



ALABAMA MEDICAID AGENCY REQUEST FOR PROPOSALS

RFP Number: 2022-TCOE-01	RFP Title: AMMP Testing Center of Excellence (TCOE)
RFP Due Date and Time: July 8, 2022 by 5:00pm Central Time	Number of Pages: 94
PROCUREMENT INFORMATION	
Project Director: Shannon Crane	Issue Date: March 22, 2022
E-mail Address: TCOERFP@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov	Issuing Division: Medicaid Enterprise Systems (MES)
INSTRUCTIONS TO CONTRACTORS	
Return Proposal to: Alabama Medicaid Agency Attn: Shannon Crane Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624	Mark Face of Envelope/Package: Alabama Medicaid Agency Testing Center of Excellence RFP Number: 2022-TCOE-01 RFP Due Date: July 8, 2022, by 5:00 pm CT
	Firm and Fixed Total Price: (Transfer total from the Pricing Schedule)
CONTRACTOR INFORMATION <i>(Contractor must complete the following and return with RFP response)</i>	
Contractor Name/Address:	Authorized Contractor Signatory: (Please print name and sign in ink)
Contractor Phone Number:	Contractor FAX Number:
Contractor Federal I.D. Number:	Contractor E-mail Address:

Section A. RFP Checklist

1. ____ **Read the *entire* document.** Note critical items such as mandatory requirements; supplies/services required; submittal dates; number of copies required for submittal; licensing requirements; contract requirements (i.e., contract performance security, insurance requirements, performance and/or reporting requirements, etc.).
2. ____ **Note the project director's name, address, phone numbers and e-mail address.** This is the only person you are allowed to communicate with regarding the RFP and is an excellent source of information for any questions you may have.
3. ____ **Take advantage of the "question and answer" period.** Submit your questions to the project director by the due date(s) listed in the Schedule of Events and view the answers as posted on the WEB. All addenda issued for an RFP are posted on the State's website and will include all questions asked and answered concerning the RFP.
4. ____ **Use the forms provided,** i.e., cover page, disclosure statement, etc.
5. ____ **Check the State's website for RFP addenda.** It is the Contractor's responsibility to check the State's website at www.medicaid.alabama.gov for any addenda issued for this RFP, no further notification will be provided. Contractors must submit a signed cover sheet for each addendum issued along with your RFP response.
6. ____ **Review and read the RFP document again** to make sure that you have addressed all requirements. Your original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and will be used to score your response.
7. ____ **Submit your response on time.** Note all the dates and times listed in the Schedule of Events and within the document, and be sure to submit all required items on time. Late proposal responses are *never* accepted.
8. ____ **Prepare to sign and return the Contract, Contract Review Report, Business Associate Agreement and other documents** to expedite the contract approval process. The selected vendor's contract will have to be reviewed by the State's Contract Review Committee which has strict deadlines for document submission. Failure to submit the signed contract can delay the project start date but will not affect the deliverable date.

This checklist is provided for assistance only and should not be submitted with Contractor's Response.

Section B. Schedule of Events

The following RFP Schedule of Events represents the Agency's best estimate of the schedule that shall be followed. Except for the deadlines associated with the Contractor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates and will be impacted by the number of proposals received. The Agency reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at www.medicaid.alabama.gov.

EVENT	DATE
RFP Issued	03/22/2022
Round One Questions Due by 5 pm CT	04/11/2022
Round One Posting of Questions and Answers	05/03/2022
Pre-Bid Conference Notification Forms (located in the Procurement Library) Due by 5:00 PM CT	05/04/2022
Mandatory Pre-Bid Conference	05/11/2022
Round Two Questions Due by 5 pm CT	05/19/2022
Round Two Posting of Questions and Answers	06/16/2022
Proposals Due by 5 pm CT	07/08/2022
Evaluation Period	07/11/2022 – 08/05/2022
Contract Award Notification	08/23/2022
**Contract Review Committee	02/02/2023
Official Contract Award/Begin Work	03/01/2023

* *By state law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to forty-five (45) days. The “Contractor Begins Work” date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

Section C. Pre-Bidder's Conference

There will be a mandatory virtual pre-bid conference to discuss the Scope of Work and proposal response requirements with all Contractors interested in submitting a proposal in response to this RFP. The Contractor submitting the Proposal or its representative must attend the virtual mandatory pre-bid conference.

A proposal submitted by a Vendor who failed to attend the mandatory pre-bid conference will be deemed a non-responsive Vendor, and their proposal will be rejected.

The virtual mandatory conference link and additional information will be posted to the Procurement Library for all interested Vendors.

THE VENDOR MUST COMPLETE THE TCOE VENDOR REGISTRATION LOCATED IN THE PROCUREMENT LIBRARY AND SUBMIT TO TCOERFP@MEDICAID.ALABAMA.GOV VIA EMAIL BY THE DATE SPECIFIED IN THE SCHEDULE OF EVENTS.

Table of Contents

I. INTRODUCTION.....	10
A. AMMP OVERVIEW.....	10
B. TCOE OVERVIEW	11
C. TCOE SERVICES SNAPSHOT	13
D. SUMMARY.....	14
II. GENERAL.....	15
A. GENERAL OVERVIEW	15
B. RFP TERMINOLOGY	15
C. DISCLAIMER	15
III. SCOPE OF WORK.....	16
A. CONTRACT STARTUP	16
1. AMMP ATTESTATION.....	18
2. PROJECT KICK-OFFS	18
3. CONTRACT DISCOVERY SESSIONS.....	18
4. PMO STATUS AND TOUCHPOINT MEETINGS.....	19
5. AMMP GOVERNANCE	19
6. PROJECT SCHEDULE	19
7. RESPONSIBILITY ASSIGNMENT MATRIX (RAM).....	20
8. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs)	20
B. CONTRACTOR SPECIFICATIONS.....	23
1. PHYSICAL LOCATION	24
2. RESOURCE MANAGEMENT AND SCHEDULING	24
3. CONFLICT OF INTEREST.....	25
4. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs)	26
C. ENTERPRISE SERVICES	28
1. AGENCY AND CONTRACTOR SOFTWARE, TOOLS & METHODOLOGY.....	28
2. PMO ARTIFACT SOFTWARE AND STORAGE	28
3. DATA	30
4. HARDWARE.....	30
5. AMMP TESTING STRATEGY	30
6. TCOE MODULE TEST OVERSIGHT PLAN	31
7. TESTING REQUIREMENTS AND REVIEWS.....	32
8. DEFECT IDENTIFICATION AND MANAGEMENT	32
9. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs) TABLE	33
D. MODULE SERVICES	35
1. RFP/RFB SUPPORT FOR TESTING	36
2. MODULE TEST PLANNING.....	36
3. MODULE OVERSIGHT.....	37
4. REQUIREMENTS TRACEABILITY MATRIX (RTM)	38

5.	TEST CASE EXTRACT AND TEST PHASE ACCEPTANCE (TPA)	38
6.	SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs) TABLE	39
E.	OTHER COMMON PROCESSES	41
1.	SECURITY.....	41
2.	MEDICAID ENTERPRISE SECURITY.....	42
3.	STATEMENT OF CONCERN AND CORRECTIVE ACTION PLAN.....	42
4.	COMMUNICATIONS MANAGEMENT PLAN.....	43
5.	QUALITY MANAGEMENT PLAN.....	44
6.	END OF CONTRACT TURNOVER.....	44
7.	SPECIFICATIONS, REQUIREMENTS, AND DELIVERABLES (SRDs) TABLE	45
IV.	PRICING	51
V.	GENERAL MEDICAID INFORMATION	52
VI.	CORPORATE BACKGROUND AND REFERENCES	52
VII.	TRANSMITTAL LETTER.....	54
VIII.	SUBMISSION REQUIREMENTS.....	54
A.	Authority.....	54
B.	Single Point of Contact	55
C.	RFP Documentation.....	55
D.	Questions Regarding the RFP	55
E.	Acceptance of Standard Terms and Conditions.....	55
F.	Adherence to Specifications and Requirements.....	55
G.	Order of Precedence	55
H.	Vendor’s Signature.....	56
I.	Offer in Effect for 90 Days.....	56
J.	Agency Not Responsible for Preparation Costs.....	56
K.	Agency’s Rights Reserved	56
L.	Price.....	56
M.	E-Verify Memorandum of Understanding	56
N.	Proposal Format	57
O.	Proposal Withdrawal	57
P.	Proposal Amendment.....	57

Q. Proposal Errors57

R. Disclosure of Proposal Contents57

S. Submission of Proposals58

T. Copies Required.....58

U. Late Proposals.....58

V. Proposal Clarifications.....58

IX. EVALUATION AND SELECTION PROCESS..... 58

A. Initial Classification of Proposals as Responsive or Non-responsive58

B. Determination of Responsibility58

C. Opportunity for Additional Information59

D. Evaluation Committee.....59

E. Scoring.....59

F. Determination of Successful Proposal.....59

X. GENERAL TERMS AND CONDITIONS..... 59

A. General59

B. Compliance with State and Federal Regulations60

C. Term of Contract60

D. Contract Amendments60

E. Confidentiality.....60

F. Security and Release of Information61

G. Federal Nondisclosure Requirements.....61

H. Contract a Public Record61

I. Termination for Bankruptcy.....62

J. Termination for Default62

K. Termination for Unavailability of Funds62

L. Proration of Funds62

M. Termination for Convenience62

N. Force Majeure.....62

O. Nondiscriminatory Compliance 63

P. Conflict of Interest..... 63

Q. Open Trade 63

R. Small and Minority Business Enterprise Utilization 63

S. Worker’s Compensation 63

T. Employment of Agency Staff 63

U. Immigration Compliance 63

V. Share of Contract 64

W. Waivers 64

X. Warranties Against Broker’s Fees 64

Y. Novation..... 64

Z. Employment Basis 64

AA. Disputes and Litigation 65

BB. Records Retention and Storage 65

CC. Inspection of Records 65

DD. Use of Federal Cost Principles 65

EE. Payment 66

FF. Notice to Parties 66

GG. Disclosure Statement..... 66

HH. Debarment 66

II. Not to Constitute a Debt of the State 66

JJ. Qualification to do Business in Alabama 66

KK. Choice of Law 66

LL. . Contract Liquidated Damages..... 66

APPENDIX A: PROPOSAL COMPLIANCE CHECKLIST 69

APPENDIX B: CONTRACT AND ATTACHMENTS 73

APPENDIX C: PROCUREMENT LIBRARY CONTENTS..... 90

APPENDIX D: MEDICAID ORGANIZATIONAL CHART 91

APPENDIX E: KEY PERSONNEL RESUME SHEET 92

I. Introduction

The purpose of this Request for Proposal (RFP) is to secure a Contractor to stand up a centralized test management services framework of quality in testing and to support program management in monitoring, coordinating, and supporting test activities across multiple projects.

PLEASE NOTE: Italicized text and tagline “**RFX**” indicate a response is required with the proposal submission.

A. AMMP OVERVIEW

The Alabama Medicaid Management Information System (MMIS) serves approximately 1,000,000¹ Alabamian individual recipients. The Alabama Medicaid Agency (AMA), hereinafter the ‘Agency,’ is well underway of an initiative comprised of multiple phases, years, projects, and Contractors to modernize the current monolithic MMIS services delivery to an interoperable modular approach.

The Medicaid Enterprise Systems (MES) division of the Agency oversees the program governance put forth by the Alabama MES Modernization Program, hereinafter the ‘AMMP’. The AMMP is descriptive of all-encompassing efforts and entities working to achieve this modularity in adherence to Agency, state and federal regulations. For additional information on Agency and AMMP background and program objectives, see the Alabama MES Strategy Overview Link: https://medicaid.alabama.gov/news_detail.aspx?ID=15425.

This large-scale, high-complexity systems project will be implemented using a phased approach, with consideration of agency, program and business area requirements and Centers for Medicare and Medicaid (CMS) funding requirements specified under 42 CFR § 433.112.

One of the modularity goals of the AMMP is to be able to change out one module without requiring modifications to others. Our approach to achieving that goal is to use a system integration platform (SIP) to provide the data exchanges between modules. When one module changes, the SIP will change to integrate with the new module, avoiding changes for the other modules.

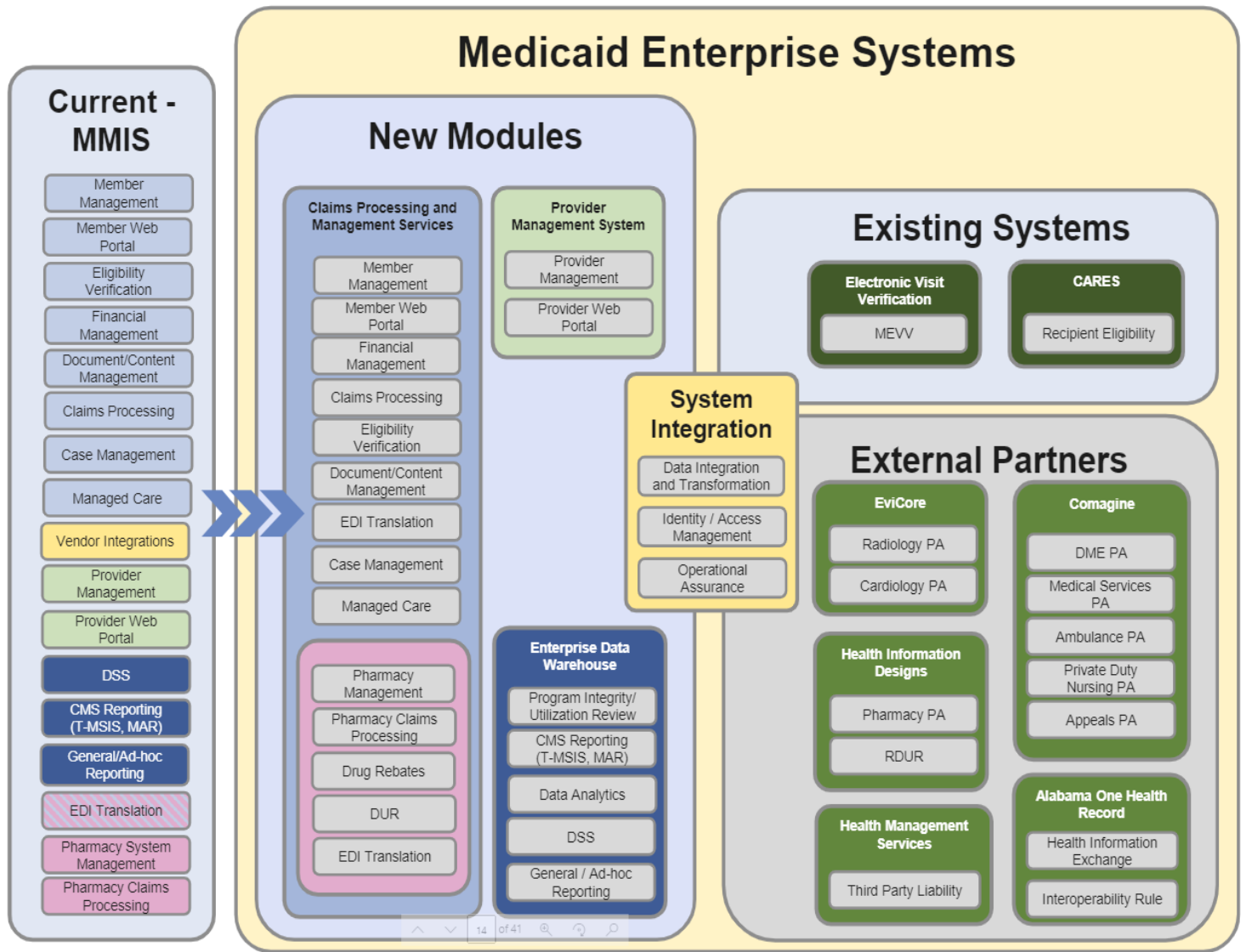
Under AMMP’s governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.

Each module will manage the entirety of the implementation life cycle for their solution to the AMMP ecosystem, including, but not limited to, testing to validate Alabama requirements are met per specification(s), successful System Integration Testing (SIT), End-to-End, and User Acceptance Testing (UAT).

The AMMP planned phased approach is illustrated in the following exhibit.

¹ <https://www.medicaid.gov/state-overviews/stateprofile.html?state=alabama>

Exhibit: Modularity Approach Graphic



Note: The Enterprise Data Warehouse is referred to as Enterprise Data Services (EDS) in the document.

B. TCOE OVERVIEW

The AMMP is committed to quality in product and project, with quality standards, processes and measurements interspersed across all program areas. The Enterprise Quality Program (EQP) was formed to support and implement AMMP quality goals. The EQP is inclusive of the standards, regulations, best practices, sources, processes, groups and individuals purposed to produce the highest quality outcomes of products, services and customer satisfaction for the program. In support of this initiative, the Agency is pursuing a contract for a highly qualified Contractor to architect, provide, and manage resources for a Testing Center of Excellence (TCOE) approach for centralized test management services. The Agency defines a TCOE as a center that defines how a testing organization engages and delivers testing services across multiple projects to the larger enterprise. This Request for Proposal (RFP) is to solicit proposals from interested Vendors having expertise, experience, and resources sufficient to fulfill the requirements specified in See **Section III. Scope of Work**.

The Contractor shall monitor, support, and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects.

The TCOE will devise a method to pull cross-project information and terminology together so that an overarching view of all AMMP testing is transparent. Data and information collected shall be used to keep program administrators current on testing progress, risks and issues, supporting program decision making.

The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency.

The Contractor shall ensure all critical bugs and defects are resolved by the module Contractors before promotion to production unless approved by the Agency.

As part of the proposal submission, the Respondents shall a description of past experiences in architecting and governing a Testing Center of Excellence. Include description of the organization(s) comparative to the described AMMP ecosystem, roadmap, milestones, and outcomes, scope of services provided (Successes and challenges? What worked? Lessons learned?) **RFx**

The Agency desires a Contractor able to begin integrating testing services on day one of the contract start date and to maintain the ongoing pace set for the AMMP. At a minimum, the awarded Contractor will provide:

1. Established goals (meaning the goals are understood, agreed upon, and documented)
2. Well-defined testing standards (industry-based, up-to-date)
3. Well defined test processes (clear, unambiguous, and quantifiable)
4. A governance mechanism (processes which support each other)
5. Multi-discipline skillsets (a team with a diverse set of skills, expertise, and experience)
6. Mature, proven processes and methodologies (strategies)

As a part of the proposal submission, the Respondents shall include a brief overview of their state of readiness and a high-level plan to begin integrating testing services to AMMP day one. **RFx**

The Agency has defined 2 service tiers (Enterprise Services and Module Services) to be set up, maintained and self-monitored by the awarded Contractor.

The following exhibit provides a high-level snapshot of the services and components.

THIS SECTION INTENTIONALLY BLANK

C. TCOE SERVICES SNAPSHOT

Exhibit: TCOE Services Snapshot Graphic

TCOE ENTERPRISE SERVICES

TCOE Services Lead

Project Admin Support

1. Agency and Contractor Software, Tools & Methodology
2. PMO Artifact Software and Storage
3. Data
4. Hardware
5. AMMP Testing Strategy
6. TCOE Module Test Oversight Plan
7. Testing Requirements and Reviews
8. Defect Identification and Management

TCOE MODULE SERVICES

Test Technical
Engineer Coordinator

Test Project Leads

Testing Specialists

RFP/RFB
Support
for Testing

Requirements
Specifications
Processes and procedures
Metrics
Reports

Module Test
Planning

Requirement coverage
System Integration testing (SIT)
End-to-end testing
User Acceptance Testing

Module Test
Oversight

Test Evaluation and Management Plan (TEMP)
Module Project Schedule
Detail Test Plan
Test Phase Acceptance (TPA) package
System Integration testing (SIT)
End-to-end (E2E) testing
User Acceptance Testing (UAT)

Requirements
Traceability
Matrix (RTM)

All test Phases
System Integration testing (SIT)
User Acceptance Testing (UAT)
End-to-End (E2E) Testing

Test Case
Extract

System Integration Testing (SIT)
User Acceptance Testing (UAT)
End-to-End (E2E) Testing

D. SUMMARY

- Modules will on-board the AMMP in a staggered timeline
- There is a high probability for multiple methodologies, tools, and quantity/quality of test resources coexisting under AMMP as each new module on-boards
- The exact number of module Contractors and test team composition is unknown. Each module Contractor is responsible for resource leveling during implementation

As part of the proposal submission, the Respondents shall include their intended strategy for scalability to all Module Contractor Services and with emphasis on SIT, End-to-End, and UAT support services in consideration of a multi-disciplined, staggered timeline **RFx**

- While the Agency assumes cloud- based Commercial-off-the-Shelf (COTS) and Service-as-a-Solution (SaaS) products, there exists potential for multifarious implementation and support methodologies, technical specifications, device types and hosting platforms

As part of the proposal submission, the Respondents shall include their intended strategy to plan effectively in consideration of variable solution types, implementation platforms and methodologies, technical specifications, device types, and platforms **RFx**

- End-to-End testing will cross multiple solutions, platforms, and methodologies

As part of the proposal submission, the Respondents shall include how they plan to incorporate interdisciplinary strategy specific to variables in End-to-End testing efforts **RFx**

THIS SECTION INTENTIONALLY BLANK

II. General

A. GENERAL OVERVIEW

This document outlines the qualifications that must be met in order for an entity to serve as the Contractor. It is imperative that potential Contractors describe **in detail** how they intend to approach the Scope of Work (SOW) specified in Section III of this RFP. The ability to perform these services or how the respondent proposes to satisfy the specifications and scope must be carefully documented, even if the Contractor has been or is currently participating in a Medicaid Program. Proposals will be evaluated and scored based on the written information that is presented in the response. This requirement emphasizes the importance and the necessity of providing in-depth information in the proposal with all supporting documentation.

Entities that are currently excluded under federal and/or state laws from participation in Medicare/Medicaid or any state's health care programs are prohibited from submitting bids.

B. RFP TERMINOLOGY

The use of the terms “shall”, “will” or “must” in the RFP constitutes a “required” or “mandatory” requirement and mandates a response from the Vendor. Failure by the Vendor to respond to any of these requirements in the entire RFP may be considered non-responsive. Non-responsive submissions are subject to rejection of the Vendor submission by the Agency. Where a section asks a question or requests information (e.g.: “The Vendor **shall** provide...”), the Vendor must respond with the specific answer or information requested. The use of the term “may” in the RFP constitutes something that is not “required” or “mandatory” but is up to the Vendor's discretion whether to submit or comply with what is asked for. Not answering something that is stated with “may” will not be considered non-responsive.

