This anticipates replacement of the current FEITH forms management application with functionalities incorporated in the new Recipient Subsystem. These requirements provide a starting point for completing the additional tasks that follow this table.

NET Intake	
N-1	Capability to maintain online Transporter Resource Directory, with: <ul style="list-style-type: none"> <li>• Recipient-facing resource link through the proposed worker portal function</li> <li>• Agency-only authorized input fields for updating transporter information (payment information, negotiated rate, address, contact information, geographic area served) and addition/removal of transporters</li> </ul>
N-2	Capability for web-based payment request and data input function that can be accessed and completed by recipient, recipient representative, call center staff, or Agency worker
N-3	Capability to receive faxed, scanned, and emailed payment requests centrally for data input

<b>NET Intake</b>	
N-4	Capability to provide set of questions that will guide the recipient or worker through the payment request process
N-5	Capability to electronically pre-populate payment request with recipient information already available linked to name/social security number (Medicaid number, address, date of birth, county code, phone number, physical address)
N-6	Capability to update recipient information at time of request
N-7	Capability to match data between payment request and Medicaid enrollment demographic information and provide alert to worker regarding discrepancies
N-8	Capability to capture information identifying requestor (self, representative and relationship, social worker) and contact information (telephone number, email)
N-9	Capability to pre-populate payment requests with information already available on treating provider linked to provider name (Medicaid provider number, address, phone number)
N-10	Capability to pre-populate payment requests with transporter information linked to transporter name (Code number, bank information for payment transfer, address)
N-11	Capability to maintain an electronic case folder for recipients requesting NET payments from the time of first payment request
N-12	Capability to assign payment request numeric identifiers tied to recipient's Medicaid number
N-13	Capability to input rescheduled transportation dates in addition to original requested date field
N-14	Capability to identify and prevent entry of duplicate treating provider appointment dates
N-15	Capability to prevent entry of request with incorrect county code (not 1-67)



<b>NET Referral and Scheduling</b>	
N-16	Capability to electronically assign payment requests to a NET worker based on a table-driven set of parameters, including geographic location, type of transportation (transporter or private vehicle) availability of workers, and other desired considerations
N-17	Capability to maintain an electronic calendar and schedule for all NET workers and to update this calendar and schedule as payment requests are received and cleared.
N-18	Capability to electronically link the scheduling of cases with the worker calendar function
N-19	Capability to track the status of a payment request from the time it is received
N-20	Capability to allow supervisors or other agreed-upon authorized users transfer individual payment requests or entire payment request caseloads from one worker to another
N-21	Capability to provide automatic alerts and notification to NETS workers for payment requests pending and any required follow up actions
N-22	Capability to provide automatic alerts and notification to NETS supervisors regarding individual worker case loads in need of action
N-23	Capability for supervisors to return cases to NETS workers electronically with comments

<b>NET Eligibility Verification</b>	
N-24	Capability to match recipient payment request with eligibility data to automatically verify Medicaid eligibility
N-25	Capability to match payment request data (treating provider, date, reason) to treating provider claims history to verify appointment
N-26	Capability to match against recipient coverage limit data to verify limit will not be exceeded
N-27	Capability to verify managed care coverage and managed care provider information
N-28	Capability to match payment request against both recipient and transporter payment history to prevent duplicate payment for same appointment



<b>NET Payment Processing</b>	
N-29	Capability to auto-populate the negotiated transportation trip rate payment for transporter requests
N-30	Capability to auto-populate payment for non-transporter requests by calculating mileage from pick up address to treating provider address and return, multiplied by per-mile reimbursement rate
N-31	Capability to automatically deny requests when: <ul style="list-style-type: none"> <li>• Requestor is not Medicaid-eligible</li> <li>• Treating provider claims history information is not consistent with request</li> <li>• Coverage limit is exceeded</li> <li>• Payment request duplicates payment already made to recipient or transporter</li> <li>• Recipient has managed care transportation coverage for appointment</li> </ul>
N-32	Capability to auto-generate denial letters
N-33	Capability to update transporter and recipient mileage reimbursement rates based on user authority settings
N-34	Capability to populate individual recipient case record with all transaction relating to processing of individual payment requests
N-35	Capability to provide "batch" back scanning of paper records to attach to electronic records utilizing a specific set of indexes to identify and store document
N-36	Capability to automatically direct payment to transporter (rather than recipient) for transporter requests
N-37	Capability to interface with Benefits Transfer (EBT) contractor's Web Administration System
<b>NET Reporting</b>	
N-38	Capability to provide summary and detailed reports of: <ul style="list-style-type: none"> <li>• Total requests received</li> <li>• Requests pending in total, by District, and by worker</li> <li>• Individual worker workload and output by day, month, year or other desired time frame</li> <li>• Denials and approvals by number and dollars in total, by geographic location, and by worker</li> <li>• Request aging (30 days, 90 days, in excess of 90 days) by total, by District, and by worker</li> </ul>
N-39	Capability to create random sampling for audit
N-40	Capability to automate the data matches needed to complete audits

<b>NET Payment Processing</b>	
N-41	Capability for supervisors to electronically to monitor payment requests and individual recipient electronic case records
N-42	Capability to identify and review a range of requests without accessing individual requests or individual recipient electronic case records

### 5.4.2 Next Stage Tasks

This report provides a first cut list of the functional specifications that are recommended for the NET function. The following items will be added to this list of functional specifications in the next stage of this project.

- Input
- Output
- Detailed processing specifications
- Data Management and Reporting
- General system responsibilities
- System development, maintenance and change control responsibilities
- Ad hoc and standard reporting responsibilities
- Performance requirements
- Interface requirements
- Operational requirements
- Resource requirements
- Verification requirements
- Acceptance testing
- System documentation and training requirements
- Quality Requirements
- Data control standards
- Reliability requirements
- Maintainability requirements
- Schedule requirements