“TCOE Contractor” and “Contractor” may be used interchangeably throughout this document and should be interpreted as the respondent to this RFP. “Module Contractor” is excluded from this context. “Module Contractor” refers to procured Contractors for one or more specific modules within the AMMP.

An “individual” is a single person. The person can belong to an organization, entity or corporation. More than one person is considered a “group”. A “group” may or may not be working toward common goals.

“Organization” is used to describe a collection of entities or groups having a common goal.

“Entity” is used to describe an individual unit. An entity can be stand-alone or within an organization, enterprise or corporation.

“Enterprise” is used to describe a complex project (business or technical) crossing multiple entities or organizations.

A “Corporation” is used to describe non-government forms of business or enterprise having legal authority.

C. DISCLAIMER

Information contained in the RFP and its exhibits, including amendments and modifications thereto, reflect the most accurate information available to the Agency at the time of RFP preparation. No inaccuracies in such data will constitute a basis for an increase in payments to the Contractor, nor a basis for delay in performance.

III. Scope of Work

The Contractor shall meet all the requirements specified in each section and subsection narrative and shall be responsible for delivery of services, activities, artifacts and/or or other deliverables to Agency expectation specified in the “Specifications, Requirements and Deliverables” (SRDs) table appended to the end of each section. These tables summarize the Scope of Work described in each subsection narrative and identify deliverables to be used in tracking project progress, pricing and invoicing for:

- Contract Startup
- Contractor Specifications
- Enterprise Services
- Module Services
- Other Common Processes

Failure to comply with delivery, timeliness, specifications or Agency expectations may result in a Corrective Action Plan (CAP). See **Section III. E. 3 Statement of Concern and Corrective Action Plan**

A. CONTRACT STARTUP

Contract Startup includes contract startup activities that the contractor is expected to complete at the beginning of the contract. The following subsections defines the requirements related to:

- AMMP Attestation
- Project Kick-offs
- Contract Discovery Sessions
- PMO Status and Touchpoint Meetings
- AMMP Governance
- Project Schedule
- Responsibility Assignment Matrix (RAM)
- Specifications, Requirements and Deliverables (SRDs) Table

As AMMP will include multiple contractors, Medicaid has obtained the services of a Program Management Office Contractor. This vendor and the Agency have established the MES Program Management Office (PMO). One of the primary objectives of the MES PMO is to create a positive and open work environment for all Contractors and the Agency. The MES PMO has also developed several AMMP plans and guides that must be followed by all contractors. These plans and guides provide project structure without defining a specific software development methodology. The procurement library contains the PL08_AMMP_Plans_Guides_and_Templates_TOC, which lists all of the AMMP wide plans and guides. This TOC provides a summary expectation and the Table of Contents for each of the AMMP Plans and Guide. See **Appendix C: Procurement Library Contents** for more information.

All AMMP Program-Wide Management Plans, templates, and/or Protocol Guides are reviewed and updated every six (6) months by the PMO Services Contractor. These deliverables are approved by the Agency PMO before use by the AMMP. During Contractor onboarding, the Contractor will be provided the most current version of the AMMP Program-Wide Management Plans and Protocol Guides listed within this Contract. At that time, the Contractor shall review, understand, and adhere to the latest version of Plans and/or Protocol guides. Any concerns by the Contractor, must be documented and addressed during Contractor onboarding. During the term of contract, the Contractor shall be given the opportunity to review and comment on any

changes to the plans as they occur. As plans are updated and approved by the Agency, they become the expectations and guidelines for each project moving forward.

In addition, the Contractor shall provide recommendations and comments for all existing AMMP program test plans, test extract and artifacts to the Agency following the established program deliverable management process.

The PL08_AMMP_Plans_Guides_and_Templates_TOC is located in the procurement library (See **Appendix C: Procurement Library Contents** for more information) and provides a high-level understanding of the following AMMP plans:

- Scope Change Management Plan
- Risk Management Plan
- Issue Management Plan
- Communication Management Plan
- Integrated Master Schedule Management Plan

- Corrective Action Plan
- Requirements Management Plan
- Certification Management Plan

- Kick-Off Meetings Protocol Guide
- Quality Management Plan
- Configuration Management and Document Validation (deliverable and artifact related)
- Contract Monitoring Plan

The following protocols Guides are also listed within the TOC:

- Meeting Protocol Reference Guide
- Action Items Protocol Reference Guide
- Decisions Protocol Reference Guide
- Invoice Protocols Reference Guide

To facilitate a seamless contractor on-boarding the MES PMO has created the PMO-2-o: Vendor Start Up Guide. This guide describes the Program Management Office processes and procedures required of all contractors brought on-board to the AMMP. This also includes the program structure as well as descriptions and locations of various documentation, templates, and any other information needed by a new contractor starting on the AMMP program. The MES PMO will initiate and facilitate the onboarding activity until the new contractor is productive and fully engaged in the Program. The onboarding will begin about 2-weeks prior to Contract start and is scheduled to end approximately 1 month after Contract start. Key activities of onboarding include, but are not limited to:

- 1) Kick-Off Meetings
- 2) Contract Discovery Sessions
- 3) Establishing recurring PMO status and Touchpoint meetings
- 4) Establishing Contractor representation on AMMP Governance Boards
 - a. Change Control Board (CCB)
 - b. Enterprise Architecture Board (EAB)
 - c. Business Review Board (BRB)

- 5) Identifying Contractor Coordinators for facilitating AMMP Processes/Procedures, including:
 - a. Scope Coordinator
 - b. Schedule Coordinator
 - c. Deliverable Coordinator
 - d. Invoice Coordinator
 - e. Action Item and Decision Coordinator
 - f. Employee Onboarding Coordinator
 - g. PMO Metrics and Dashboard Coordinator.
- 6) Establishing relationship with Medicaid Entities
- 7) Project Schedule
- 8) PMO Artifact Software and Storage
- 9) Statements of Concern and Corrective Action Plans

1. AMMP ATTESTATION

The AMMP PMO will review the AMMP Plans Guides and Templates from the PL08_AMMP_Plans_Guides_and_Templates_TOC located in the procurement library with the TCOE Contractor. These will be covered in detail in a series of meetings to be scheduled after the start of the contract. Once these meetings conclude, the TCOE Contractor will sign the AMA-01 AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and the TCOE Contractor agrees to follow them. See **Appendix C: Procurement Library Contents** for more information.

2. PROJECT KICK-OFFS

A full day project Kick-off meeting will be scheduled within the first two (2) weeks after contract start-up. This Kick-off meeting will introduce the contractor to the AMMP oversight areas. The contractor will create TCOE related content and provide PowerPoint presentation slides that will be included in the kick-off. All kickoff content must be approved by the Agency prior to the presentation. The oversight areas include but are not limited to:

- Medicaid Enterprise Systems (MES) Program Management Office (PMO)
- Data Governance Office (DGO)
- Information Security Office (ISO)
- Project Portfolio Management Office (PPMO)
- Project Quality Assurance (PQA)
- Enterprise Quality Program (EQP)

The TCOE Contractor will be required to participate and provide TCOE overview in the kick-off meetings when module contractors are brought on board. The TCOE Contractor will also be required to collaborate with the module contractors for each module's kick off of the testing phase. The participation includes working with the PMO contractor to develop slides and submitting kick off slides to the PMO contractor and the Agency for review and approval.

3. CONTRACT DISCOVERY SESSIONS

Following project kick-off meetings, the Contractor and MES PMO will participate in a series of Contract Discovery sessions, to ensure the project team clearly understands the scope, and requirements of the project. By doing so, the MES PMO will understand the underlying drivers and solutions proposed by the Contractor. The focus is to increase the likelihood of project success, by ensure the project team understand the objectives of the project.

The Contractor shall follow established program Meeting Protocol for invites, agendas, and meeting minutes. See **Section III. A. Contract Startup**

4. PMO STATUS AND TOUCHPOINT MEETINGS

Within the first month, the Contractor will be responsible for establishing the Monthly PMO status report meeting, as well as bi-weekly (every 2 weeks) TCOE, EQP, and PMO touchpoint meetings. The monthly Status Meeting will use the AMMP Status Report template as its agenda, while the Touchpoint meetings are more informal but are a forum for the TCOE to provide brief status, reporting on recent success, upcoming activities, and/or to communicate known problems or concerns (See **Section III.C Enterprise Services and III.D Module Services** for more information). If requested, the TCOE Contractor shall meet with the EQP team weekly.

The Contractor will also provide status information as requested by the AMMP PMO and any information needed to support the project's success. The Contractor shall create Meetings minutes following the processes defined within the AMMP COM-8 Meeting Protocol Reference Guide.

The TCOE Contractor may be included in meetings with the state/federal government or Agency. When this occurs, the TCOE Contractor shall, within three (3) business days of receipt of a request from the State/Federal government or Agency, make all requested data available to the requestor in the format, media type, and quantities designated, at no additional charge.

5. AMMP GOVERNANCE

The AMMP Governance has been established to support AMMP in being a nimble, fluid organization. Effective and efficient governance helps streamline program/project decisions by reducing bureaucracy or unnecessary scrutiny. The AMMP Governance Framework provides enough visibility and oversight so that the AMMP understands the governance structure, its roles, authority, communication, and decision-making processes. The Contractor shall have representation on the Governance boards, as well as the workgroups that support these boards. This will require the Contractor to review selected AMMP artifacts including but not limited to requirements, architectural diagrams, project/system change request (including request from other Contractors), and/or other Contractor artifacts. This review will be all inclusive but focus on impacts or interfaces with the Contractor's system or platform.

6. PROJECT SCHEDULE

Medicaid places a high emphasis on project oversight. A key component of the oversight is the Contractor's project schedule. The Contractor is required to update the schedule weekly (on Friday) and this will be used to monitor the Contractor project status. The project status related to the schedule will be included in the executive dashboard, as well as the project status reports. For this reason, the Contractor's project schedule must be approved by Medicaid within six (6) calendar weeks of contract signing. If the schedule has not been approved within two weeks after submission, the Contractor shall facilitate daily meetings until the schedule is approved. The meetings will have a minimum of a 2-hour durations and they must include the Contractor personnel required for schedule modification and approval. The AMMP PMO-2-q_Integrated Master Schedule Management Plan and the AMMP PMO-2-q2_Integrated Master Schedule Template will provide the schedule expectations and template. The Contractor must provide a high-level project schedule with the RFP/RFB response. Until the project schedule is approved, the Contractor will be held to the high-level project schedule submitted with the response.

The TCOE shall also be responsible for contributing to and reviewing each module’s detail project schedule specifically related to testing activities. All tasks related to testing (including the TCOE activities) will be identified in the module’s detail project schedule. The TCOE Contractor shall manage and report on their activities based on the module’s detail project schedule. The TCOE Contractor will be required to work with the module contractors to keep testing activities on schedule whenever possible. The TCOE must provide schedule updates to the module contractor for their activities by noon Central Time every Friday. This will allow the module contractor to meet the schedule publication requirements of noon Central Time every Monday.

7. RESPONSIBILITY ASSIGNMENT MATRIX (RAM)

The AMMP COM-6-A Responsibility Assignment Matrix (RAM) is a spreadsheet that defines the program processes and/or activities through all phases of the AMMP from procurement through contract turnover. These processes and/or activities identify the accountable party by role. There are additional tabs in the spreadsheet for each module that identifies the program members by name and accountable party role. This RAM defines the point of contact for each process and/or activity at a program level. The Contractor shall contribute to and review the AMMP RAM as it relates to testing.

There will also be a RAM for each module that identifies the specific detail information for that module. The Contractor will also contribute to and review the RAM for each module. The AMMP and module RAM are formatted the same. This format is defined in the PL08_AMMP_Plans_Guides_and_Templates_TOC located in the procurement library. See **Appendix C: Procurement Library Contents** for more information.

8. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs)

The table below lists the requirements, specifications and deliverables for this section. The Agency categorizes a deliverable type as either a ‘Plan’ (P) or ‘Service/Activity’ (S/A), reflected in the ‘Type’ column.

As part of the proposal submission, the Respondent must describe how they plan to satisfy the requirements of Section III. A Contract Startup. Rfx

Exhibit: Discovery Sessions SRDs Table

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. A.	Contract Startup	The Contractor shall follow established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r) for document development, review and formal submission to the Agency for approval.	As Stated	NA	S/A	NA	As Needed
III. A.	Contract Startup	The Contractor shall follow established quality management process as stated in the Quality Management Process (PMO-2-k) and Quality Management and Artifact Deliverable (PMO-2-k1) for document standards, guidelines, checklist and quality review process prior submission to the Agency	As Stated	NA	S/A	NA	As Needed
III. A.	Contract Startup	The Contractor shall review and follow established AMMP program processes, plans and protocols throughout the term of the contract. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur	As Stated	NA	NA	NA	NA
III. A.	Contract Startup	The Contractor shall provide recommendation and comments for all existing AMMP program test plans, test extract and artifacts to the Agency following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)	As Stated	NA	NA	NA	NA
III. A. 1	AMMP Attestation	The Contractor will sign and submit the AMA-01 AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and they agree to follow them within four (4) weeks from contract start date.	PL08_AMMP_Plans_Guides_and_Templates_TOC	AMA-01 AMA Attestation and Agreement Document (Not a payable Deliverable)	S/A	AMA-01 AMA Attestation and Agreement Document (in Procurement Library)	Within four (4) weeks of contract start date
III. A. 2	Project Kick-Offs	The Contractor shall follow the Kick-off Meetings Protocol Guide (PMO-2-c1) and work with the Agency and the MES PMO to conduct a kick-off meeting within two (2) weeks of the contract start date and shall use the program kick-off template.	Use PMO-2-c-01	TCOE Kick-Off Presentation	P	NA	Within two (2) weeks following contract start date
III. A. 2	Project Kick-Offs	The Contractor shall be responsible for developing content for the TCOE kick-off meeting and providing it to the MES PMO.	Use PMO-2-c-01	TCOE Kick-Off Presentation	P	NA	Within two (2) weeks following contract start date
III. A. 2	Project Kick-Offs	The Contractor shall use the program kick-off template to create and present an overview of the TCOE to each new Contractor or project joining the AMMP.	Use PMO-2-c-01	Kick-Off Meeting TCOE Overview Presentation per module	P	NA	Within two (2) weeks of each new module start date Update as needed
III.A.2	Project Kick-Offs	The Contractor shall use the program kick-off template to create and conduct a kick-off meeting prior each module's testing phase.	Use PMO-2-c-01	TCOE Testing Kick-Off per module	S/A	NA	Prior beginning a testing phase for a module

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III.A 3	Contract Discovery Sessions	The Contractor shall document any contract or RFP questions using the AMMP Contract Discovery Template (PMO-2-w-01) and submit to the Agency a minimum of three (3) days before the first session date	Use AMMP Contract Discovery Template (PMO-2-w-02) Sessions to begin within two (2) weeks from the last TCOE Kick Off session	AMMP Contract Discovery Template (PMO-2-w-0) (Not a payable deliverable)	P	NA	Due 3 days before the first session date
III.A 3	Contract Discovery Sessions	The Contractor shall participate in a series of Discovery Session meetings scheduled by the Agency to begin within two (2) weeks from the last TCOE Kick-off session	Sessions to begin within two (2) weeks from the last TCOE Kick Off session	Discovery Session Meeting (Not a payable deliverable)	S/A	Meeting Agenda Meeting Minutes	Sessions to begin within two (2) weeks from the last TCOE Kick Off session Agenda to be sent three (3) days before the session date Meeting Minutes to be sent within three (3) business days after the meeting date
III. A. 4	PMO Status and Touchpoint Meetings	The Contractor shall follow established program meeting protocol as stated in the Meeting Protocol Reference Guide (COM-8) for meeting invites, agendas and meeting minutes.	As Stated	NA	S/A	NA	As Needed
III. A. 4	PMO Status and Touchpoint Meetings	The Contractor shall create a cadence and schedule a bi-weekly TCOE, EQP, PMO Touchpoints to begin within the first month after contract start up for the term of the contract.	As Stated	NA	S/A	NA	As Needed
III. A. 4	PMO Status and Touchpoint Meetings	The Contractor shall create a cadence, schedule and facilitate a TCOE Monthly PMO Status report to begin within the first month after contract start up for the term of the contract.	As Stated	NA	S/A	NA	Monthly
III. A. 4	PMO Status and Touchpoint Meetings	The Contract shall use the AMMP Status Report Template (COM-12-1) for TCOE monthly status reporting. The Contractor shall work with the PMO and the Agency to define the content of the status reports.	Use AMMP Status Report Template (COM-12-1)	NA	S/A	NA	Monthly
III. A. 4	PMO Status and Touchpoint Meetings	The Contractor shall create Meetings minutes following the processes defined within the AMMP COM-8 Meeting Protocol Reference Guide	Use AMMP COM-8 Meeting Protocol Reference Guide	NA	S/A	NA	As Needed
III. A. 4	PMO Status and Touchpoint Meetings	The Contractor shall, within three (3) business days of receipt of a request from the State/Federal government or Agency, make all requested data available to the requestor in the format, media type, and quantities designated, at no additional charge.	As Stated	NA	S/A	NA	As Needed

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. A. 5	AMMP Governance	The Contractor shall have representation on the governance boards as well as workgroups that support these boards for the term of the contract.	As Stated	(Not a payable deliverable)	S/A	NA	Monthly
III. A. 6	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Program Wide Integrated Master Schedule Template (PMO-2-p-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved. .	Use AMMP Program Wide Integrated Master Schedule Template (PMO-2-p-02)	Project Schedule	P	NA	6 weeks from contract start date
III. A. 6	Project Schedule	The Contractor shall be responsible for contributing to and reviewing each module contractor's project schedule specifically related to testing activities. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.	As Stated	NA	S/A	NA	As Needed
III. A. 6	Project Schedule	The Contractor shall submit weekly (on Friday) schedule update to the Agency utilizing the Agency approved documentation storage solution (e.g., SharePoint)	As Stated	NA	S/A	Project Schedule	Weekly
III.A. 7	Responsibility Assignment Matrix	The Contractor shall contribute, review and adhere to the latest version of the AMMP-COM-6-A Responsibility Assignment Matrix. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur	The Responsibility Assignment Matrix contains information by role who is responsible, approves, contributes, supports and is informed for each process/activity for the program	COM-6-A Responsibility Assignment Matrix (Not a payable deliverable)	S/A	COM-6-A Responsibility Assignment Matrix	As Needed
III.A. 7	Responsibility Assignment Matrix	The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.	The Responsibility Assignment Matrix contains information by role who is responsible, approves, contributes, supports and is informed for each process/activity for the program	COM-6-A Responsibility Assignment Matrix (Not a payable deliverable)	S/A	COM-6-A Responsibility Assignment Matrix	As Needed

B. CONTRACTOR SPECIFICATIONS

The Agency requires a Contractor with resources and expertise sufficient to satisfy the requirements described in the SOW for each of the following subsections throughout the term of the contract:

- Physical Location
- Resource Management and Scheduling
- Conflict of Interest

- Specifications, Requirements, and Deliverables (SRDs) Table

1. PHYSICAL LOCATION

Services required of the Contractor for the AMMP may be performed onsite, remote or a combination of both. *Remote work by the Contractor for the AMMP must be performed within the continental United States.*

Typical badge operating hours are 6:00 A.M. to 6:00 P.M. Central Time, Monday through Friday, excluding state holidays and emergency closures, throughout the term of the contract. Exceptions may include release support or critical test activities occurring outside normal business hours. TCOE personnel shall adhere to all applicable Agency policies, procedures, and training required annually by the Agency. The Agency has strict procedures for things such as badge use, exiting and entering the building, and elevator access. Contractor personnel having access to an Alabama Medicaid Agency building or office shall be subject to background checks at the Contractor's expense. The TCOE personnel shall be responsible for their own parking, transportation, and lodging.

2. RESOURCE MANAGEMENT AND SCHEDULING

The AMMP will require many different skill-sets and subject matter experts (SME) to oversee the module Contractor's testing activities. It will not be possible to provide testing oversight without experienced testers and a strong understanding of Medicaid Management Information Systems (MMIS) or a commercial health care payer. The TCOE Contractor must provide the needed skillsets based on the module being addressed.

The Contractor shall create a Resource Management Plan which includes but is not limited to:

- TCOE Organization Overview
- TCOE Organization Chart
- Roles and responsibilities
- Resource Identification
 - Role
 - Percentage on contract
 - Percentage on-site
 - Skills
- Staffing Chart
 - Identify skills needed by phase of AMMP
 - Resource assignment to AMMP phase

This resource management plan shall be updated every six (6) months.

The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform the terms of this RFP, in alignment with the project roadmap activities for the term of the contract. This is a critical requirement and shall be closely monitored by the Agency.

The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. *This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.* This will help solidify team relationships and provide a local primary point of contact for the Agency. The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.

The Agency reserves the right to request additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. The Agency shall not pay travel time, travel expenses, meals or lodging for any TCOE Contractor.

The remaining Contractor leads and assigned ancillary personnel shall be offsite. The remaining Contractor leads and assigned ancillary personnel shall be available for telecommunications, electronic communication and video consultation with the Agency during normal business hours of 8:00 A.M. to 5:00 P.M. Central Time, Monday through Friday, excluding state holidays and emergency closures. The TCOE Contractor shall also support non-business hours as needed for scheduled releases, emergency and off cycle test-related activities subject to occur throughout the implementation life cycle with no additional cost incurred by the Agency.

All off-site personnel are required to have the following:

- Hardwired broadband internet connection either through DSL, cable or fiber to home (FiOS or FiberOptic) with minimum internet speed of 10 mbps download and 5 mbps upload contracted speed.
- Ability to work in a home environment that is private and free of distractions and be able to devote full attention to your job during work hours

The TCOE Contractor company management shall be available for Agency consultation during regular business hours anytime the Agency feels there is an issue that requires their attention.

The Agency reserves the right to conduct a personal interview with any Contractor personnel prior to the start of the contract and/or request replacement of personnel at any time before or during the contract.

As part of the response requirement specified in **Section VI. Corporate Background and References**, the Contractor shall identify and submit in the proposal personnel qualified to serve in the role(s) of primary leads and as Agency point of contacts for each generic role shown for the two (2) Services categories identified in **Section I. C. TCOE Services Snapshot**, including, but not limited to:

- Enterprise Services
 - services lead(s)
 - project administrative support(s)
- Module Services
 - project lead(s)
 - test technical engineer(s)
 - tester specialist(s)
 - project and quality assurance analyst(s)

The roles listed above are generalized descriptive terms and are not to be interpreted as official titles of the awarded Contractor organization. Personnel shall be sufficient to provide the services for each of the general roles identified by the Agency for the term of the contract.

3. CONFLICT OF INTEREST

All prospective, experienced Vendors interested in the TCOE or future AMMP procurements as depicted in Figure 3.1 are encouraged to bid on the AMMP Procurements when released by the Agency. There are, however, some restrictions regarding future contract awards, that are important to note.

1. The awarded TCOE Contractor is precluded from being awarded any other AMMP Contract (e.g., PMO Services or SI Services). Upon award of the TCOE contract, any active procurement response submitted by the awarded TCOE Contractor will immediately be deemed null and void.

2. Any Contractor who has a current contractual engagement with the AMA or is currently negotiating an AMA contract for PMO Services, TCOE or SI Services, is precluded from being awarded any module-based contract solution (e.g., Enterprise Data Services (EDS), Claims Processing Management Services (CPMS), Provider Management (PM), Modular Electronic Visit and Verification (MEVV), and/or Centralized Alabama Recipient Eligibility system (CARES).
3. Any Contractor who has a current contractual engagement with the AMA or is currently negotiating an AMA contract for any of the module-based solutions, is allowed and is eligible to be awarded multiple, additional module-based contracts for any future module-based solutions such as EDS, CPMS, PM, MEVV, and/or CARES.

All contract awards remain subject to the restrictions placed on actual or potential organizational conflicts of interest as described in Chapter 48 Code of Federal Regulation (CFR) and Alabama Procurement regulations.

See **Section III. B.3. Conflict of Interest**

Figure 3.1

Planned Procurements AMMP Program Support Procurements	PMO	TCOE	SI	EDS	CPMS	PM	MEVV
Program Management Office (PMO)	Awarded	Precluded	Precluded	Precluded	Precluded	Precluded	Precluded
Testing Center of Excellence (TCOE)	Precluded	Awarded	Precluded	Precluded	Precluded	Precluded	Precluded
System Integrator (SI)	Precluded	Precluded	Awarded	Precluded	Precluded	Precluded	Precluded
AMMP Module-Based Procurements	PMO	TCOE	SI	EDS	CPMS	PM	MEVV
Enterprise Data Services (EDS)	Precluded	Precluded	Precluded	Awarded	Awarded	Awarded	Awarded
Claims Processing Management System (CPMS)	Precluded	Precluded	Precluded	Awarded	Awarded	Awarded	Awarded
Provider Management (PM)	Precluded	Precluded	Precluded	Awarded	Awarded	Awarded	Awarded
Modular Electronic Visit Verification (MEVV)	Precluded	Precluded	Precluded	Awarded	Awarded	Awarded	Awarded
Precluded: Awarded Contractor(s) are precluded from future contract award for any module-based solution contracts within the AMMP							
Awarded: Awarded Contractor(s) are not precluded from future award for any module-based solution contracts within the AMMP.							

As part of the proposal submission, the Respondent must submit a statement that they have an understanding of the Conflict of Interest Exclusion prohibiting the Contractor from holding multiple contracts with overlapping contract dates related to the Alabama MMIS modularity project. RFX

4. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs)

The table below lists the requirement(s), specifications, and deliverables for this section. The Agency categorizes a deliverable type as either a ‘Plan’ (P) or ‘Service/Activity’ (S/A), reflected in the ‘Type’ column. *As part of the proposal submission, the Respondent must describe how they plan to satisfy the requirements of Section III. B Contractor Specifications. RFX*

Exhibit: Contractor Specifications SRDs Table

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III B. 1	Physical Location	The Contractor shall ensure one personnel designated as TCOE lead shall be present onsite at the Alabama Medicaid Agency office location. The Agency reserves the right to request additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency	As stated	NA (Not a payable deliverable)	NA	NA	NA
III B. 1	Physical Location	The Contractor's staffing solution will only include staff performing AMMP work to be located within the continental United States (CONUS).	As stated	NA (Not a payable deliverable)	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall develop and submit Resource Management Plan to the Agency for review and approval within eight (8) weeks from contract start date. The Contractor shall update the Resource Management Plan every 6 months throughout the term of the contract.	<ul style="list-style-type: none"> • TCOE Organization Overview • TCOE Organization Chart • Roles and responsibilities • Resource Identification <ul style="list-style-type: none"> ○ Role ○ Percentage on contract ○ Percentage on-site ○ Skills • Staffing Chart <ul style="list-style-type: none"> ○ Identify skills needed by phase of AMMP ○ Resource assignment to AMMP phase 	Resource Management Plan	P	NA	Eight (8) weeks from contract Start date Update every 6 months throughout the term of the contract
III. B. 2	Resource Management and Scheduling	The Contractor's shall have all personnel and ancillary personnel adhere to all applicable policies, procedures and training requirement throughout the term of the contract	As Stated	NA	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform Agency contract services, in alignment with the project roadmap activities for term of the contract.	As Stated	NA	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall provide the following Enterprise Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract. 1. Services Lead(s) 2. Project administrative support(s)	As Stated	NA	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite equipped with hardwired broadband internet connection either through DSL, cable or fiber to home (FiOS or FiberOptic) with minimum internet speed of 10 mbps download and 5 mbps upload contracted speed.	As Stated	NA	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite work in an environment that is private and free of distractions and be able to devote full attention to your job during work hours.	As Stated	NA	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall provide the following Module Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract:	As Stated	NA	NA	NA	NA

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
		1. Project Lead(s) 2. Test Technical engineer(s) 3. Tester Specialist(s) 4. Project and quality assurance analyst(s)					
III. B. 2	Resource Management and Scheduling	The Contractor shall have personnel available during Agency normal business hours 8:00 am to 5:00pm CST, Monday through Friday excluding state holidays and emergency closures.	As Stated	NA	NA	NA	NA
III. B. 2	Resource Management and Scheduling	The Contractor shall have personnel as needed during non-business hours for scheduled releases, emergency and off cycle test-related activities subject to occur throughout the term of the contract	As Stated	NA	NA	NA	NA

C. ENTERPRISE SERVICES

Enterprise Services includes administrative governance plans and processes for the TCOE, project management details, and program support. The following subsections defines the requirements related to:

- Agency and Contractor Software, Tools & Methodology
- PMO Artifact software and Storage
- Data
- Hardware (Agency and Contractor Provided)
- AMMP Testing Strategy
- TCOE Module Testing Oversight Plan
- Testing Requirements and Reviews
- Defect Identification and Management
- Specifications, Requirements, and Deliverables (SRDs) Table

1. AGENCY AND CONTRACTOR SOFTWARE, TOOLS & METHODOLOGY

The Agency anticipates a Contractor with mature test management processes and methodologies suitable for large scale IT projects. The Agency is not mandating specific project test methodologies or tools for the AMMP module Contractors, so it is incumbent for the Contractor to be proficient across multiple, standard industry project management and systems methodologies, including, but not limited to, Agile, Waterfall, and hybrid, as well as others.

The Agency has established enterprise project management tools used for capturing requirements, testing details and business processes for the AMMP. Access to appropriate AMMP Tools artifacts will be given to the Contractor. See **Appendix C: Procurement Library Contents** for more information.

2. PMO ARTIFACT SOFTWARE AND STORAGE

Artifacts, including all project deliverables and resulting systems documentation shall be stored in an electronic format in the Agency approved documentation storage solution. The working versions of artifacts may be stored in the Contractor’s document repository. The versions submitted for Medicaid review and the approved versions of all artifacts must be stored in an Alabama Medicaid SharePoint site provided specifically for this contract. The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval. AMMP utilizes a Deliverable Management Tool (DMT) to manage

deliverables through the review and approval process. Each Contractor will be required to submit their deliverables to the DMT. See the Procurement Library for the DMT Overview. The TCOE Contractor shall schedule a meeting for all applicable reviewers within 3 days to review deliverables not approved at the end of the defined DMT review cycle.

The designated Medicaid site shall be the “source of truth” for all Contractor artifacts and shall be organized to allow all stakeholders easy access to the artifacts. The Contractor shall maintain or update all artifacts in the designated Medicaid SharePoint site to reflect the current state of the project. Documentation shall be maintained as the part of any change. Any documentation that is out of date for more than one (1) month from the time the change occurred will result in a Corrective Action Plan (CAP) on the Contractor. See **Section III.E.3 Statement of Concern and Corrective Action Plan**.

The Contractor must use products compatible with Microsoft Windows 10 and Microsoft Office 365. This includes software compatible with Microsoft Project 2016 or later as a scheduling software. Any common software used for the AMMP must be approved by the Agency. Whenever possible, Medicaid prefers Commercial Off-The-Shelf (COTS) software. Proprietary software must be clearly identified and receive written permission from the Agency before use. The Contractor will be responsible for maintenance and support of any software used on AMMP.

Specific task deliverables will have a deliverable definition template provided by AMMP. If the Contractor would prefer to use a different template, it must be submitted to the Agency for approval at least 10 days prior to the Contractor starting work on the deliverable.

- The format (or template) of all documents must be approved by the Agency
- In many cases, one template can be used for multiple documents and the Contractor shall indicate this when the template is submitted for approval
- The Contractor's deliverables and documentation shall:
 - Meet or exceed the requirements found in State and Federal guidance
 - Follow industry best practices.
 - Contain all the criteria identified for the deliverable as outlined in the Specifications, Requirements and Deliverable (SRDs) Tables.
 - Meet the Agency approved standards and content requirements as defined in the SOW.

The master version of all documents will be retained in the designated Agency SharePoint site. Each deliverable will be reviewed by the PMO and will require formal approval (e-mail will be acceptable) from the Agency.

Any document submitted as a deliverable or artifact shall be branded to be Alabama-specific. Contractor or other client branding shall not be visible on submitted items or included in document metadata. The Agency shall assume property ownership of any Contractor artifacts, presentations, diagrams, and/or reports submitted for test management purposes to the AMMP. The Agency shall provide the TCOE with Alabama Medicaid graphics, icons and branding language. The Contractor shall use only organization or Agency document storage solutions such as SharePoint for electronic submissions or sharing of AMMP documentation. See **Sections III. E. 1 Security and III. E. 2 Medicaid Enterprise Security**

3. DATA

For purposes of testing, the Contractor shall comply with all applicable data governance, privacy office and information security as provisioned by federal and state requirements. The TCOE framework shall reflect compliance with data governance, privacy office, and information security provisioned by federal and state requirements.

4. HARDWARE

The Contractor shall remain compliant with security requirements for Agency and Contractor-provided hardware used to perform AMMP work for the contract term.

4.1 AGENCY PROVIDED HARDWARE

The Agency shall supply onsite Contractor personnel with desks, phones, laptops configured and maintained by the Agency, and access to network printers. Contractor personnel assigned state hardware shall be required to physically sign receipts and they will be fully responsible for the items assigned to them. This includes reimbursing the state for any lost, stolen, or damaged hardware.

The Agency reserves the right to provide state-issued laptops configured and maintained by the Agency and Virtual Private Network (VPN) access for offsite Contractor personnel in support of module Contractor testing efforts.

The Contractor personnel using state supplied hardware shall have access to the state network and selected network locations. TCOE personnel provided with state hardware must comply with state regulations of use.

All data residing on the Contractor or state supplied hardware used to conduct business for the Agency shall be considered state property and must be turned over to the Agency upon request or termination of the employee or contract.

4.2 CONTRACTOR PROVIDED HARDWARE

The Contractor shall be responsible for providing the hardware needed by off-site personnel performing work on the AMMP. The Agency will require compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers.

Contractor provided hardware will not be allowed to connect to the state network, unless specifically authorized in writing by the Agency.

The Contractor's hardware shall be protected by industry standard virus protection software which is automatically updated on a regular schedule. The Contractor shall also install security patches which are relevant to the operating system and any other system software. The Contractor shall use full disk encryption protection. The Contractor shall meet the requirements set forth in the CMS Acceptable Risk Safeguards 3.0. **Sections III. E. 1 Security and III. E. 2 Medicaid Enterprise Security**

The Contractor shall maintain Contractor-owned hardware to be compliant with Alabama Medicaid Information Security Office (ISO) at all times. See **Sections X. B Compliance with State and Federal Regulations and X. E Confidentiality**

5. AMMP TESTING STRATEGY

The Contractor shall create an AMMP Testing Strategy Document. This strategy will be used by all AMMP modules and Contractors regardless of the solution product, software architecture or software development

methodology. The module Contractors shall each develop a Test Evaluation and Management Plan (TEMP) that defines their testing processes and procedures as well as a Detailed Test Plan. The templates for the Test Evaluation and Management Plan (TEMP) and Detail Test plan are in the procurement library. These module specific documents must follow the AMMP Testing Strategy Document defined by the TCOE Contractor. The TCOE Contractor will be required to review and comment on each module Test Evaluation and Management Plan (TEMP) and Detailed Test Plan to verify that the module Contractor follows the strategy defined in the AMMP Testing Strategy Document.

The AMMP Testing Strategy shall include, but not be limited to:

Introduction

- Overview
- Scope and Goals
- Test Approach
- Test Levels
- Test Types
- Environment Requirements
- System Integration Testing
- End-to-End testing execution and support
- User Acceptance Testing support
- Industry Standards to Follow
- Test Deliverables
- Testing Metrics
- Requirements Traceability Matrix
- Risk Identification and Mitigation
- Reporting Tool
- Testing Summary

The TCOE Testing Strategy will apply to all modules that join the AMMP after the Agency approves the strategy. Modules that join the AMMP prior to Agency approval of the strategy will follow the testing processes and requirements defined in their RFP/RFB. The TCOE will use the information in the RFP/RFB to monitor and report on each module testing activities.

6. TCOE MODULE TEST OVERSIGHT PLAN

The Contractor shall define an AMMP Test Oversight Plan. This plan shall define the processes, procedures and metrics that will be used by the TCOE to provide module testing oversight. The TCOE will be responsible for

The AMMP Module Test Oversight Plan shall include, but not be limited to:

1. Testing objectives and scope,
2. Monitoring and validating test development
3. Entrance and Exit criteria for testing
4. Identifying End-to-End test cases
5. Identify SIT test cases
6. Identifying regression test cases
7. Identifying User Acceptance Test cases
8. Monitoring and Validating Test execution
9. Reviewing and monitoring Requirement Traceability Matrix
10. Reviewing and monitoring defect management

11. Executing and reporting on End-to-End testing
12. Supporting User Acceptance Testing
13. Gathering and reporting on testing metrics
14. Gathering and reporting on test Quality Assurance/Quality Controls (QA/QC) measurements

The TCOE Module Test Oversight Plan will apply to all modules that join the AMMP after the Agency approves the plan. Modules that join the AMMP prior to Agency approval of the plan will follow the testing processes and requirements defined in their RFP/RFB. The TCOE will use the information in the RFP/RFB to monitor and report on each module testing activities.

7. TESTING REQUIREMENTS AND REVIEWS

The TCOE Contractor shall review or develop sections of the RFP/RFB related to testing. This can include several areas such as requirements, Design, Configure & Build (DCB), testing, operations, etc. The Agency will be depending on the TCOE Contractor to provide the testing expertise needed to support the entire AMMP from requirements through end of contract turnover.

8. DEFECT IDENTIFICATION AND MANAGEMENT

The TCOE Contractor will be required to follow the AMMP processes for Change, Defect and Release Management. All module contractors will follow the same processes. The TCOE Contractor shall be responsible for monitoring the module contractors to ensure the AMMP processes are followed including the ones defined below.

High priority defects that are identified during the normal business hours of 8:00 AM to 4:00 PM Central time, will be reported to their Agency contact by phone and e-mail that same day. The Contractor shall send an e-mail and text message for high priority defects identified after normal business hours. Examples of high priority defects are:

- Defect that impacts all users
- Defect that impact patient services
- Defects that are highly visible
- Defects that slow or stop business functions

Lower Priority defects (not identified above) shall be reported to the Agency by phone or e-mail the day the defect is identified or prior to 8:00 AM Central time the next business day.

Module contractors are required to resolve each new defect identified in the system within 90 days from the date the defect is identified. In extreme cases, the module contractor shall discuss the issue with the Agency and a later date may be approved. If the module contractor does not resolve the defect in 90 days or the date approved by the Agency, then the Agency may request a Corrective Action Plan. There will be a Corrective Action Plan per defect.

The module contractor is required to track all defects through module tools, software, and documentation. This can include things such as design documentation, database documentation, software/configuration, release and release notes, risks, issues, etc.

Each module contractor will be required to provide their own help desk, tool and supporting staff. The AMMP System Integrator will provide a centralized Service Desk Management Tool and a centralized Change Management system. These centralized tools and systems will contain the information from each module tool or system. This plan will be provided at contract start-up.

As part of the TCOE Module Test Oversight, the TCOE Contractor shall monitor and report on the module contractors' compliance with the AMMP Defect, Change and Release Management Plans.

9. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs) TABLE

The table below lists the specifications, requirement(s), and deliverables for this section. The Agency categorizes a deliverable type as either a 'Plan' (P) or 'Service/Activity' (S/A), reflected in the 'Type' column.

As part of the proposal submission, the Respondent must describe how they plan to satisfy the requirements of Section III. C. Enterprise Services. RFX

Exhibit: TCOE Enterprise Services SRDs Table

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. C. 1	PMO Artifact Software and Storage	The Contractor shall utilize the Agency approved documentation storage solution (e.g., SharePoint) to maintain system related business, technical, and operational documentation.	As Stated	NA	NA	NA	As Needed
III. C. 2	PMO Artifact Software and Storage	The Contractor shall ensure all documentation is readily available online and electronically, maintained, retained, archived, and restored in accordance with Agency policies.	As Stated	NA	NA	NA	As Needed
III. C. 2	PMO Artifact Software and Storage	The Contractor shall maintain a complete and accurate version control of all changes made to previously approved documentation. Version Control records will cover the complete life cycle of the documentation from inception to retirement.	As Stated	NA	NA	NA	As Needed
III. C. 2	PMO Artifact Software and Storage	The Contractor shall use products or tools that are compatible with Microsoft Windows 10, Microsoft Office 365 and Microsoft Project 2016 or later that is still supported by Microsoft	As Stated	NA	NA	NA	As Needed
III. C. 2	PMO Artifact Software and Storage	The Contractor shall submit a deliverable definition template to the Agency for review and approval at least 10 days prior starting work on a deliverable when a template is not provided by AMMP	As Stated	Deliverable Definition Template.	S/A	NA	As Needed
III. C. 2	PMO Artifact Software and Storage	The Contractor shall align with, utilize, and cooperate with the PMO electronic workflow/management, tracking, routing, and archiving system for documentation that will record all activities associated with the creation and maintenance for all documentation.	As Stated	NA	S/A	NA	NA
III. C. 2	PMO Artifact Software and Storage	The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval.	As Stated	TCOE Deliverables	NA	NA	NA

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. C. 2	PMO Artifact Software and Storage	The Contractor shall schedule a meeting for all applicable reviewers within 3 days to review deliverables not approved at the end of the defined DMT review cycle.	As Stated	TCOE Deliverables	S/A	NA	As Needed
III. C. 3	Data	The Contractor shall comply with all applicable data governance, privacy office and information security requirements as defined by federal and state policies and regulations.	As stated.	NA	NA	NA	NA
III. C. 4	Hardware	The Contractor shall remain compliant with security requirements for Agency and Contractor-provided hardware used to perform AMMP work for the term of the contract.	As stated.	NA	NA	NA	NA
III. C. 4	Hardware	The Contractor shall possess all necessary technology, software, hardware, and equipment, to facilitate project work, activities, and meetings via a remote/offsite location, as required by the Agency.	As stated.	NA	NA	NA	NA
III. C. 4	Hardware	The Contractor shall be compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers that are connected to the onsite Medicaid network.	As stated.	NA	NA	NA	As Needed
III. C. 4	Hardware	The Contractor shall install virus protection software that is compliant to Agency, state and federal security and confidentiality regulations. The Contractor shall keep all virus protection software updated at all times. The Contractor shall also install security patches which are relevant to the operating system and any other system software. The Contractor shall use full disk encryption protection.	As stated.	NA	NA	NA	As Needed
III.C.5	AMMP Testing Strategy	The Contractor shall develop and submit AMMP Testing Strategy to the Agency for review and approval within eight (8) weeks from contract start date. The Contractor shall update the AMMP Testing Strategy every 6 months though the term of the contract.	Overview Scope and Goals Test Approach Test Levels Test Types Environment Requirements End-to-End testing execution and support User Acceptance Testing support Industry Standards to Follow Test Deliverables Testing Metrics Requirements Traceability Matrix Risk Identification and Mitigation Reporting Tool Testing Summary	AMMP Testing Strategy	P	NA	Eight (8) weeks from contract start date Update every six (6) months throughout the term of the contract
III.C.5	AMMP Testing Strategy	The Contractor shall review and comment on each module Contractor's Test Evaluation and Management Plan (TEMP) to verify that the module contractor follows the AMMP Test Strategy.	As Stated	Module Test Evaluation and Management Plan (TEMP)	S/A	N/A	As needed

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
		During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.					
III.C.6	TCOE Module Test Oversight Plan	The Contractor shall develop and submit AMMP Module Test Oversight Plan to the Agency for review and approval within eight (8) weeks from contract start date. The Contractor shall update the AMMP Module Test Oversight Plan every 6 months through the term of the contract.	<ul style="list-style-type: none"> • Testing objectives and scope, • Monitoring and validating test development • Entrance criteria for testing • Identifying End-to-End test cases • Identifying regression test cases • Identifying User acceptance test cases • Monitoring and Validating Test execution • Reviewing and monitoring Requirement Traceability Matrix • Reviewing and monitoring defect management • Executing and reporting on End-to-End testing • Supporting User Acceptance Testing • Gathering and reporting on testing metrics • Gathering and reporting on test Quality Assurance/Quality Controls (QA/QC) measurements 	TCOE Module Test Oversight Plan	P	NA	<p>Eight (8) weeks from contract start date</p> <p>Update every six (6) months throughout the term of the contract</p>
III.C.7	Testing Requirements and Reviews	The Contractor shall participate, provide input and develop testing requirements and specification for each of the AMMP module RFP/RFB that aligns with the TCOE strategy, methodology and plans.	As Stated	Test Requirements and Reviews (Not a payable deliverable)	S/A	NA	As needed
III.C.8	Defect Identification and Management	The Contractor shall be required to follow the AMMP processes for Change, Defect and Release Management for the term of the contract.	As Stated	NA	S/A	NA	NA

D. MODULE SERVICES

Module Services includes the oversight, monitoring, coordination and reporting of testing for each AMMP module and the System Integrator (SI). These services require a concentrated group of specialized test experts with a thorough understanding of the MMIS or a health care claims payment system. The Contractor shall attend AMMP RFP development sessions and provide input and recommendations. The TCOE Contractor shall also participate in module contractor sessions such as but not limited to; requirement validation, software configuration and all types of testing sessions. This will include the review and report on test structure, management, and execution. The following subsections defines the requirements related to:

- RFP/RFB Support for Testing
- Module Test Planning
- Module Test Oversight
- Requirements Traceability Matrix (RTM)
- Test Case Extract and Test Phase Acceptance
- Specifications, Deliverables and Requirements (SRDs) Table

1. RFP/RFB SUPPORT FOR TESTING

The TCOE Contractor shall participate in the definition of requirements and specifications for each AMMP module related to testing. This shall include working with the AMMP PMO to develop the RFP/RFB specifically related to testing. If a RFP/RFB has been published before the start of the TCOE contract, the TCOE Contractor shall understand that the signed contract must be followed and the request for any activities other than the ones defined in the contract must be approved by the AMMP PMO and may result in a Project Change Request for the module contractor. Whenever possible the TCOE Contractor shall remain within the scope of work defined in the module RFP/RFB. Once the TCOE Contractor is on-site, it will be their responsibility to ensure all required testing activities and deliverables are clearly defined in a module RFP/RFB. These include but are not limited to:

- Requirements – This support will verify the requirements are testable, clear and can be independently validated.
- Specifications – This support will ensure the testing processes and procedures defined in the RFP/RFB provide the information a Contractor will need.
- Processes and Procedures – This support will ensure the RFP/RFB contains the processes and procedures the TCOE Contractor will expect the module contractor to follow.
- Metrics – This support will ensure the metrics that each module contractor will be required to report are clearly defined in the RFP/RFB.
- Reports – This support will verify the RFP/RFB contains all the information and reporting requirements that the module contractor will be expected to provide.

2. MODULE TEST PLANNING

The TCOE Contractor shall begin planning for module testing after the release of the RFP/RFB. These activities shall include but not be limited to the activities defined below:

- Requirement coverage – This planning will allow the TCOE Contractor to easily and quickly verify that the test cases defined by the module contractor provide full testing coverage for a requirement.
- System Integration Testing (SIT) – The SIT test plan will ensure the MES systems work together. These SIT planning activities will involve more than one module contractor. The TCOE Contractor shall work with any Contractors that are already on-board to define their responsibilities and timeline. Once the RFP/RFB Contractor is on-site, the TCOE Contractor shall work with them to finalize the responsibilities and timeline to ensure that all SIT testing is complete before the CMS Operational Readiness Review (ORR). The TCOE contractor will ensure the modules perform the SIT test cases as defined and the MES systems are completely tested. The SIT Test Plan shall include but not be limited to the high-level plan, the test execution schedule, the test scenarios and the test cases.
- End-to-End - The End-to-End Test Plan will ensure the MES systems work together. These End-to-End planning activities will involve more than one module contractor. The TCOE Contractor shall work with any Contractors that are already on-board to define their responsibilities and timeline. Once the RFP/RFB Contractor is on-site, the TCOE Contractor shall work with them to finalize the responsibilities and timeline to ensure that all End-to-End testing is complete before the CMS

Operational Readiness Review (ORR). The TCOE contractor will ensure the modules perform the End-to-End test cases as defined and the MES systems are completely tested. The End-to-End Test Plan shall include but not be limited to the high-level plan, the test execution schedule, the test scenarios and the test cases.

- User Acceptance Testing (UAT) - The UAT Plan will support the business areas in testing the new MES module. The UAT test case shall clearly define each step the user must execute and identify the provider ID and recipient ID to be used. The UAT test case shall also include the expected results. The TCOE contractor will support the business users in executing these test cases. The UAT Plan shall include but not be limited to the high-level plan, the test execution schedule, the test scenarios and the test cases.

3. MODULE OVERSIGHT

The TCOE Contractor shall participate and review all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts. The TCOE Contractor shall identify and report on inconsistencies, abnormalities, gaps, failures to follow procedures and anything else that should be reported to the EQP or PMO. The TCOE Contractor shall also monitor the module contractor for compliance to the AMMP Testing Strategy. The findings shall be included in the bi-weekly TCOE, EQP and PMO touchpoint meetings and the monthly PMO status reports defined in **Section III.A.4 PMO Status and Touchpoint Meetings**.

The TCOE Module Services team shall participate in test planning throughout the life of the AMMP. The TCOE Contractor shall review the following artifacts for accuracy, gaps, concerns and compliance with the AMMP Testing Strategy, federal regulations, and good practices. The TCOE Module Services team shall ensure sufficient test types and test stages are documented to thoroughly validate requirements and provide confidence in a successful implementation of the module. All concerns and recommendations shall be reported to the EQP and PMO using established communication and reporting processes. The artifacts to be reviewed by the TCOE Module Services team include but are not limited to:

- Test Evaluation and Management Plan (TEMP) – The TEMP defines the module contractor’s testing vision which includes their approach to testing, testing objectives, and the tools/processes and workflows used. Additionally, the TEMP shall define the module contractor’s test monitoring and controlling activities, defect management, and their overall deployment activities.
- Module Project Schedule – The module project schedule shall identify the tasks and associated dates for the Design, Configure and Build (DCB) activities.
- Detailed Test Plan – The Detailed Test plan(s) outlines test activities for development (or implementation) of the module solution(s), components, and support/activities. This includes methods of testing, test deployment/implementation, scope of testing, objectives, risks, constraints, criticality, testability, as well as resource identification and availability. Based on the information in the TEMP, the Detailed Test Plan will be updated and resubmitted multiple times throughout the testing phase.
- Test Phase Acceptance (TPA) package - The Test Phase Acceptance (TPA) package will provide visibility to the effectiveness of each test Phase. The package will include but not be limited to RTM coverage, test case analysis, defect analysis, corrective action plans, required workarounds and an

assessment for the test acceptance criteria. The TPA shall be produced weekly with a final version produced at the end of testing or at a time defined by the Agency.

The team shall also provide oversight and report on SIT, End-to-End and UAT testing for the modules.

4. REQUIREMENTS TRACEABILITY MATRIX (RTM)

The TCOE Module Services team shall review the RTM to validate the test cases associated with a requirement thoroughly test that requirement. The Contractor shall track the requirements and test case through all software development phases as well as through all phases of testing. If a requirement or test case is not needed in a software development phase or phase of testing, then the reason must be defined and presented to the Agency for approval. The TCOE Contractor shall provide a bi-weekly report on the RTM during the TCOE & PMO status meetings.

The TCOE Contractor shall submit the SIT, End-to-End and UAT RTM information in the Agency defined format to be loaded into the Agency's Requirement Management RTM tool. The final version of the RTM with module updates as well as SIT, End-to-End and UAT will be included in the Module Test Phase Acceptance Report.

5. TEST CASE EXTRACT AND TEST PHASE ACCEPTANCE (TPA)

The module contractors shall provide a weekly test case extract and Test Phase Acceptance (TPA) package to the PMO and TCOE Contractor. The TCOE Contractor shall accept, review and store this information in an Agency approved location. Updates to the test case extract and TPA shall continue as long as the module contractor is making changes to the test cases. The test case information in the Detailed Test Plan or the TPA may be used for SIT, End-to-End and UAT test cases.

The TCOE Contractor shall review the work done by the module contractor to ensure the module is fully tested, all requirements are validated, and the module is production ready. The TCOE shall provide the EQP and the PMO a final TPA report which contains the findings and recommendations for that module. The report shall be produced at the end of the testing phase or at a time defined by the Agency

6. SPECIFICATIONS, REQUIREMENTS AND DELIVERABLES (SRDs) TABLE

The table below lists the requirements, specifications and deliverables for this section. The Agency categorizes a deliverable type as either a 'Plan' (P) or 'Service/Activity' (S/A), reflected in the 'Type' column.

As part of the proposal submission, the Respondent must describe how they plan to satisfy the requirements of Section III. D Module Services. RFX

1. Exhibit: Module Services SRDs Table

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. D. 1	Module Services	The Contractor shall review all AMMP test and certification related deliverables, artifact and materials submitted by module Contractor and provide comments following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)	As Stated	NA	S/A	NA	As Needed
III. D. 1	Module Services	The Contractor shall participate in all test planning activities for AMMP throughout the term of the contract.	As Stated	NA	S/A	N/A	As Needed
III. D. 1	Module Services	The Contractor shall monitor all module Contractor testing activities and artifacts are aligned to the approved AMMP Test Strategy and is adhering to the module Contractor Test Evaluation and Management Plan (TEMP) planned activities. The Contractor shall report each module's testing activities that includes SIT, End-to-End and UAT progress and finding in the PMO Status and Touchpoint meetings	As Stated	Testing Activities and Testing Artifacts	S/A	N/A	As Needed
III. D. 1	Module Services	The Contractor shall identify and monitor each module contractors test activities which include but not limited to testing, test cases, test deployment for risk, issues and impact across project in alignment with the AMMP Testing Strategy	As Stated	NA	S/A	NA	As Needed
III. D. 2	Module Test Planning	The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase	As Stated	NA	S/A	NA	As Needed
III. D. 3	Module Oversight	The Contractor shall identify and report inconsistencies, abnormalities, gaps, failure to adhere to processes and in compliance to AMMP Testing Strategy by the module contractors in the bi-weekly touchpoints	As Stated	NA	S/A	NA	As Needed
III. D. 3	Module Oversight	The Contractor shall participate in module contractor's meetings such as but not limited to; requirement validation, software configuration and testing.	As stated	NA	S/A	NA	As Needed
III. D. 3	Module Oversight	The Contractor shall review module contractor's End-to-End testing activities, test cases and test scenarios are align with module End-to-End test plan and	As stated	End-to-End Review TPA Review	S/A	NA	As Needed

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
		all End-to-End testing is complete prior CMS Operational Readiness Review (ORR). The Contractor shall provide results and recommendation to the Agency once End-to-End testing is completed in the final Test Phase Acceptance (TPA) package.					
III. D. 3	Module Oversight	The Contractor shall develop and submit End-to-End Test Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The End-to-End Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The Contractor shall update the End-to-End Test Plan every 6 months though the term of the contract for each AMMP module.	As stated	End-to-End Test Plan	P	NA	Within 12 weeks from contract start date Update every 6 months
III. D. 3	Module Oversight	The Contractor shall develop and submit System Integration Testing (SIT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The SIT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The Contractor shall update the SIT Test Plan every 6 months though the term of the contract for each AMMP module.	As stated	SIT Test Plan	P	NA	Within 12 weeks from contract start date Update every 6 months
III. D. 3	Module Oversight	The Contractor shall develop and submit User Acceptance Testing (UAT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The UAT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The Contractor shall update the UAT Test Plan every 6 months though the term of the contract for each AMMP module.	As stated	User Acceptance Testing (UAT) Plan	P	NA	Within 12 weeks from contract start date Update every 6 months
III. D. 4	Requirements Traceability Matrix (RTM)	The Contractor shall review the RTM to validate test cases associated with the requirement fully. The Contractor shall report to the EQP and PMO team bi-weekly on the RTM for term of the contract.	As stated	Requirement Traceability Matrix	S/A	NA	Bi-Weekly
III. D. 4	Requirements Traceability Matrix (RTM)	The Contractor shall update on the weekly basis information from SIT, End-to-End, UAT activities conducted by the module contractor in the Agency Requirement Management Tool throughout the term of the contract	As stated	NA	S/A	NA	Weekly
III. D.5	Test Case Extract and Test Phase	The Contractor shall review and monitor activities in the Test Phase Acceptance (TPA) package submitted weekly by module	As stated	TPA Review	S/A	NA	Weekly per module

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
	Acceptance (TPA)	Contractor and provide comments throughout the term of the contract.					
III.D.4	Test Case Extract and Test Phase Acceptance (TPA)	The Contractor shall review the final version of the TPA for completeness and timely submission which is at the end of testing phase or at the time defined by the Agency for each module.	As stated	TPA Review	S/A	NA	End of testing phase of each module or at a time defined by the Agency for each module.
III.D.4	Test Case Extract and Test Phase Acceptance (TPA)	The Contractor shall coordinate with the each project team to ensure documented requirements are validated before the product or solution is released to the production environment. The Contractor shall provide a written report of the findings and recommendation to the EQP and PMO at the time defined by the Agency for each module	As stated	TPA Review	S/A	N/A	As Needed

E. OTHER COMMON PROCESSES

The section below defines processes that will be used by all areas of this contract. Each section will have specific requirements that apply only to that area, but the specifications below are shared by all areas of the contract. The Agency feels these common processes will give consistency to a contract that has multiple areas or teams.

1. SECURITY

The Contractor shall be aware all Contractors must comply with the program Physical and Data Security Plan that ensures all projects under AMMP shall follow applicable technical standards for physical and data security for all test management and testing efforts, across all modules, for the AMMP as prescribed by the Agency and CMS. These standards are defined in the HIPAA Security Rule located at 45 CFR Part 160 and Subparts A and C of Part 164 and the National Institute of Standards and Technology (NIST) Special Publication 800-53 Security Controls and Assessment Procedures for Federal Information Systems and Organizations, as well as, additional standards based on CMS policies, procedures, and guidance, other federal and non-federal guidance resources and industry leading security practices.

The Contractor shall be required to sign a data request form that attests that Alabama Medicaid data will be protected as required by applicable law, such as the HIPAA Privacy Rule, that includes the establishment of appropriate administrative, technical, and physical safeguards to protect the integrity, security, and confidentiality of the data, and to prevent unauthorized use or access to it.

The Contractor shall further affirm that such safeguards will provide a level and scope of security that is not less than the level and scope of security requirements established for federal agencies by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems, as well as Federal Information Processing Standard (FIPS) 200 entitled "Minimum Security Requirements for Federal Information and Information Systems" and NIST Special Publication 800-53 "Recommended Security Controls for Federal Information Systems".

Further, the Contractor shall agree that the data must not be physically moved, transmitted or disclosed in any way from or by the AMMP TCOE site without written approval from the Agency unless such movement,

transmission or disclosure is required by a law. See **Sections III. C. 4 Hardware** and **III.E.2 Medicaid Enterprise Security** for more information on security.

If the Contractor does not follow the security standards outlined, it will result in liquidated damages as defined in **X. General Terms and Conditions and LL. Contract Liquidated Damages**.

The Contractor shall ensure that test standards are applied in accordance with Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications. The Medicaid Enterprise Security Policy is maintained in the Medicaid Governance, Risk, and Compliance (GRC) management platform. The GRC management platform will be made available to the Contractor through VPN access upon contract start.

For Contractor awareness, all systems projects under the AMMP shall:

1. Establish and maintain a comprehensive security program according to the requirements of the Medicaid Enterprise Security Policy
2. Maintain compliance with the Medicaid Enterprise Security Policy, based on federal standards such as NIST Special Publication 800-53 and subject to changes and updates as the agency Information Security Program matures, or as legislation, regulations, policies, publications, or practices change.

*As a part of the proposal submission, the Respondent must describe their understanding of and how they plan to perform applicable requirements of Section III. E. 1. Security. **RFx***

2. MEDICAID ENTERPRISE SECURITY

The Agency ISO has defined the AMA Minimum Protection Requirements and the AMA Information Security Privacy Program.

The Contractor shall include in standards and practices of the TCOE compliance with the AMMP program defined architecture, standards, processes and procedures implemented for the policies defined by the Agency ISO. The Contractor shall also work with the Agency to identify methods that will be used to monitor and ensure the Agency defined policies are followed across the module Contractors for AMMP testing and test management practices.

3. STATEMENT OF CONCERN AND CORRECTIVE ACTION PLAN

The Agency will closely monitor the timely and adequate performance of the Contractor during each phase of the SOW. If the Agency identifies a problem with service or other performance, a Statement of Concern (SOC) or a Corrective Action Plan (CAP) will be requested per established program process.

Statement of Concern

The Agency will closely monitor the timely and adequate performance of the Contractor during each phase. Should the Contractor's performance, communications, behaviors, or actions suggest or imply problems, concerns, or issues that may be forthcoming, the PMO will provide a statement of concern (SOC) to the

Contractor. This SOC will identify the concern(s), reference applicable guidelines or industry standards, and the reason for concern. The Contractor shall respond to the written statement of concern within three (3) business days and submit the response to the PMO. The response shall address the concern, identify how they are resolving the concern, reference applicable guidelines or industry standards, and/or provide alternate suggestions. The PMO shall provide a written response to the Contractor within five (5) business days of their submission. The Contractor or the PMO may request a meeting to discuss the concern at any time. All concern(s) identified by the PMO must be resolved within ten (10) business days of identification or the Contractor must receive PMO approval to delay or bypass the concern.

Corrective Action Plans

The Agency will closely monitor the timely and adequate performance of the Contractor during each phase of the SOW. If the Agency identifies a problem with Contractor performance, a Corrective Action Plan (CAP) will be requested. This includes but is not limited to:

- a) Schedule delays of more than two (2) weeks without Agency prior approval
- b) Documentation that is out of date more than one (1) month
- c) Requirements that are not being met
- d) SLAs that are not met consistently

A CAP will not be required for Agency approved schedule delays. The CAP must be finalized and submitted to the Agency within five (5) business days of a request for the plan. The Agency will have five (5) business days to review and approve the CAP. If the CAP is not approved by the Agency a meeting will be scheduled to discuss and finalize the CAP. The desired results of the meeting will be an approved CAP. The CAP shall identify the issue and state how the Contractor will correct the issue. It will provide details on the correction as well as a schedule of events to achieve the corrections. The details and status of the CAP will be discussed in depth during status meetings. The Contractor shall begin execution of the CAP within five (5) business days of Agency approval. If the Contractor fails to successfully execute the CAP, liquidated damages may be assessed as defined in **Section X.General Terms and Conditions, LL.Contract Liquidated Damages.**

CAPs are not included in the planned and scheduled work to the benefit of the State, and therefore CAPs will result in deliverables that are not separately priced or payable.

CONTRACTOR RESPONSIBILITIES

The responsibilities of the Contractor are identified for each of the tasks within the SOW. The Contractor is responsible for clearly specifying and requesting information from the Agency in a manner that does not delay any part of the schedule.

Medicaid expects all Contractors to work together transitioning into a modular enterprise system. The Contractor will be responsible for coordinating activities with other AMMP Contractors as needed. All Contractors are expected to be courteous, responsive, and professional. The Agency or a selected representative shall be included in all meetings between Contractors.

4. COMMUNICATIONS MANAGEMENT PLAN

AMMP has created a program level AMMP Communication Management Plan (COM-11), as well as the AMMP Responsibility Assignment Matrix which the TCOE Contractor must follow. The TCOE Contractor will work with the module contractor to develop a module specific communication plan. The TCOE Contractor will focus on the communication related to testing and will be responsible for monitoring the module contractor to ensure communication related to testing is comprehensive and timely.

5. QUALITY MANAGEMENT PLAN

As defined in **Section III.A.1 – AMMP Attestation**, the TCOE Contractor shall agree to abide by the AMMP Quality Management Plan for the term of the contract. In addition, the Contractor shall create a TCOE Testing Quality Management Plan for AMMP testing and oversight. This plan shall identify the quality processes and procedures that the module contractors must follow as well as the methods and metrics that the TCOE Contractor will use to ensure these processes and procedures are followed. The TCOE Contractor shall report on this in the monthly status reports and the PMO touchpoint meetings.

The TCOE Testing Quality Management Plan shall include Lessons Learned sessions after each module testing phase. These lessons learned shall be incorporated into the TCOE deliverables, process and procedures to constantly improve our testing for the AMMP.

6. END OF CONTRACT TURNOVER

Both the TCOE Contractor and the Agency benefit from successful End of Contract Turnover and Closeout activities. Contract turnover and closeout is essential for the timely execution of tasks and to conduct an Agency-approved closeout. The TCOE Contractor will be required to provide the initial Turnover Management Plan deliverable as detailed below within the first six (6) months from contract start date. The Turnover and Closeout Phase is defined as the last twelve (12) months prior to the end of the Contract. During the Turnover and Closeout Phase, the incumbent TCOE Contractor shall review and revise the Turnover Management Plan and deliver quarterly. The incumbent TCOE Contractor shall, during the Turnover and Closeout Phase, provide a Turnover Status Report and updated Turnover Schedule on a weekly basis. At the end of the contract term, the incumbent TCOE Contractor must be ready to turn over all records, data, manuals, training materials, plans and deliverables to the Agency, and a successor Contractor, to fulfill/complete all the requirements of the Contract term. The Agency expects the incumbent TCOE Contractor to cooperate with the Agency and the new Contractor to perform ongoing services, as well as support turnover and closeout services defined in the TCOE contract.

The closeout of TCOE business services must be completed without interruption of business operations, module services, or enterprise degradation and without a decrease in the responsiveness to the Agency clients and other MES stakeholders. Finally, the Agency expects that all end of contract, turnover training sessions and activities occur in an adequate timeframe to facilitate just-in-time knowledge transfer.

The Contractor shall provide an initial Turnover Management Plan, which is required for the transition of operations, services, and system components, to the Agency for review and approval six (6) months after contract start date. The Turnover and Closeout Phase is defined as the last twelve (12) months prior to the end of the contract. The initial Turnover Management Plan should include, but not be limited to, the following:

- 1) Detailed Turnover Approach: A clear description of the needs and expectations for the AMMP PMO, AMMP Contractors, the Agency, and any additional parties identified by the Agency
- 2) Turnover Communication Approach
- 3) Turnover Team
 - a) Key roles and resources associated with Turnover planning and activities
 - b) Defined responsibilities of each role specific to Turnover
- 4) Turnover assumptions, constraints and risks and recommendations

The Contractor is also expected to provide an updated Turnover Management Plan, which is required for the transition of operations, services, and system components, to the Agency for review and approval at least ninety (90) calendar days prior to the start of the turnover period, defined as the last twelve (12) months prior to the end of the contract.

The updated Turnover Management Plan shall facilitate and accomplish a seamless transition from the incumbent to an incoming Contractor, AMMP PMO, Agency personnel and any additional parties identified by the Agency at the expiration of the contract. The updated Turnover Management Plan should include, but not be limited to, the following:

- 1) Detailed Turnover Approach
- 2) Turnover Communication Approach
- 3) Turnover Team
- 4) Turnover Assumptions, Constraints and Risks and Recommendations
- 5) Turnover Strategy – including Initial Transition Readiness Assessment
- 6) Contract Continuity Approach
 - a) Turnover Staffing Plan
 - i. Key Personnel transition approach
 - ii. Overall staffing approach for continued support and ramp down
 - b) Procurement Management - Details of procurements in place, including but not limited to Third Party Labor, Products/Tasks, License/Contract End Dates
- 7) Property Turnover
 - a) Equipment - Details of Agency, Incumbent, or any contractor supporting MES
 - b) Full inventory of assets, including but not limited to operational, technology, application and documentation assets, or anything needed to operate and maintain the integrity of the module
- 8) Knowledge Transfer
 - a) List of outstanding system defects, modifications or enhancements, and configuration requests, include including potential changes to supporting documentation
 - b) Detailed approach to the knowledge transfer of documented assets.
 - c) How the Contractor will conduct knowledge transfer needed to operate and maintain the module
 - d) The necessary tasks and procedures to support ongoing operations.
 - e) Any procedural documentation is updated with each enhancement or change to the system and is verified during this phase for accuracy.
- 9) Agency Agency-Owned Data or Artifacts
 - a) Inventory and approach of all data sharing
 - b) Approach to digitizing, transferring, and shredding hard copy artifacts
- 10) User Accounts
 - a) The Contractor shall work with the AMMP PMO to coordinate an approach to ensuring accountability for disabling any personnel access and user accounts.
 - b) List of Personnel User Account information by Agency system
 - c) List of Contractor Personnel in possession of an Agency authorized property badge
 - d) Finalized list upon contract turnover, including will include dates of deactivation or disabling of each individual account or access authorization
- 11) Turnover Acceptance Criteria - The Contractor shall draft the turnover acceptance criteria based on their intimate knowledge and expertise of the contract, the current status of the project and state of daily operations. Criteria may be compiled of key milestones, Knowledge Transfer, tasks, and activities designated in the Contractor Contractor-provided and Agency Agency-approved Turnover Schedule, including a detailed description and responsible party

7. SPECIFICATIONS, REQUIREMENTS, AND DELIVERABLES (SRDs) TABLE

The table below lists the requirements, specifications and deliverables for this section. The Agency categorizes a deliverable type as either a ‘Plan’ (P) or ‘Service/Activity’ (S/A), reflected in the ‘Type’ column.

As part of the proposal submission, the Respondent must describe how they plan to satisfy the requirements of Section III. E Other Common Processes. RFX

Exhibit: Other Common Processes SRDs Table

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III.E.1	Security	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all modules.	As Stated	NA	S/A	NA	NA
III.E.1.1	Security	The Contractor shall meet the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.	As Stated	NA	NA	NA	NA
III.E.1	Security	The Contractor shall ensure that solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.	As Stated	NA	S/A	NA	NA
III.E.1	Security	The Contractor Solution shall maintain compliance with the Medicaid Enterprise Security Policy, based on federal standards such as NIST Special Publication 800-53 and subject to changes and updates as the agency Information Security Program matures, or as legislation, regulations, policies, publications, or practices change. The Agency shall reserve the right to revoke Contractor's access to information that it shares with the Contractor in the event an audit finds the Contractor has not met the security requirements specified in the Medicaid Enterprise Security Policy.	As Stated	NA	S/A	NA	NA

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III.E.1	Security	The Contractor shall retain full responsibility for all maintenance and configuration changes to the solution(s) necessary to maintain Federal security and regulatory compliance.	As Stated	NA	S/A	NA	NA
III.E.1	Security	The SI Contractor's solution shall ensure all data exchanges are restricted to the continental United States (CONUS).	As Stated	NA	S/A	NA	NA
III.E.1	Security	The Contractor shall comply and report on how the solution is ADA 508 compliant, following compliance standards defined by Section 508 of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80, which requires agencies to provide software and website accessibility to people with disabilities.	As Stated	NA	S/A	NA	NA
III.E.1	Security	The Contractor shall retain and make accessible, according to 42 CFR 431.17 and State requirements, data entered into, maintained, or generated by the modified system, as directed by the Agency.	As Stated	NA	S/A	NA	NA
III.E.2	Medicaid Enterprise Security	The Contractor shall include in standards and practices of the TCOE compliance with the AMMP program defined architecture, standards, processes and procedures implemented for the policies defined by the Agency ISO.	As Stated	NA	S/A	NA	NA
III.E.2	Medicaid Enterprise Security	The Contractor shall also work with the Agency to identify methods that will be used to monitor and ensure the Agency defined policies are followed across the module Contractors for AMMP testing and test management practices.	As Stated	NA	S/A	NA	NA
III.E.3	Statement of Concern and Corrective Action Plan	The Contractor shall respond to the written statement of concern within three (3) business days and submit the response to the PMO. The PMO shall provide a written response to the Contractor within five (5) business days of their submission. All concern(s) identified by the PMO must be resolved within ten (10) business days of identification or the Contractor must receive PMO approval to delay or bypass the concern.	As Stated	NA	S/A	NA	NA
III.E.3	Statement of Concern and Corrective Action Plan	The Contractor shall submit a Corrective Action Plan (CAP) within five (5) business days upon request to the Agency for review and approval. If the CAP is not approved by the Agency a meeting will be	As Stated	NA	S/A	NA	NA

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
		scheduled to discuss and finalize the CAP.					
III.E.3	Statement of Concern and Corrective Action Plan	The Contractor shall begin execution of the CAP within five (5) days of Agency approval. If the Contractor fails to successfully execute the CAP, liquidated damages may be assessed	As Stated	NA	S/A	NA	NA
III.E.4	Communications Management Plan	The Contractor shall provide input and collaborate with AMMP module Contractor to develop a module specific Communication Management Plan. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.	As Stated	AMMP Communication Management Plan	S/A	NA	As Needed
III.E.5	Quality Management Plan	The Contractor shall develop and submit TCOE Testing Quality Management Plan for AMMP testing and oversight to the Agency for review and approval within six (6) weeks from contract start date. The Contractor shall update the TCOE Quality Management Plan every 6 months through the term of the contract..	As Stated	TCOE Testing Quality Management Plan	P		Within six (6) weeks from the contract start date Update every 6 months through the term of the contract.
III.E.6	End of Contract Turnover	The Contractor shall develop and submit Turnover Management Plan to the Agency for review and approval within six (6) months from contract start date. The contractor shall update the Turnover Management Plan annually through the term of the contract.	As Stated	Turnover Management Plan	P	NA	Within six (6) months of the start of a new contract Update annually through term of contract
III.E.6	End of Contract Turnover	The Contractor shall, within six (6) weeks of the contract start date of the incoming Contractor, hold the turnover kick-off meeting with the Agency, PMO, MES Contractors, and the incoming Contractor.	As stated	Turnover Kickoff	S/A	NA	Within (6) weeks of a new contract start date
III.E.6	End of Contract Turnover	The Contractor shall update and submit, for Agency review and approval, the Turnover Management Plan, one quarter prior to the beginning of the Turnover and Closeout Phase, to be updated quarterly, thereafter	As stated	Turnover Management Plan	P	NA	Update (90) days prior to the start of the turnover period, then Quarterly.
III.E.6	End of Contract Turnover	The Contractor shall, along with the PMO and incoming Contractor, within four (4) weeks of new contract start, hold a meeting with the Agency to walkthrough the Turnover Management Plan Deliverable and receive Agency approval. Comments and issues will be resolved during the meeting with the Agency, if possible. Any outstanding comments and	As stated	(Not a payable deliverable)	SA	NA	Within (4) weeks of a new contract start date

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
		issues must be handled through remediation to the plan within five (5) calendar days.					
III.E.6	End of Contract Turnover	The Contractor shall, within six (6) weeks of new contract start, facilitate an initial meeting (to occur after discovery sessions have completed) with the new Contractor, PMO, and the Agency to review the Agency approved Turnover Management Plan, updated Turnover and Closeout Phase schedule and plan the initial kickoff meeting with all MES Contractors	As stated	(Not a payable deliverable)	SA	NA	Within (6) weeks of a new contract start date
III.E.6	End of Contract Turnover	The Contractor shall collaborate with the new Contractor, and the PMO to develop and submit the Turnover and Closeout Phase schedule for review and approval by the Agency in alignment with the following timeframes: 1. Initial submittal within 6 weeks of the new Contract execution date 2. Agency review and approval to be completed within 8 weeks of completion of the discovery sessions 3. Weekly updates thereafter until the end of the contract.	As stated	Turnover and Closeout Schedule (Not a payable deliverable)	SA	NA	As Stated
III.E.6	End of Contract Turnover	The Contractor shall submit, for Agency review and approval, the Turnover Management Status Report and Schedule on a weekly basis throughout the Turnover and Closeout phase	As stated	Turnover and Closeout Status Report (Not a payable deliverable)	SA	NA	Weekly
III.E.6	End of Contract Turnover	The Contractor shall designate key points of contacts for turnover planning and activities in accordance with the Turnover Management Plan.	As stated	N/A	SA	NA	NA
III.E.6	End of Contract Turnover	The Contractor shall, if requested, allow the Agency or Agency specified resource, to work side-by-side to facilitate knowledge transfer.	As stated	N/A	SA	NA	As Needed
III.E.6	End of Contract Turnover	The Contractor shall provide and assign staffing resources to successfully complete the Turnover Management Plan and activities according to the approved Turnover Schedule.	As stated	N/A	SA	NA	NA
III.E.6	End of Contract Turnover	The Contractor shall turnover, in a format approved by the Agency, all records, data, manuals, training materials, plans, and deliverables to the Agency in accordance with the Agency approved Turnover Management Plan and Turnover and Closeout Phase schedule.	As stated	N/A	SA	NA	As Needed
III.E.6	End of Contract Turnover	The Contractor shall generate and provide all Agency requested, documentation and data for inclusion into a	As stated		SA	NA	As Needed

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
		procurement library within sixty (60) business days of the Agency's request as part of the turnover and closeout activities.					
III.E.6	End of Contract Turnover	The Contractor shall return all documents, which refers to any outstanding documentation after the completion of turnover activities with the incoming contractor, to Medicaid within three (3) business days following expiration or termination of the contract. This includes but is not limited to: 1. Final records 2. Checklists 3. Data dumps	As stated	(Not a payable deliverable)	SA	NA	As Needed
III.E.6	End of Contract Turnover	The Contractor shall upon the expiration of the Contract term or the termination date, remove/delete and sanitize all Medicaid data from all Contractor storage devices and media in accordance with the Medicaid Enterprise Security Policy and submit an attestation of those actions to the Agency upon the expiration of the Contract term or the termination date.	As stated	N/A	SA	NA	NA
III.E.6	End of Contract Turnover	The contractor shall maintain all software and production data files used in the performance of the contract for at least one hundred twenty (120) calendar days after the expiration or termination of the contract and shall maintain such at a readily accessible place and shall make them available to the Agency on demand in the format and media requested.	As stated	(Not a payable deliverable)	SA	NA	As stated
III.E.6	End of Contract Turnover	The Contractor shall provide a Turnover Status Report for Agency review during the turnover period. The Turnover Status Report shall contain, at a minimum: 1. Overall turnover status 2. Turnover deliverables, milestones, key activities accomplished 3. Current blockers, concerns, or constraints 4. Status of Critical issues and/or risks 5. Upcoming Activities 6. Key decisions made or needed 7. Current Transition Checklist 8. Current status of Turnover Acceptance Criteria	As Stated	Turnover Management Plan	P	NA	As stated

IV. Pricing

The Respondent's price must specify a firm and fixed fee for completion of the TCOE services. No time-and-materials Proposals will be considered. Pricing is to be the best and final price. Contractors must submit pricing for all consultant services to be delivered as a full-service model, including the ancillary staffing of SIT, End-to-End and UAT support and positions for the module Contractor services.

The Contractor to whom the contract is awarded shall be responsible for the performance of all duties contained within this Request for Proposal (RFP) for the firm and fixed price quoted in the Contractor's proposal to this RFP. All proposals must state a firm and fixed price for the services described.

Cost Proposal

The Cost Proposal will be used as the final representation of the Contractor's cost/price and will be used during the Proposal evaluation. Additional information should be included as necessary to explain in detail the Contractor's cost/price.

Pricing information must be included in the RFP proposal cover sheet.

Contractors must use **Appendix C Procurement Library Contents**, Pricing Schedule to submit the final firm and fixed costs to be used for evaluation purposes.

The Pricing Schedule must be signed by a company officer empowered to bind the Contractor to the provisions of this RFP and any contract awarded pursuant to it.

A Grand Total Firm and Fixed Price of all line items in the Pricing Schedule is required and must be the same amount that is entered on the RFP Proposal Cover Sheet for the Firm and Fixed Price. In the event of a discrepancy, the Firm and Fixed price entered on the RFP Proposal Cover Sheet will govern. Only the Firm and Fixed price will be used for scoring purposes.

The Pricing Schedule will be scored using standardization, so that the lowest overall cost proposal receives the maximum allotted points. All other proposals receive a percentage of the points available based on their cost relationship to the lowest.

In order to assure full performance of all obligations imposed on a Contractor contracting with the State of Alabama, the Contractor will be required to provide a performance guarantee in the amount of \$600,000.00. The performance guarantee must be submitted by Contractor at least ten (10) calendar days prior to the contract start date. The form of security guarantee must be one of the following: (1) Cashier's check (personal or company checks are not acceptable) (2) Other type of bank certified check (3) Money order (4) An irrevocable letter of credit (5) Surety bond issued by a company authorized to do business within the State of Alabama. This bond must be in force from that date through the term of the operations contract and ninety (90) calendar days beyond and must be conditioned on faithful performance of all contractual obligations. Failure of the Contractor to perform satisfactorily will cause the performance bond to become due and payable to the State of Alabama. The Chief Financial Officer of Medicaid or his designee shall be custodian of the performance bond. Said bond will be extended in the event the Agency exercises its option to extend the operational contract.

*As part of the proposal submission, the Respondent must provide the pricing information from **Section IV**.*

Pricing. RFX

V. General Medicaid Information

The Agency is responsible for the administration of the Alabama Medicaid Program under a federally approved State Plan for Medical Assistance. Through teamwork, the Agency strives to enhance and operate a cost-efficient system of payment for health care services rendered to low-income individuals through a partnership with health care providers and other health care insurers both public and private.

The Agency's central office is located at 501 Dexter Avenue in Montgomery, Alabama. Central office personnel are responsible for data processing, program management, financial management, program integrity, general support services, professional services, and recipient eligibility services. For certain recipient categories, eligibility determination is made by state personnel located in eleven (11) district offices throughout the state and by one hundred forty (140) out-stationed workers in designated hospitals, health departments and clinics. Medicaid eligibility is also determined through established policies by the Alabama Department of Human Resources and the Social Security Administration.

Services covered by Medicaid include, but are not limited to, the following:

- Physician Services
- Inpatient and Outpatient Hospital Services
- Rural Health Clinic Services
- Laboratory and X-ray Services
- Nursing Home Services
- Early and Periodic Screening, Diagnosis and Treatment
- Dental for children ages zero (0) to twenty (20)
- Home Health Care Services and Durable Medical Equipment
- Family Planning Services
- Nurse-Midwife Services
- Federally Qualified Health Center Services
- Hospice Services
- Prescription Drugs
- Optometric Services
- Transportation Services
- Hearing Aids
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Prosthetic Devices
- Outpatient Surgical Services
- Renal Dialysis Services
- Home and Community Based Waiver Services
- Prenatal Clinic Services
- Mental Health Services

Additional program information can be found at www.medicaid.alabama.gov.

VI. Corporate Background and References

As part of this proposal, entities submitting proposals and all subcontractors must:

- a. Provide evidence that the Corporation and applicable Sub-Contractor possess the qualifications required in this RFP. If a subcontractor is warranted, the Contractor must identify the percentage of work, as measured by the total Proposal price, to be performed by the subcontractor. *All Contractor and subcontractor employees must work in the continental United States.*
- b. Provide a description of the Contractor's and subcontractor's organization, including:
 1. Date established.
 2. Ownership (public company, partnership, subsidiary, etc.). Include an organizational chart depicting the Contractor's organization in relation to any parent, subsidiary or related organization.
 3. Number of employees and resources.
 4. Names of Senior Managers and Partners in regard to this contract. Use Appendix E: Key Personnel Resume Sheet.
 5. A list of all similar projects the Contractor has worked on within the last three years. The list must show at least three contracts where the Contractor has been the primary Contractor.
 6. A detailed breakdown of proposed staffing for this project to include name, qualifications, work history, Contractor history (hire date, projects/roles) and anticipated role(s)/title(s) to be assigned to the AMMP. This summary shall clearly indicate if the individual is considered a 'lead' or 'ancillary' proposed personnel.
 7. Include a project organizational chart depicting the Contractor's organization in relation to the TCOE Services project including Contractor leads. The project organizational chart shall include staffing levels and experience to demonstrate the ability to successfully complete the project. A detailed breakdown of proposed Contractor leads for this project, including names, resumes, and the three professional references.
 8. A list of all Medicaid agencies or other entities for which the Contractor currently performs similar work including the dates of the contracts.
 9. Evidence that the Contractor is financially stable and that it has the necessary infrastructure to complete this contract as described in the Contractor's Proposal. The Contractor must provide audited financial statements for the last three years, or similar evidence of financial stability for the last three years.
 10. Contractor's acknowledgment that the State will not reimburse the Contractor until: (a) the Project Director has approved the invoice; and (b) the Agency has received and approved all deliverables covered by the invoice.
 11. Details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Contractor or any of its officers, directors, employees, agents or subcontractors of which the Contractor has knowledge, or a statement that there are none. The Agency reserves the right to reject a proposal solely on the basis of this information.
- c. The Contractor and sub-contractor must have all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. All companies submitting proposals in response to this RFP must be qualified to transact business in the State of Alabama in accordance with to include, but not limited to, Code of Alabama 1975, 10A-1- 7.01 et seq., and shall have filed and possess a valid "Application for Registration" issued by the Secretary of State at the time of responding to this RFP. To obtain forms for the application, contact the Secretary of State, (334) 242-5324, www.sos.state.al.us.
- d. Have a minimum of five (5) years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).

- e. Furnish three (3) references for projects of similar size and scope, including contact name, title, telephone number, and address. Performance references should also include contract type, size, and duration of services rendered. **Two of the three references must be other major health care, state or federal government system project testing contracts listed as the primary Contractor. You may not use any Alabama Medicaid Agency personnel as a reference.**

The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Contractor to perform the conditions of the contract.

*As part of the proposal submission, the Respondent must provide the information requested from **Section VI. Corporate Background and References. RFX***

VII. Transmittal Letter

As part of this proposal, the Vendor must submit a Transmittal Letter. The Transmittal Letter must be an offer from the Contractor in the form of a standard business letter on business letterhead. The Proposal Transmittal Letter must reference and respond to the following subsections in sequence and include corresponding documentation as required. Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the Proposal.

1. The letter must be signed by a company officer empowered to bind the Contractor to the provisions of this RFP and any contract award pursuant to it.
2. The letter must provide the name, physical location address (a PO Box address is unacceptable), email address, and telephone number of the person Medicaid should contact regarding the Proposal.
3. The letter must state that the Proposal remains valid for at least ninety (90) days subsequent to the Proposal Due Date (**Section B, Schedule of Events**) and thereafter in accordance with any resulting Contract between the Contractor and Medicaid.
4. The letter must contain a statement that the Contractor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed.
5. The letter must contain a statement stating that the Contractor has an understanding of and will comply with the specifications and requirements described in this RFP.
6. The letter must include a statement identifying any and all subcontractors, if any, who are needed in order to satisfy the requirements of this RFP.

*As part of the proposal submission, the Respondent must provide the information requested from **Section VII. Transmittal Letter. RFX***

VIII. Submission Requirements

A. Authority

This RFP is issued under the authority of Section 41-16-72 of the Alabama Code and 45 CFR part 75. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. The RFP states the relative importance of all evaluation criteria. No other evaluation criteria, other than as outlined in the RFP, will be used.

In accordance with 45 CFR part 75, the Agency encourages free and open competition among Vendors. Whenever possible, the Agency will design specifications, proposal requests, and conditions to accomplish this objective, consistent with the necessity to satisfy the Agency's need to procure technically sound, cost-effective services and supplies.

B. Single Point of Contact

From the date this RFP is issued until a Contractor is selected and the selection is announced by the Project Director, all communication must be directed to the Project Director in charge of this solicitation. **Vendors or their representatives must not communicate with any state staff or officials regarding this procurement with the exception of the Project Director.** Any unauthorized contact may disqualify the Vendor from further consideration. Contact information for the single point of contact is as follows:

<i>Project Director:</i>	Shannon Crane
<i>Address:</i>	Alabama Medicaid Agency Lurleen B. Wallace Bldg. 501 Dexter Avenue PO Box 5624 Montgomery, Alabama 36103-5624
E-Mail Address:	TCOERFP@Medicaid.Alabama.Gov

C. RFP Documentation

All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be posted to the Agency's website at www.medicaid.alabama.gov.

D. Questions Regarding the RFP

Vendors with questions requiring clarification or interpretation of any section within this RFP must submit questions and receive formal, written replies from the Agency. Each question must be submitted to the Project Director via email using the TCOE RFP Question Log Spreadsheet located in the Procurement Library. Questions and answers will be posted on the website as available.

E. Acceptance of Standard Terms and Conditions

Vendor must submit a statement stating that the Vendor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed.

F. Adherence to Specifications and Requirements

Vendor must submit a statement stating that the Vendor has an understanding of and will comply with the specifications and requirements described in this RFP.

G. Order of Precedence

In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor's response, the language contained in the RFP will prevail. Should the Agency issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendors' proposal in the event of an inconsistency, ambiguity, or conflict.

H. Vendor's Signature

The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Vendor. The Vendor's signature on a proposal in response to this RFP guarantees that the offer has been established without collusion and without effort to preclude the Agency from obtaining the best possible supply or service. Proof of authority of the person signing the RFP response must be furnished upon request.

I. Offer in Effect for 90 Days

A proposal may not be modified, withdrawn or canceled by the Vendor for a 90-day period following the deadline for proposal submission as defined in the Schedule of Events, or receipt of best and final offer, if required, and Vendor so agrees in submitting the proposal.

J. Agency Not Responsible for Preparation Costs

The costs for developing and delivering responses to this RFP and any subsequent presentations of the proposal as requested by the Agency are entirely the responsibility of the Vendor. The Agency is not liable for any expense incurred by the Vendor in the preparation and presentation of their proposal, or any other costs incurred by the Vendor prior to execution of a contract.

K. Agency's Rights Reserved

While the Agency has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the Agency to award and execute a contract. Upon a determination such actions would be in its best interest, the Agency, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);
- Negotiate with any Vendor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Vendor's proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the State and will be posted on the RFP website);
- Not award any contract.

L. Price

Vendors must respond to this RFP by utilizing the RFP Cover Sheet to indicate the firm and fixed price for the implementation and updating/operation phase to complete the Scope of Work.

M. E-Verify Memorandum of Understanding

The proposal response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.

N. Proposal Format

Proposals must be prepared on standard 8 ½” x 11” paper using a font no smaller than 11 points with 1” margins and must be bound. All proposal pages must be numbered unless specified otherwise. All responses, as well as, any reference material presented, must be written in English.

Proposals must not include references to information located elsewhere, such as Internet websites. Information or materials presented by the Vendor outside the formal response or subsequent discussion/negotiation, if requested, will not be considered, and will have no bearing on any award.

This RFP and its attachments are available on Medicaid’s website. The Vendor acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor’s response, the language contained in the RFP will prevail. Should Medicaid issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor’s proposal.

O. Proposal Withdrawal

The Vendor may withdraw a submitted proposal at any time before the deadline for submission. To withdraw a proposal, the Vendor must submit a written request, signed by a Vendor’s representative authorized to sign the resulting contract, to the RFP Project Director. After withdrawing a previously submitted proposal, the Vendor may submit another proposal at any time up to the deadline for submitting proposals.

P. Proposal Amendment

Medicaid will not accept any amendments, revisions, or alterations to proposals after the deadline for submitting proposals unless such is formally requested, in writing, by Medicaid.

Q. Proposal Errors

The Vendor is liable for all errors or omissions contained in their proposals. The Vendor will not be allowed to alter proposal documents after the deadline for submitting proposals. If the Vendor needs to change a previously submitted proposal, the Vendor must withdraw the entire proposal and may submit the corrected proposal before the deadline for submitting proposals.

R. Disclosure of Proposal Contents

Proposals and supporting documents are kept confidential until the evaluation process is complete, and a Vendor has been selected. The Vendor should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure if required by law. The Vendor should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as “CONFIDENTIAL”. The Vendor must also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records law and is marked as Proprietary Information. By way of illustration but not limitation, “Proprietary Information” may include trade secrets, inventions, mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know how, improvements, discoveries, developments, designs and techniques.

Information contained in the Pricing Section may not be marked confidential. It is the sole responsibility of the Vendor to indicate information that is to remain confidential. Medicaid assumes no liability for the disclosure of information not identified by the Vendor as confidential. If the Vendor identifies its entire proposal as confidential, Medicaid may deem the proposal as non-compliant and may reject it

S. Submission of Proposals

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to 2022-TCOE-01. Proposals must be sent to the attention of the Project Director and received at the Agency as specified in the Schedule of Events. It is the responsibility of the Vendor to ensure receipt of the Proposal by the deadline specified in the Schedule of Events.

T. Copies Required

Vendors must submit one original Proposal with original signatures in ink, three additional hard copies in binder form, plus two (2) electronic (Word format) copies of the Proposal on jump drive clearly labeled with the Vendor name. One electronic copy (Word and searchable PDF format) MUST be a complete version of the Vendor's response and the second electronic copy MUST have any information asserted as confidential or proprietary removed. Vendor must identify the original hard copy clearly on the outside of the proposal.

U. Late Proposals

Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration. It shall be the Vendor's sole risk to assure delivery at the Agency by the designated deadline. Late proposals will not be opened and may be returned to the Vendor at the expense of the Vendor or destroyed if requested.

V. Proposal Clarifications

The Agency reserves the right to request clarifications with any or all Vendors if needed to ensure compliance with the requirements of this RFP. The Agency will not be liable for any costs associated with such clarifications. The purpose of any such clarifications will be to ensure full understanding of the proposal. Clarifications will be limited to specific sections of the proposal identified by Medicaid. If clarifications are requested, the Vendor must put such clarifications in writing within the specified time frame.

*As part of the proposal submission, the Respondent must provide the information requested from **Section VIII. Submission Requirements. RFX***

IX. Evaluation and Selection Process

A. Initial Classification of Proposals as Responsive or Non-responsive

All proposals will initially be classified as either "responsive" or "non-responsive." Proposals may be found non-responsive at any time during the evaluation process or contract negotiation if any of the required information is not provided; or the proposal is not within the plans and specifications described and required in the RFP. If a proposal is found to be non-responsive, it will not be considered further.

Proposals failing to demonstrate that the Vendor meets the mandatory requirements will be deemed non-responsive and not considered further in the evaluation process (and thereby rejected).

B. Determination of Responsibility

The Project Director will determine whether a Vendor has met the standards of responsibility. In determining responsibility, the Project Director may consider factors such as, but not limited to, the Vendor’s specialized expertise, ability to perform the work, experience and past performance. Such a determination may be made at any time during the evaluation process and through contract negotiation if information surfaces that would result in a determination of non-responsibility. If a Vendor is found non-responsible, a written determination will be made a part of the procurement file and mailed to the affected Vendor.

C. Opportunity for Additional Information

The Agency reserves the right to contact any Vendor submitting a proposal for the purpose of clarifying issues in that Vendor’s proposal. Vendors should clearly designate in their proposal a point-of-contact for questions or issues that arise in the Agency’s review of a Vendor’s proposal.

D. Evaluation Committee

An Evaluation Committee appointed by the Project Director will read the proposals, conduct corporate and personal reference checks, score the proposals, and make a written recommendation to the Commissioner of the Agency. The Agency may change the size or composition of the committee during the review in response to exigent circumstances.

E. Scoring

The Evaluation Committee will score the proposals using the scoring system shown in the table below. The highest score that can be awarded to any proposal is 100 points.

Evaluation Factor	Highest Possible Score
Corporate Background	20
References	10
Scope of Work	30
Price	40
Total	100

F. Determination of Successful Proposal

The Vendor whose proposal is determined to be in the best interest of the Agency will be recommended as the successful Vendor. The Project Director will forward this Vendor’s proposal through the supervisory chain to the Commissioner, with documentation to justify the Committee’s recommendation.

When the final approval is received, the Agency will notify the selected Vendor. If the Agency rejects all proposals, it will notify all Vendors. The Agency will post the award on the Agency website at www.medicaid.alabama.gov. The award will be posted under the applicable RFP number.

X. General Terms and Conditions

A. General

This RFP and Contractor’s response thereto shall be incorporated into a contract by the execution of a formal agreement. The contract and amendments, if any, are subject to approval by the Governor of the State of Alabama.

The contract shall include the following:

1. Executed contract,
2. RFP, attachments, and any amendments thereto,
3. Contractor's response to the RFP, and shall be construed in accordance with and in the order of the applicable provisions of:
 - Title XIX of the Social Security Act, as amended and regulations promulgated hereunder by HHS and any other applicable federal statutes and regulations
 - The statutory and case law of the State of Alabama
 - The Alabama State Plan for Medical Assistance under Title XIX of the Social Security Act, as amended
 - The Medicaid Administrative Code
 - Medicaid's written response to prospective Vendor questions

B. Compliance with State and Federal Regulations

Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. Medicaid retains full operational and administrative authority and responsibility over the Alabama Medicaid Program in accordance with the requirements of the federal statutes and regulations as the same may be amended from time to time.

C. Term of Contract

The initial contract term shall be for two (2) years effective March 1, 2023, through February 28, 2025. Alabama Medicaid shall have three (3), one-year options for extending this contract if approved by the Legislative Contract Review Oversight Committee. At the end of the contract period Alabama Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended at the rate indicated on the RFP Cover Sheet. The Contractor will provide pricing for each year of the contract, including any extensions.

Contractor acknowledges and understands that this contract is not effective until it has received all requisite state government approvals and Contractor shall not begin performing work under this contract until notified to do so by Medicaid. Contractor is entitled to no compensation for work performed prior to the effective date of this contract.

D. Contract Amendments

No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.

The contract shall be deemed to include all applicable provisions of the State Plan and of all state and federal laws and regulations applicable to the Alabama Medicaid Program, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affects the operation of the Alabama Medicaid Program or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.

E. Confidentiality

Contractor shall treat all information, and in particular information relating to individuals that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws including 45 CFR §160.101 – 164.534. Contractor shall not use any

information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.

Contractor shall ensure safeguards that restrict the use or disclosure of information concerning individuals to purposes directly connected with the administration of the Plan in accordance with 42 CFR Part 431, Subpart F, as specified in 42 CFR § 434.6(a)(8). Purposes directly related to the Plan administration include:

1. Establishing eligibility;
2. Determining the amount of medical assistance;
3. Providing services for recipients; and
4. Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191), the successful Contractor shall sign and comply with the terms of a Business Associate agreement with the state (Appendix B, Attachment B).

F. Security and Release of Information

Contractor shall take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. Contractor shall not release any data or other information relating to the Alabama Medicaid Program without prior written consent of Medicaid. This provision covers both general summary data as well as detailed, specific data. Contractor shall not be entitled to use of Alabama Medicaid Program data in its other business dealings without prior written consent of Medicaid. All requests for program data shall be referred to Medicaid for response by the Commissioner only.

G. Federal Nondisclosure Requirements

Each officer or employee of any person to whom Social Security information is or may be disclosed shall be notified in writing by such person that Social Security information disclosed to such officer or employee can be only used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the cost of prosecution. Such person shall also notify each such officer or employee that any such unauthorized further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR § 301.6103(n).

Additionally, it is incumbent upon the Contractor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC § 552a (i) (1), which is made applicable to Contractors by 5 USC § 552a (m) (1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

H. Contract a Public Record

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of Contractor's refusal to comply with this provision shall constitute a material breach of contract.

I. Termination for Bankruptcy

The filing of a petition for voluntary or involuntary bankruptcy of a company or corporate reorganization pursuant to the Bankruptcy Act shall, at the option of Medicaid, constitute default by Contractor effective the date of such filing. Contractor shall inform Medicaid in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. Medicaid may, at its option, declare default and notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

J. Termination for Default

Medicaid may, by written notice, terminate performance under the contract, in whole or in part, for failure of Contractor to perform any of the contract provisions. In the event Contractor defaults in the performance of any of Contractor's material duties and obligations, written notice shall be given to Contractor specifying default. Contractor shall have 10 calendar days, or such additional time as agreed to in writing by Medicaid, after the mailing of such notice to cure any default. In the event Contractor does not cure a default within 10 calendar days, or such additional time allowed by Medicaid, Medicaid may, at its option, notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

K. Termination for Unavailability of Funds

Performance by the State of Alabama of any of its obligations under the contract is subject to and contingent upon the availability of state and federal monies lawfully applicable for such purposes. If Medicaid, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, Medicaid shall promptly notify Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to Medicaid, State or Federal Government.

L. Proration of Funds

In the event of proration of the funds from which payment under this contract is to be made, this contract will be subject to termination.

M. Termination for Convenience

Medicaid may terminate performance of work under the Contract in whole or in part whenever, for any reason, Medicaid, in its sole discretion determines that such termination is in the best interest of the Agency. In the event that Medicaid elects to terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.

N. Force Majeure

Contractor shall be excused from performance hereunder for any period Contractor is prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, court order; such nonperformance shall not be a ground for termination for default.

O. Nondiscriminatory Compliance

Contractor shall comply with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order No. 11246, as amended by Executive Order No. 11375, both issued by the President of the United States, the Americans with Disabilities Act of 1990, and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

P. Conflict of Interest

In addition to the Conflict of Interest provisions located in Section III.B.3 of the RFP, the parties acknowledge and agree that the Contractor must be free of conflicts of interest in accordance with all federal and state regulations while performing the duties within the contract and this amendment. The Contractor and Medicaid agree that each has no conflict of interest preventing the execution of this Contract amendment or the requirements of the original contract and said parties will abide by applicable state and federal regulations, specifically those requirements found in the Office of Federal Procurement Policy Act. 41 U.S.C.A. 2101 through 2107.

Q. Open Trade

In compliance with Section 41-16-5 Code of Alabama (1975), the Contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

R. Small and Minority Business Enterprise Utilization

In accordance with the provisions of 45 CFR § 75.330 and OMB Circular A-102, affirmative steps shall be taken to assure that small and minority businesses are utilized when possible as sources of supplies, equipment, construction, and services.

S. Worker's Compensation

Contractor shall take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

T. Employment of Agency Staff

Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of Medicaid during the previous twelve (12) months, except retired employees or contractual consultants, without the written consent of Medicaid. Certain Medicaid employees may be subject to more stringent employment restrictions under the Alabama Code of Ethics, §36-25-1 et seq., Code of Alabama 1975.

U. Immigration Compliance

Contractor will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Contractor shall comply with the requirements of the Immigration Reform and Control Act of 1986 and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Ala. Act 2012-491 and any amendments thereto) and certify its compliance by executing Attachment G. Contractor will

document that the Contractor is enrolled in the E-Verify Program operated by the US Department of Homeland Security as required by Section 9 of Act 2012-491. During the performance of the contract, the Contractor shall participate in the E-Verify program and shall verify every employee that is required to be verified according to the applicable federal rules and regulations. Contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the performance of the services pursuant to this contract, that the Contractor will secure from such subcontractor(s) documentation that subcontractor is enrolled in the E-Verify program prior to performing any work on the project. The subcontractor shall verify every employee that is required to be verified according to the applicable federal rules and regulations. This subsection shall only apply to subcontractors performing work on a project subject to the provisions of this section and not to collateral persons or business entities hired by the subcontractor. Contractor shall maintain the subcontractor documentation that shall be available upon request by the Agency.

Pursuant to Ala. Code §31-13-9(k), by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Failure to comply with these requirements may result in termination of the agreement or subcontract.

V. Share of Contract

No official or employee of the state of Alabama shall be admitted to any share of the contract or to any benefit that may arise there from.

W. Waivers

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

X. Warranties Against Broker's Fees

Contractor warrants that no person or selling agent has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission percentage, brokerage, or contingency fee excepting bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

Y. Novation

In the event of a change in the corporate or company ownership of Contractor, Medicaid shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and Medicaid execution of the novation agreement, a valid contract shall continue to exist between Medicaid and the original Contractor. When, to Medicaid's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, Medicaid may approve the new owner and a novation agreement shall be executed.

Z. Employment Basis

It is expressly understood and agreed that Medicaid enters into this agreement with Contractor and any subcontractor as authorized under the provisions of this contract as an independent Contractor on a purchase of service basis and not on an employer-employee basis and not subject to State Merit System law.

AA. Disputes and Litigation

Except in those cases where the proposal response exceeds the requirements of the RFP, any conflict between the response of Contractor and the RFP shall be controlled by the provisions of the RFP. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Commissioner of Medicaid.

The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this contract shall be limited to the filing of a claim with the board of Adjustment for the State of Alabama. Pending a final decision of a dispute hereunder, the Contractor must proceed diligently with the performance of the contract in accordance with the disputed decision.

For any and all disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through private mediators.

Any litigation brought by Medicaid or Contractor regarding any provision of the contract shall be brought in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdictions of these courts. This provision shall not be deemed an attempt to confer any jurisdiction on these courts which they do not by law have, but is a stipulation and agreement as to forum and venue only.

BB. Records Retention and Storage

Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the Alabama Medicaid Program for a period of three years from the date of the final payment made by Medicaid to Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the three- year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

CC. Inspection of Records

Contractor agrees that representatives of the Comptroller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy Contractor's books and records pertaining to contract performance and costs thereof. Contractor shall cooperate fully with requests from any of the agencies listed above and shall furnish free of charge copies of all requested records. Contractor may require that a receipt be given for any original record removed from Contractor's premises.

DD. Use of Federal Cost Principles

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement shall be made on a competitive basis (including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31. Further, if such reimbursement is to be made with funds derived wholly or partially from federal sources, such reimbursement shall be subject to Contractor's compliance with applicable federal procurement requirements, and the determination of costs shall be governed by federal cost principles.

EE. Payment

Contractor shall submit to Medicaid a detailed monthly invoice for compensation for the deliverable and/or work performed. Invoices should be submitted to the Project Director. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

FF. Notice to Parties

Any notice to Medicaid under the contract shall be sufficient when mailed to the Project Director. Any notice to Contractor shall be sufficient when mailed to Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.

GG. Disclosure Statement

The successful Contractor shall be required to complete a financial disclosure statement with the executed contract.

HH. Debarment

Contractor hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency.

II. Not to Constitute a Debt of the State

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

JJ. Qualification to do Business in Alabama

Should a foreign corporation (a business corporation incorporated under a law other than the law of this state) be selected to provide professional services in accordance with this RFP, it must be qualified to transact business in the State of Alabama and possess a valid "Application of Registration" issued by the Secretary of State at the time a professional services contract is executed. To obtain forms for an "Application for Registration", contact the Secretary of State at (334) 242-5324 or www.sos.state.al.us. The "Application for Registration" showing application has been made must be submitted with the proposal.

KK. Choice of Law

The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the state of Alabama without regard to its conflict of law's provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.

LL. . Contract Liquidated Damages

Contractor shall receive written notice from Medicaid upon a finding of failure to comply with contract requirements, which contains a description of the events that resulted in such a finding. Contractor shall be allowed to submit rebuttal information or testimony in opposition to such findings. Medicaid shall make a final

decision regarding implementation of liquidated damages. The Contractor is responsible for meeting all terms of:

1. Executed contract;
2. RFP, and any amendments thereto;
3. Contractor's response to the RFP;
4. Medicaid's written responses to prospective bidders' questions; and
5. Contractor's clarifications as requested by Medicaid during the evaluation process.

In the event that Contractor fails to meet these requirements, and damages are sustained by Medicaid; Contractor agrees to pay Medicaid the sums set forth below as liquidated damages unless these damages are waived by Medicaid. Medicaid may impose liquidated damages for the following:

- Failure to deliver requisite reports/services/deliverables as defined by the RFP by the date specified by Medicaid. - \$100 per instance per report.
- Failure to comply with any other requirement of the RFP - \$1000 per instance.
- Failure to submit or execute an acceptable required corrective action plan - \$1000 per instance.
- Failure to perform tasks as specified in the RFP within the time specified by Medicaid - \$100 per instance.
- Misrepresentation or falsification of information furnished to CMS, to the State, to an enrollee, potential enrollee or health care provider - \$10,000 per instance.

In addition:

- Contractors shall be liable for any penalties or disallowance of Federal Financial Participation incurred by Medicaid due to any delay in CMS certification. Total dollars may include state funds as well as federal funds.
- Imposition of liquidated damages may be in addition to other contract remedies and does not waive Medicaid's right to terminate the contract.
- Unauthorized use of information shall be subject to the imposition of liquidated damages in the amount of thirty thousand dollars (\$30,000) per instance.
- Failure to safeguard confidential information of providers, recipients or the Medicaid program shall be subject to the imposition of \$30,000 per instance plus any penalties incurred by Medicaid for said infractions.
- Failure to follow security guidelines outlined in **Section X.F. Security and Release Information and Section III.E.1 Security** shall be subject to the imposition of \$30,000 per instance plus any penalties incurred by Medicaid for said infraction.

Written notification of each failure to meet material contract requirements not specifically mentioned above shall be given to the Contractor. The Contractor shall have five (5) days from the date of receipt of written notification of a failure to perform to specifications to cure the failure. However, the Agency may, at its sole discretion, approve additional days if deemed necessary. If the Contractor does not resolve the failure within this warning/cure time period, damages shall be imposed retroactively to the date of failure to perform.

The Agency shall assess liquidated damages in the amount of one thousand dollars (\$1,000.00) per day for the first ten (10) days until the non-compliance is corrected. On the eleventh day, the Agency shall increase the amount assessed to one thousand five hundred dollars (\$1,500.00) per day for the next ten (10) days. The daily damages rate shall continue to increase by five hundred dollars (\$500.00) at each interval of ten (10) days until compliance is achieved.

Amounts owed the Agency due to liquidated damages shall be deducted by the Agency from any money payable to the Contractor pursuant to this Contract. These amounts may be deducted from any actual damages claimed by the Agency in the event of litigation for non-compliance and default. The Contractor shall have an approved Corrective Action Plan (CAP) within 5 business days of a Medicaid request. The Contractor shall be assessed liquidated damages in the amount of five hundred dollars (\$500) per business day until the plan is approved. The CAP must contain a schedule of events with a final resolution date that is no more than 30 calendar days from the plan approval date, or a final resolution date approved by Medicaid. If the Contractor does not resolve the issue defined in the CAP, they shall be assessed liquidated damages in the amount of one thousand dollars (\$1,000.00) for each day after the final resolution date.

If Medicaid elects not to impose liquidated damages in a particular instance, this decision shall not be construed as a waiver of Medicaid's right to pursue future assessment of that performance requirement and associated liquidated damages.

Appendix A: Proposal Compliance Checklist

NOTICE TO CONTRACTOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

Contractor Name

Project Director

Review Date

Proposals for which ALL applicable items marked by the Project Director are determined to be compliant for responsive proposals.

RFP REFERENCE	BASIC PROPOSAL REQUIREMENTS	PROPOSAL SECTION	<input checked="" type="checkbox"/> IF CORRECT
RFP Cover Page, Instructions to Contractors	1. Contractor's original proposal received on time at correct location.		<input type="checkbox"/>
VIII. Submission Requirements, T. Copies Required	2. Contractor submitted the specified copies of proposal and in electronic format.		<input type="checkbox"/>
RFP Cover Page, Contractor Information	3. The Proposal includes a completed and signed RFP Cover Sheet.		<input type="checkbox"/>
VIII. Submission Requirements, N. Proposal Format	4. The Proposal is a complete and independent document, with no references to external documents or resources.		<input type="checkbox"/>

RFP REFERENCE	BASIC PROPOSAL REQUIREMENTS	PROPOSAL SECTION	<input checked="" type="checkbox"/> IF CORRECT
Section A. RFP Checklist	5. Contractor submitted signed acknowledgement of any and all amendments to this RFP.		<input type="checkbox"/>
VIII. Submission Requirements, F. Adherence to Specifications and Requirements	6. The Proposal includes written confirmation that the Contractor understands and shall comply with all of the provisions of the RFP.		<input type="checkbox"/>
VIII. Submission Requirements, E.Acceptance of Standard Terms and Conditions	7. The proposal includes a written confirmation that the Contractor has an understanding of and will comply with the terms and conditions as set out in the RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Contractor's bid being deemed non-responsive.		<input type="checkbox"/>
VI. Corporate Background and References	8. The Proposal includes a corporate background.		<input type="checkbox"/>
III. Scope of Work	9. The proposal includes a detailed description of how the Contractor will provide TCOE services as outlined in the request for proposal regarding each element listed in the scope of work.		<input type="checkbox"/>
VI. Corporate Background and References	10. All Contractor and subcontractor employees must work in the continental United States.		<input type="checkbox"/>

RFP REFERENCE	BASIC PROPOSAL REQUIREMENTS	PROPOSAL SECTION	<input checked="" type="checkbox"/> IF CORRECT
VI. Corporate Background and References	11. The proposal includes evidence that the Contractor is financially stable and that it has the necessary infrastructure to complete this project.		<input type="checkbox"/>
VI. Corporate Background and References	12. The proposal includes a written confirmation that the State will not reimburse the Contractor until: (a) the Project Director has approved the invoice; and (b) the Agency has relieved and approved all deliverables covered by the invoice.		<input type="checkbox"/>
VI. Corporate Background and References	13. The Proposal includes required client references (with all identifying information in specified format and order).		<input type="checkbox"/>
VI. Corporate Background and References and X. General Terms and Conditions, JJ. Qualifications to do Business in Alabama.	14. The response includes (if applicable) an Application of Registration or letter/form showing application has been made with the Secretary of State.		<input type="checkbox"/>
VI. Corporate Background and References	15. The Contractor must include any pertinent judgement, criminal conviction, investigation or litigation pending against the Contractor or any of its officers, directors, employees, agents or subcontractors of which the Contractor has knowledge or a statement that there are none.		<input type="checkbox"/>

RFP REFERENCE	BASIC PROPOSAL REQUIREMENTS	PROPOSAL SECTION	<input checked="" type="checkbox"/> IF CORRECT
VIII Submission Requirements, M.E-Verify Memorandum of Understanding.	16. The response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.		<input type="checkbox"/>
III. Scope of Work, B. Contractor Specifications, 3. Conflict of Interest	17. The proposal includes a written confirmation that the Contractor has an understanding of the Conflict of Interest Exclusion prohibiting the Contractor from responding to any other contracts related to the TCOE project.		<input type="checkbox"/>

Appendix B: Contract and Attachments

The following are the documents that must be signed **AFTER** contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting.

The current copy of these documents can be found on the Q drive in the LEGAL/Contract Forms folder.

Sample Contract

Attachment A: Contract Review Report for Submission to Oversight Committee

Attachment B: Business Associate Addendum

Attachment C: Immigration Status

Attachment D: Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Attachment E: Letter Regarding Reporting to Ethics Commission

Attachment F: Disclosure Statement

Attachment G: Beason-Hammon Certificate of Compliance

Attachment H: Governor's Additional Contract Questions

CONTRACT
BETWEEN
THE ALABAMA MEDICAID AGENCY
AND
Contractor's Name

KNOW ALL MEN BY THESE PRESENTS, that the Alabama Medicaid Agency, an Agency of the State of Alabama, and Contractor's Name, Contractor, agree as follows:

Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Enter Request for Proposal or Invitation to Bid (Enter Acronym for Contract Type) Number Enter RFP , dated Enter date of RFP strictly in accordance with the requirements thereof and Contractor's response thereto.

Contractor shall be compensated for performance under this contract in accordance with the provisions of the Enter Acronym for Contract Type and the price provided on the Enter Acronym for Contract Type Cover Sheet response, in an amount not to exceed Enter Not to Exceed Amount.

Contractor and the Alabama Medicaid Agency agree that the initial term of the contract is Enter Begin Date to Enter End Date.

This contract specifically incorporates by reference the Enter Acronym for Contract Type, any attachments and amendments thereto, and Contractor's response.

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all other disputes arising under the terms of this contract which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

All services rendered by Contractor shall be as an independent contractor and not as an employee (merit or otherwise) of the State of Alabama, and Contractor shall not be entitled to or receive Merit System benefits.

By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

In compliance with Act 2016-312, the contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

Failure to comply with these requirements may result in termination of the agreement or subcontract.

CONTRACTOR NAME

Alabama Medicaid Agency

This contract has been reviewed for and is approved as to content.

Contractor Signature

Stephanie McGee Azar
Commissioner

Tax ID: _____

Date signed: _____

Date signed: _____

APPROVED:

This contract has been reviewed for legal form and complies with all applicable laws, rules, and regulations of the State of Alabama governing these matters.

Kay Ivey
Governor, State of Alabama

Legal Counsel

Attachment A: Contract Review Report for Submission to Oversight Committee

Contract Review Permanent Legislative Oversight Committee
Alabama State House --- Montgomery, Alabama 36130

CONTRACT REVIEW REPORT

(Separate review report required for each contract)

Name of State Agency: _____

Name of Contractor: _____

Contractor's Physical Street Address (No P.O. Box Accepted) _____ City _____ ST _____

Is Contractor a Sole Source? YES _____ NO (IF YES, ATTACH LETTER)

Is Contractor organized as an Alabama Entity in Alabama? YES _____ NO _____

Is Contractor a minority and/or woman-owned business? YES _____ NO _____

If so, is Contractor certified as such by the State of Alabama? YES _____ NO _____

Check all that apply: ALDOT _____ ADECA _____ OTHER (Name) _____

Is Contractor Registered with Alabama Secretary of State to do business as a Corporation in Alabama? YES _____ NO _____

IF LLC, GIVE NAMES OF MEMBERS:

Is Act 2001-955 Disclosure Form Included with this Contract? YES NO _____

Does Contractor have current member of Legislature or family member of Legislator employed? YES _____ NO _____

Was a lobbyist/consultant used to secure this Contract OR affiliated with this Contractor? YES _____ NO _____

IF YES, GIVE NAME: _____

Contract Number: C _____ (See Fiscal Policies & Procedures Manual, Page 5-8)

Contract/Amendment Total: \$ _____ **(PUT AMOUNT YOU ARE ASKING FOR TODAY ONLY)**

% State Funds: _____ % Federal Funds: _____ % Other Funds: _____ **

**Please Specify Source of Other Funds (Fees, Grants, etc.) _____

Date Contract Effective: _____ Date Contract Ends: _____

Type Contract: NEW: _____ RENEWAL: _____ AMENDMENT: _____

If Renewal, was it originally Bid? YES _____ NO _____

IF AMENDMENT, Complete A through C:

[A] ORIGINAL contract amount \$ _____

[B] Amended total prior to this amendment \$ _____

[C] Amended total after this amendment \$ _____

Was Contract Secured through Bid Process? YES _____ NO _____ Was lowest Bid accepted? YES _____ NO _____

Was Contract Secured through RFP Process? YES _____ NO _____ Date RFP was awarded: _____

Posted to Statewide RFP Database at <http://rfp.alabama.gov/Login.aspx>? YES _____ NO _____

If NO, give a brief explanation as to why not: _____

Summary of Contract Services to be Provided: _____

Why Contract Necessary AND why this service cannot be performed by merit employee: _____

I certify that the above information is correct.

Signature of Agency Head

Signature of Contractor

Printed Name of Agency Head

Printed Name of Contractor

Agency Contact: _____ Phone: _____

Revised 8/2/2017

ALABAMA MEDICAID AGENCY
BUSINESS ASSOCIATE AGREEMENT

Revised 06/2019

This Agreement is made effective the _____ day of _____, 20____, by and between the Alabama Medicaid Agency (“Covered Entity”), an agency of the State of Alabama, and _____ (“Business Associate”) (collectively the “Parties”).

1. BACKGROUND

- 1.1. Business Associate agrees to perform the following services for or on behalf of Covered Entity: [Enter a description below of the service(s) to be provided with sufficient detail to ensure clarity. Delete this parenthetical guidance from the document prior to execution.]
-
-

- 1.2. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a “business associate” within the meaning of the HIPAA Rules (as defined below).
- 1.3. The Parties enter into this Business Associate Agreement with the intention of complying with the HIPAA Rules allowing a covered entity to disclose protected health information to a business associate, and allowing a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

2.1 General Definitions

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Protected Health Information, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

2.2 Specific Definitions

2.2.1 Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. § 160.103

2.2.2 Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. § 160.103.

2.2.3 HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164 of the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and the implementing regulations promulgated thereunder from time to time by the U.S. Department of Health and Human Services (HHS).

3. OBLIGATIONS OF BUSINESS ASSOCIATE

Business Associate agrees to the following:

- 3.1 Use or disclose PHI only as permitted or required by this Agreement or as Required by Law.
- 3.2 Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Further, Business Associate will implement administrative, physical and technical safeguards (including

written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity as required by Subpart C of 45 C.F.R. Part 164.

- 3.3** Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- 3.4** Report to Covered Entity within five (5) business days any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- 3.5** Ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and § 164.308(b)(2), if applicable.
- 3.6** Provide Covered Entity with access to PHI within thirty (30) business days of a written request from Covered Entity, in order to allow Covered Entity to meet its requirements under 45 C.F.R. § 164.524, access to PHI maintained by Business Associate in a Designated Record Set.
- 3.7** Make amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 C.F.R. § 164.526 at the written request of Covered Entity, within thirty (30) calendar days after receiving the request.
- 3.8** Make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary within five (5) business days after receipt of written notice or as designated by the Secretary for purposes of determining compliance with the HIPAA Rules.
- 3.9** Maintain and make available the information required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI as necessary to satisfy the Covered Entity's obligations under 45 C.F.R. § 164.528.
- 3.10** Provide to the Covered Entity, within thirty (30) days of receipt of a written request from Covered Entity, the information required for Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- 3.11** Maintain a comprehensive security program appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities as defined in the Security Rule.
- 3.12** Notify the Covered Entity within five (5) business days following the discovery of a breach of unsecured PHI on the part of the Contractor or any of its sub-contractors, and
 - 3.12.1** Provide the Covered Entity the following information:
 - 3.12.1(a)** The number of recipient records involved in the breach.
 - 3.12.1(b)** A description of what happened, including the date of the breach and the date of the discovery of the breach if known.
 - 3.12.1(c)** A description of the types of unsecure protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other type information were involved).
 - 3.12.1(d)** Any steps the individuals should take to protect themselves from potential harm resulting from the breach.
 - 3.12.1(e)** A description of what the Business Associate is doing to investigate the breach, to mitigate harm to individuals and to protect against any further breaches.
 - 3.12.1(f)** Contact procedures for individuals to ask questions or learn additional information, which shall include the Business Associate's toll-free number, email address, Web site, or postal address.
 - 3.12.1(g)** A proposed media release developed by the Business Associate.

- 3.12.2 Work with Covered Entity to ensure the necessary notices are provided to the recipient, prominent media outlet, or to report the breach to the Secretary of Health and Human Services (HHS) as required by 45 C.F.R. Part 164, Subpart D.;
- 3.12.3 Pay the costs of the notification for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate;
- 3.12.4 Co-ordinate with the Covered Entity in determining additional specific actions that will be required of the Business Associate for mitigation of the breach.

4. PERMITTED USES AND DISCLOSURES

Except as otherwise limited in this Agreement, Business Associate may

- 4.1. Use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as agreed to, provided that such use or disclosure would not violate the Subpart E of 45 C.F.R. Part 164 if done by Covered Entity;
- 4.2. Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- 4.3. Disclose PHI for the proper management and administration of the Business Associate, provided that:
 - 4.3.1 Disclosures are Required by Law; or
 - 4.3.2 Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- 4.4 Use PHI to provide data aggregation services to Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

5. REPORTING IMPROPER USE OR DISCLOSURE

The Business Associate shall report to the Covered Entity within five (5) business days from the date the Business Associate becomes aware of:

- 5.1 Any use or disclosure of PHI not provided for by this agreement
- 5.2 Any Security Incident and/or breach of unsecured PHI

6. OBLIGATIONS OF COVERED ENTITY

The Covered Entity agrees to the following:

- 6.1 Notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 C.F.R. §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- 6.2 Notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.
- 6.3 Notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

- 6.4 Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- 6.5 Provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services to which this agreement pertains.

7. TERM AND TERMINATION

7.1 **Term.** The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Business Associate no longer provides agreed upon services to the Covered Entity.

7.2 **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

7.2.1 Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

7.2.2 Immediately terminate this Agreement; or

7.2.3 If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

7.3 Effect of Termination.

7.3.1 Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

7.3.2 In the event that Business Associate determines that the PHI is needed for its own management and administration or to carry out legal responsibilities, and returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall:

7.3.2(a) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

7.3.2(b) Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining PHI that the Business Associate still maintains in any form;

7.3.2(c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the PHI;

7.3.2(d) Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 4, "Permitted Uses and Disclosures" which applied prior to termination; and

7.3.2(e) Return to Covered Entity or, if agreed to by Covered Entity, destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

7.4 Survival

The obligations of Business Associate under this Section shall survive the termination of this Agreement.

8. GENERAL TERMS AND CONDITIONS

8.1 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.

8.2 A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the services of the Business Associate.

8.3 The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the HIPAA Rules.

IN WITNESS WHEREOF, Covered Entity and Business Associate have executed this Agreement effective on the date as stated above

ALABAMA MEDICAID AGENCY

Signature

Date

Clay Gaddis

Printed Name

Privacy Officer

Title

BUSINESS ASSOCIATE

Signature

Date

Printed Name

Title

IMMIGRATION STATUS

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Signature of Contractor

Witness

Attachment D: Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

(Derived from Appendix B to 45 CFR Part 76--Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions)

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this contract that it will include this certification clause without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.



KAY IVEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799

334-242-5000 1-800-362-1504



STEPHANIE MCGEE AZAR
Commissioner

MEMORANDUM

SUBJECT: Reporting to Ethics Commission by Persons Related to Agency Employees

Section 36-25-16(b) Code of Alabama (1975) provides that anyone who enters into a contract with a state agency for the sale of goods or services exceeding \$7500 shall report to the State Ethics Commission the names of any adult child, parent, spouse, brother or sister employed by the agency.

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:

100 North Union Street
RSA Union Bldg.
Montgomery, Alabama 36104

A copy of the statute is reproduced below for your information. If you have any questions, please feel free to contact the Agency Office of General Counsel, at 242-5741.

Section 36-25-16. Reports by persons who are related to public officials or public employees and who represent persons before regulatory body or contract with state.

- (a) When any citizen of the state or business with which he or she is associated represents for a fee any person before a regulatory body of the executive branch, he or she shall report to the commission the name of any adult child, parent, spouse, brother, or sister who is a public official or a public employee of that regulatory body of the executive branch.
- (b) When any citizen of the State or business with which the person is associated enters into a contract for the sale of goods or services to the State of Alabama or any of its agencies or any county or municipality and any of their respective agencies in amounts exceeding seven thousand five hundred dollars (\$7500) he or she shall report to the commission the names of any adult child, parent, spouse, brother, or sister who is a public official or public employee of the agency or department with whom the contract is made.
- (c) This section shall not apply to any contract for the sale of goods or services awarded through a process of public notice and competitive bidding.
- (d) Each regulatory body of the executive branch, or any agency of the State of Alabama shall be responsible for notifying citizens affected by this chapter of the requirements of this section. (Acts 1973, No. 1056, p. 1699, §15; Acts 1975, No. 130, §1; Acts 1995, No. 95-194, p. 269, §1.)



State of Alabama Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Medicaid Agency

ADDRESS

501 Dexter Avenue, Post Office Box 5624

CITY, STATE, ZIP TELEPHONE NUMBER

Montgomery, Alabama 36103-5624 (334) 242-5833

This form is provided with:

- Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

- List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature Date

Notary's Signature Date Date Notary Expires

Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

Attachment G: Beason-Hammon Certificate of Compliance

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject): Enter brief contract description by and between Enter Contractor Name (Contractor/Grantee) and Alabama Medicaid Agency (State Agency or Department or other Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

- 1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.
BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:
a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.
EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.
(a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
(b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.
3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20_____.

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on

this _____ day of _____ 20_____.

WITNESS: _____

Print Name of Witness

Attachment H: Governor's Additional Contract Questions

GOVERNOR'S ADDITIONAL CONTRACT QUESTIONS

FOR PERSONAL AND PROFESSIONAL SERVICES CONTRACTS

PART I. Mark the statutory basis for the claimed exemption from the requirement of "competitive bidding, on sealed bids, to the lowest responsible bidder," Ala. Code § 41-16-20, and any applicable requirements relating to procurement of professional services. See Ala. Code §§ 41-16-72 to -79. Then check all boxes that apply beneath the claimed exemption(s).

- § 41-16-20
- § 41-16-21(a)
- § 41-16-21(b)
- § 41-16-21.1
- § 41-16-21.2
- § 41-16-72(1) (attorneys)
 - Litigation (Hourly)
 - DAG appointment letter attached
 - Governor's rate approval letter attached
 - Litigation (Contingency Fee)
 - DAG appointment letter attached
 - Written determination attached as required by § 41-16-72(1)f.2.
 - Fee within limits prescribed by § 41-16-72(1)f.3. or AG's written authorization for exceeding limits is attached
 - AG's standard contract addendum attached per § 41-16-72(1)f.7.
 - Non-litigation - Justification letter attached for not using in-house counsel or AG
- § 41-16-72(1)(d) (experts)
- § 41-16-72(2) (physicians) – Provider selected from AMLC list
- § 41-16-72(3) (architects, engineers, etc.)
 - RFP or other notice of need for professional services was widely disseminated to the professional community in a full and open manner
 - The contract fees are within the approved fee schedule
- § 41-16-72(4) (other professional: _____)
 - Proposals were solicited from providers on list obtained from Purchasing Division
 - Fees of selected provider do not exceed lowest qualified proposal by 10% or more
 - If fees exceed lowest qualified proposal by 10%, justification letter is attached
- § 41-16-72(7) (exempted agencies)
- § 41-16-74 (GSA provider)
- § 41-16-75 (sole source provider)
 - No other goods or services can meet the needs of the agency, and no other vendor offers substantially equivalent goods or services that can accomplish the purposes of this contract
 - Detailed justification/explanation letter attached
 - Written approval from Purchasing Director or Finance Director attached
- § 41-16-78 (other exemptions/exceptions)

Questions about this form and any suggestions for revisions may be sent to the Governor's Legal Office (334) 242-7120 or teresa.lee@governor.alabama.gov

Form Revised DEC 2017v2

PART II. Complete this section **ONLY** if contract was awarded by RFP or RFQ. **Check all that apply.**

Solicitation was posted to online database as required by § 41-4-66.
 The solicitation was distributed to how many providers?
 The agency received responses/proposals from how many providers?
 Explanation of how proposals were evaluated:

PART III. Complete this section **ONLY** if contract is for **IT (Information Technology) related services.**

Contract is for professional services such as IT consulting or custom software/system design and development, not for off-the-shelf software or off-the-shelf cloud-based product.
 Written approval of OIT attached per § 41-4-285

If exemption from OIT approval is claimed, please explain basis:

PART IV. Complete this section **ONLY** if contract is for **personal services** (employer-employee relationship).

Approved by State Personnel Department or its Board in accordance with Section 5-5 of the State of Alabama Fiscal Policy and Procedures Manual

PART V. COMPLETE THIS SECTION FOR ALL CONTRACTS.

Contract is limited to personal/professional services; any goods provided in conjunction with contract have been purchased by competitive bid in accordance with § 41-16-20.
 Contract does not contain a waiver of sovereign immunity.
 Contract does not require the state to indemnify.
 Contract contains all required clauses:
 Early termination clause on page: RFP Pg
 Alternative Dispute Resolution clause on page: RFP Pg
 Merit System Exclusion clause on page: _____
 Beason-Hammon (immigration) clause on page: Contract Amendment
 No-boycott (i.e. free trade) clause on page: Contract Pg 1
 Disclosure statement required by § 41-16-82 is attached (or contract is for \$5,000 or less).

I certify that all the information provided on this form is true, correct, and complete to the best of my knowledge.

Agency/Department Head

Form Revised DEC 2017v2

Appendix C: Procurement Library Contents

Document #
TCOE Requirements Response Matrix
Alabama State Holiday 2022
Pricing Schedule
TCOE Vendor Registration
TCOE RFP Question Log Spreadsheet
AMMP Tools
AMA Attestation and Agreement Document
PL08_AMMP_Plans_Guides_and_Templates_TOC include the below:
<ul style="list-style-type: none">○ PMO-2-w-02 - Contract Discovery Template○ COM-10 - Scope Change Management Plan○ AMMP COM-6-A Responsibility Assignment Matrix (RAM)○ DMT Overview○ Invoice Protocols Reference Guide○ Configuration Management and Document Validation○ Program Quality Management Plan○ End Of Contract Turnover

Appendix D: Medicaid Organizational Chart

The Agency Organizational Chart may be found at the public website:

https://medicaid.alabama.gov/documents/2.0_Newsroom/2.1_About_Medicaid/2.1_Alabama_Medicaid_Organizational_Chart_8-12-21.pdf

Appendix E: Key Personnel Resume Sheet

This form must be used to respond to key positions. For each named individual a separate Key Personnel Resume Sheet must be submitted.

Vendor Organization: _____

Key Position: _____

Candidate:

Full Name: Last Name First Name MI

Address Street: City: State: Zip:

U.S. Citizen Non-U.S. Citizen Visa Status:

Status: Employee Self Employed Subcontractor (Name: _____)

Other:

Education:

Mark highest level completed.	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary						
School Name	Degree/Major			Degree Earned	Year Received	

Work Experience:

Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.

Work Experience #:			
Job Title:			
From	To	Reason for Leaving:	Hours per week
Describe your duties and responsibilities as they relate to the Request for Proposal:			

Professional References:

List 3 Professional References below.

Reference 1

Name	Title	Organization
Address	Phone () -	E-mail Address

Reference 2		
Name	Title	Organization
Address	Phone () -	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone () -	E-mail Address

Candidate and Vendor Certification

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Alabama Medicaid Agency may be investigated.

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

Authorized Vendor Signature

Date

Sample Key Personnel Resume Sheet

Vendor Organization: Auburn University Montgomery
 Key Position: Technical Team – Communications Manager

Candidate:

Full Name: Jackson Hewlett M
 Address Street: 6760 Happy Lane Circle City: Oklahoma State: OK Zip: 54671
 U.S. Citizen Non-U.S. Citizen Visa Status:
 Status: Employee Self Employed Subcontractor (Name: __) Other:

Education:

Mark highest level completed.	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input checked="" type="checkbox"/>	Doctoral <input type="checkbox"/>
-------------------------------	----------------------------------	---------------------------------	------------------------------------	-----------------------------------	--	-----------------------------------

List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary			
School Name	Degree/Major	Degree Earned	Year Received
Harvard University	Master Business Administration	Yes	2001
Yale University	Bachelor of Science in Information Technology	Yes	2000
Princeton University	Associate in Data Processing Technology	Yes	1997

Work Experience:

Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.

Work Experience #: 1			
Job Title: Sr. SQL Administrator			
From 02/2001	To Present	Reason for Leaving:	Hours per week 40
Describe your duties and responsibilities as they relate to the Request for Proposal. Maintain and develop employee database, supply database, clientele databases, and administer programming for these databases, Keep all records up to date in hard copies and soft on a network. Keep general knowledge of network in order to coordinate employee computers. Keep clientele in a secure intranet database.			

Work Experience #: 2
Job Title: Software Application Engineer

From 03/1995	To 01/2001	Reason for Leaving: New Job Opportunity	Hours per week 40
<p>Describe your duties and responsibilities as they relate to the Request for Proposal. Designs, develops, debugs, modifies, and tests software programs by using current programming languages, methodologies and technologies.</p> <p>Documents software development and/or test development by writing documents, reports, memos, change requests. Methods used are determined by approved procedures and standards Tracks software development effort by creating and maintaining records in the approved tracking management tool. Analyzes, evaluates, and verifies requirements, software and systems by using software engineering practices.</p>			

Professional References:

List 3 Professional References below.

Reference 1		
Name Bob Thorton	Title CEO	Organization Bob Thornton Enterprise
Address 3245 Grey Hat Drive	Phone (123) 456 - 7589	E-mail Address bob@greyhat.com

Reference 2		
Name Henry Ford	Title CEO	Organization Humpfrey Corp.
Address 234 Humpfrey St.	Phone (123) 456 - 7589	E-mail Address hford@humpfrey.com

Reference 3		
Name Jack Smith	Title Software Director	Organization Red Brick Software Services
Address 987 Daniels Dr.	Phone (123) 456 - 7589	E-mail Address j@daniels.com

Candidate and Vendor Certification

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military

service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Alabama Medicaid Agency may be investigated.

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

[SIGNATURE]

Authorized Vendor Signature

Date



State of Alabama Solicitation

Solicitation RFP 062 22000000057	Document Phase Final	Document Description AMMP Testing Center of Excellence
Procurement Folder 1533704	Creation Date 03/21/22	Print Date 03/22/22

Request for Proposals

CONTACTS

Contact	Name	E-mail	Phone
Requestor:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785
Issuer:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785
Buyer:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785

Bids will be accepted from: 03/22/22
to: 07/08/22

All Inquiries for Information Regarding Bid Submission Requirements or Procurement Procedures Should be Directed To The Buyer Contact Listed Above.

COMMODITY INFORMATION

Group: 1	Line: 1	Line Type: Service
Commodity Code: PRF08000001		Quantity:
Commodity Description: CONSULTING SERVICES		Unit:
Extended Description:		
CONSULTING SERVICES		

SHIPPING AND BILLING

Shipping	Billing
Medicaid Headquarters Shipping 501 Dexter Avenue Montgomery, AL 36104	,
Delivery Date:	Delivery Type:

COMMODITY INFORMATION

Group: 1	Line: 2	Line Type: Service
Commodity Code: PRF09000001		Quantity:
Commodity Description: DATA PROCESSING, COMPUTER,		Unit:
Extended Description:		

SHIPPING AND BILLING

Shipping

Medicaid Headquarters Shipping
501 Dexter Avenue
Montgomery, AL 36104

Delivery Date:

Billing

,

Delivery Type:

	Document Phase	Document Description	Page 3
22000000057	Final	AMMP Testing Center of Excellence	Total Pages: 5

GENERAL TERMS AND CONDITIONS FOR RFP FOR SERVICES v 7-9-15 rhc edit 7-28-15

GENERAL TERMS AND CONDITIONS FOR THIS REQUEST FOR PROPOSALS - All proposals are subject to these Terms and Conditions.

1. PROHIBITED CONTACTS; INQUIRIES REGARDING THIS RFP – From the Release Date of this RFP until a contract is awarded, parties that intend to submit, or have submitted, a Proposal are prohibited from communicating with any members of the Soliciting Party’s Team for this transaction who may be identified herein or subsequent to the Release Date, or other employees or representatives of the Soliciting Party regarding this RFP or the underlying transaction except the designated contact(s) identified in {insert *location in RFP where contacts are identified, such as Section S or Item 2.*}

Questions relating only to the RFP process may be submitted by telephone or by mail or hand delivery to: the designated contact. Questions on other subjects, seeking additional information and clarification, must be made in writing and submitted via email to the designated contact, sufficiently in advance of the deadline for delivery of Proposals to provide time to develop and publish an answer. A question received less than two full business days prior to the deadline may not be acknowledged. Questions and answers will be published to those parties submitting responsive proposals.

2. NONRESPONSIVE PROPOSALS - Any Proposal that does not satisfy requirements of the RFP may be deemed non-responsive and may be disregarded without evaluation. Clarification or supplemental information may be required from any Proposer.

3. CHANGES TO THE RFP; CHANGES TO THE SCHEDULE - The Soliciting Party reserves the right to change or interpret the RFP prior to the Proposal Due Date. Changes will be communicated to those parties receiving the RFP who have not informed the Soliciting Party’s designated contact that a Proposal will not be submitted. Changes to the deadline or other scheduled events may be made by the Soliciting Party as it deems to be in its best interest.

4. EXPENSES - Unless otherwise specified, the reimbursable expenses incurred by the service provider in the providing the solicited services, shall be charged at actual cost without mark-up, profit or administrative fee or charge. Only customary, necessary expenses in reasonable amounts will be reimbursable, to include copying (not to exceed 15 cents per page), printing, postage in excess of first class for the first one and one-half ounces, travel and preapproved consulting services. Cost of electronic legal research, cellular phone service, fax machines, long-distance telephone tolls, courier, food or beverages are not reimbursable expenses without prior authorization, which will not be granted in the absence of compelling facts that demonstrate a negative effect on the issuance of the bonds, if not authorized.

If pre-approved, in-state travel shall be reimbursed at the rate being paid to state employees on the date incurred. Necessary lodging expenses will be paid on the same per-diem basis as state employees are paid. Any other pre-approved travel expenses will be reimbursed on conditions and in amounts that will be declared by the Issuer when granting approval to travel. Issuer may require such documentation of expenses as it deems necessary.

5. REJECTION OF PROPOSALS - The Soliciting Party reserves the right to reject any and all proposals and cancel this Request if, in the exercise its sole discretion, it deems such action to be in its best interest.

6. EXPENSES OF PROPOSAL – The Soliciting Party will not compensate a Proposer for any expenses incurred in the preparation of a Proposal.

7. DISCLOSURE STATEMENT - A Proposal must include one original Disclosure Statement as required by Code Section 41-16-82, et seq., *Code of Alabama 1975*. Copies of the Disclosure Statement, and information, may be downloaded from the State of Alabama Attorney General’s web site at <https://www.alabamaag.gov/Documents/files/File-AL-Vendor-Disclosure-Statement.pdf> and <https://www.alabamaag.gov/Documents/files/Vendor-Disclosure-Instructions.pdf>.

	Document Phase	Document Description	Page 4
2200000057	Final	AMMP Testing Center of Excellence	Total Pages: 5

8. LEGISLATIVE CONTRACT REVIEW - Personal and professional services contracts with the State may be subject to review by the Contract Review Permanent Legislative Oversight Committee in accordance with Section 29-2-40, et seq., Code of Alabama 1975. The vendor is required to be knowledgeable of the provisions of that statute and the rules of the committee. These rules can be found at <http://www.legislature.state.al.us/aliswww/AlaLegJointIntCommContracReview.aspx>. If a

contract resulting from this RFP is to be submitted for review the service provider must provide the forms and documentation required for that process.

9. THE FINAL TERMS OF THE ENGAGEMENT - Issuance of this Request For Proposals in no way constitutes a commitment by the Soliciting Party to award a contract. The final terms of engagement for the service provider will be set out in a contract which will be effective upon its acceptance by the Soliciting Party as evidenced by the signature thereon of its authorized representative. Provisions of this Request For Proposals and the accepted Proposal may be incorporated into the terms of the engagement should the Issuer so dictate. Notice is hereby given that there are certain terms standard to commercial contracts in private sector use which the State is prevented by law or policy from accepting, including indemnification and holding harmless a party to a contract or third parties, consent to choice of law and venue other than the State of Alabama, methods of dispute resolution other than negotiation and mediation, waivers of subrogation and other rights against third parties, agreement to pay attorney's fees and expenses of litigation, and some provisions limiting damages payable by a vendor, including those limiting damages to the cost of goods or services.

10. BEASON-HAMMON ACT COMPLIANCE. A contract resulting from this RFP will include provisions for compliance with certain requirements of the *Beason-Hammon Alabama taxpayer and Citizen Protection Act* (Act 2011-535, as amended by Act 2012-491 and codified as Sections 31-13-1 through 35, Code of Alabama, 1975, as amended), as follows:

E- VERIFY ENROLLMENT DOCUMENTATION AND PARTICIPATION. As required by Section 31-13-9(b), Code of Alabama, 1975, as amended, Contractor that is a "business entity" or "employer" as defined in Code Section 31-13-3, will enroll in the E-Verify Program administered by the United States Department of Homeland Security, will provide a copy of its Memorandum of Agreement with the United States Department of Homeland Security that program and will use that program for the duration of this contract.

CONTRACT PROVISION MANDATED BY SECTION 31-13-9(k):

By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

	Document Phase	Document Description	Page 5
2200000057	Final	AMMP Testing Center of Excellence	Total Pages: 5

ATTENTION: Alabama Medicaid intends to post the AMMP Testing Center of Excellence RFP specifications document by the close of business on 3/21/2022, to the Alabama Medicaid website at:

http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.4_Procurement.aspx.

All questions concerning this RFP must be directed to:

TCOERFP@medicaid.alabama.gov

Amendment 1 to RFP 2022-TCOE-01

05/03/2022

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS, AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: RFP 2022-TCOE-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

1. Medicaid Procurement Site, STAARS Document

Currently Reads as:

Document
2022-TCOE-01- Released 3/22/22
STAARS Document - Released 3/22/22 * Requirements of the RFP may be more restrictive. Refer to the requirements of the RFP.

Revised as:

Document	Modification
2022-TCOE-01- Released 3/22/22	No change
STAARS Document- Released 3/22/22 * Requirements of the RFP may be more restrictive. Refer to the requirements of the RFP.	Updated

2. Appendix C, Procurement Library Contents, Page 90, Updates, Changes, and an Addition as follows:

Currently Reads as:

Document # \$ %
TCOE Requirements Response Matrix
Alabama State Holiday 2022
Pricing Schedule
TCOE Vendor Registration
TCOE RFP Question Log Spreadsheet
AMMP Tools
AMA Attestation and Agreement Document
AMMP Plans, Guides and Template TOC include the below: <ul style="list-style-type: none"> ○ PMO-2-w-02 - Contract Discovery Template ○ COM-10 - Scope Management Plan ○ AMMP COM-6-A Responsibility Assignment Matrix (RAM) ○ DMT Overview ○ Invoice Protocol Reference Guide ○ Configuration Management and Document Validation ○ Program Quality Management Plan ○ End Of Contract Turnover

Revised as:

Document #\$\$%	Modifications
TCOE Requirements Response Matrix	Updated
Alabama State Holiday 2022	No change
Pricing Schedule	Updated
TCOE Vendor Registration	No change
TCOE RFP Question Log Spreadsheet	No change
AMMP Tools	No change
AMA Attestation and Agreement Document	No change
AMMP-Roadmap	Added
AMMP Plans, Guides and Template TOC include the below: <ul style="list-style-type: none"> ○ PMO-2-w-02 - Contract Discovery Template ○ COM-10 - Scope Management Plan ○ AMMP COM-6-A Responsibility Assignment Matrix (RAM) ○ DMT Overview ○ Invoice Protocol Reference Guide ○ Configuration Management and Document Validation ○ Program Quality Management Plan ○ End Of Contract Turnover 	No change

TCOE Requirements Response Matrix

Currently Reads as:

29	Contractor Specification	Physical Location	The Contractor’s staffing solution will only include staff performing AMMP work to be located within the continental United States (CONUS).
----	--------------------------	-------------------	---

75	Common Process	Security	The Contractor shall ensure that solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.
----	----------------	----------	---

TCOE Requirements Response Matrix:

Revised as:

29	Contractor Specification	Physical Location	The Contractor shall provide a staffing solution that will only include staff performing AMMP work to be located within the continental United States (CONUS).
----	--------------------------	-------------------	--

Deleted in its entirety:

75	Common Process	Security	The Contractor shall ensure that solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.
----	----------------	----------	---

TCOE Pricing Schedule

Currently Reads as:

- Line 27: System Intergration Testing (SIT) – SI
- Line 43: System Intergration Testing (SIT) - CARES
- Line 44: System Intergration Testing (SIT) – EDS
- Line 57: System Intergration Testing (SIT) – MEVV
- Line 72: System Intergration Testing (SIT) - CPMS
- Line 73: System Intergration Testing (SIT) - Provider

TCOE Pricing Schedule

Revised as:

- Line 27 System Integration Testing (SIT) Plan – SI
- Line 43: System Integration Testing (SIT) Plan - CARES
- Line 44: System Integration Testing (SIT) Plan – EDS
- Line 57: System Integration Testing (SIT) Plan - MEVV
- Line 72: System Integration Testing (SIT) Plan - CPMS
- Line 73: System Integration Testing (SIT) Plan - Provider

3. Section IV.D, Corporate Background, and References, page 53, change as follows:

Currently Reads as:

Have a minimum of five (5) years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing

in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).

Revised as:

Have a minimum of five (5) *calendar* years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).

I hereby acknowledge the receipt of Amendment 1 to RFP 2022-TCOE-01

Authorized Vendor Signature

Date

Vendor Organization

Amendment 2 to RFP 2022-TCOE-01

06/16/2022

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS, AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: RFP 2022-TCOE-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

1. Appendix C, Procurement Library Contents, Page 90, Updates, and Changes as follows:

Currently Reads as:

Document #
TCOE Requirements Response Matrix
Alabama State Holiday 2022
Pricing Schedule
TCOE Vendor Registration
TCOE RFP Question Log Spreadsheet
AMMP Tools
AMA Attestation and Agreement Document
AMMP-Roadmap
<p>AMMP Plans, Guides and Template TOC include the below:</p> <ul style="list-style-type: none"> ○ PMO-2-w-02 - Contract Discovery Template ○ COM-10 - Scope Management Plan ○ AMMP COM-6-A Responsibility Assignment Matrix (RAM) ○ DMT Overview ○ Invoice Protocol Reference Guide ○ Configuration Management and Document Validation ○ Program Quality Management Plan ○ End Of Contract Turnover

Revised as:

Document #	Modifications
TCOE Requirements Response Matrix	Updated
Alabama State Holiday 2022	No change
Pricing Schedule	Updated
TCOE Vendor Registration	No change
TCOE RFP Question Log Spreadsheet	No change
AMMP Tools	Updated
AMA Attestation and Agreement Document	No change
AMMP-Roadmap	No change
Key Personnel Resume Sheet	Added
<p>AMMP Plans, Guides and Template TOC include the below:</p> <ul style="list-style-type: none"> ○ PMO-2-w-02 - Contract Discovery Template ○ COM-10 - Scope Management Plan ○ AMMP COM-6-A Responsibility Assignment Matrix (RAM) ○ DMT Overview ○ Invoice Protocol Reference Guide ○ Configuration Management and Document Validation ○ Program Quality Management Plan ○ End Of Contract Turnover 	No change

TCOE Requirements Response Matrix

Currently Reads as:

23	Contract StartUp	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Program Wide Integrated Master Schedule Template (PMO-2-p-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.
----	------------------	------------------	--

TCOE Requirements Response Matrix:

Revised as:

23	Contract StartUp	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Integrated Master Schedule Template (PMO-2-q-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.
----	------------------	------------------	---

TCOE Requirements Response Matrix

Currently Reads as:

78	Common Process	Security	The SI Contractor's solution shall ensure all data exchanges are restricted to the continental United States (CONUS).
----	----------------	----------	---

Revised as:

78	Common Process	Security	The Contractor shall provide a solution where all data exchanges are restricted to the continental United States (CONUS).
----	----------------	----------	--

2. Section III.C.5, AMMP Testing Strategy, page 31, changes as follows:

Currently Reads as:

The AMMP Testing Strategy shall include, but not be limited to:

Introduction
Overview
Scope and Goals
Test Approach
Test Levels
Test Types
Environment Requirements
System Integration Testing
End-to-End testing execution and support
User Acceptance Testing support
Industry Standards to Follow
Test Deliverables
Testing Metrics
Requirements Traceability Matrix
Risk Identification and Mitigation
Reporting Tool
Testing Summary

Revised as:

The AMMP Testing Strategy shall include, but not be limited to:

Introduction
Overview
Scope and Goals
Test Approach
Test Levels
Test Types
Environment Requirements
System Integration Testing
End-to-End testing execution and support
User Acceptance Testing support
Industry Standards to Follow
Test Deliverables
Testing Metrics
Requirements Traceability Matrix
Risk Identification and Mitigation
Reporting Tool
Defect Reporting
Testing Summary

3. Section III.C.8, Defect Identification and Management, page 32, changes as follows:

Currently Reads as:

Lower Priority defects (not identified above) shall be reported to the Agency by phone or e-mail the day the defect is identified or prior to 8:00 AM Central time the next business day.

Revised as:

Lower Priority defects (not identified above) shall be reported to the Agency by phone or e-mail the day the defect is identified or prior to 8:00 AM Central time the next business day. **Lower environments defects identified are to be reported on a weekly basis with timeframe when the defects are to be resolved.**

4. Section III.E.7, Specifications, Requirements, and Deliverables (SRDs) Table, page 47, changes as follows:

Currently Reads as:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. E 1	Security	The SI Contractor's solution shall ensure all data exchanges are restricted to the continental United States (CONUS).	As Stated	NA	S/A	NA	NA

Revised as:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. E 1	Security	The Contractor shall provide a solution where all data exchanges are restricted to the continental United States (CONUS).	As Stated	NA	S/A	NA	NA

5. Section III.A.8, Specifications, Requirements, and Deliverables (SRDs), page 23, changes as follows:

Currently Reads as:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. A 6	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Program Wide Integrated Master Schedule Template (PMO-2-p02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will	Use AMMP Program Wide Integrated Master Schedule Template (PMO2-p-02)	Project Schedule	P	NA	6 weeks from contract start date

		occur until the project schedule is approved.					
--	--	---	--	--	--	--	--

Revised as

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. A 6	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Integrated Master Schedule Template (PMO-2-q-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.	Use AMMP Program Wide Integrated Master Schedule Template (PMO2-p-02)	Project Schedule	P	NA	6 weeks from contract start date

6. Section III.B.4, Specifications, Requirements, and Deliverables (SRDs), page 27, changes as follows:

Currently Reads as:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. B 1	Physical Location	The Contractor’s staffing solution will only include staff performing AMMP work to be located within the continental United States (CONUS).	As stated	NA (Not a payable deliverable)	NA	NA	NA

Revised as:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. B 1	Physical Location	The Contractor shall provide a staffing solution will only include staff performing AMMP work to be located within the continental United States (CONUS).	As stated	NA (Not a payable deliverable)	NA	NA	NA

7. Section III.E.7, Specifications, Requirements, and Deliverables (SRDs) Table, page 46, remove as follows:

Currently Reads as:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. E 1	Security	The Contractor shall ensure that solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.	As stated	NA	S/A	NA	NA

Deleted in its entirety:

Section	Section Title	Requirement	Specifications	Deliverable Name	Type	Artifact/Activity	Frequency
III. E 1	Security	The Contractor shall ensure that solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.	As stated	NA	S/A	NA	NA

I hereby acknowledge the receipt of Amendment 2 to RFP 2022-TCOE-01

Authorized Vendor Signature

Date

Vendor Organization

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
1	3/23/2022	There are two different STAARS Documents related to the above referenced RFP. The STAARS Document on the Division of Purchasing site includes 3 additional pages that addresses GENERAL TERMS AND CONDITIONS FOR THIS REQUEST FOR PROPOSALS . The STAARS document on the agencies website is only two pages and doesn't include the General Terms and Conditions pages. Which STAARS document should vendor use for the above referenced RFP?			See Medicaid Procurement Website for updated STAARS document.	Please refer to Amendment 1.
2	3/24/2022	I would just like to ask, is it the same "Testing Support" project that was stated in the April 2021 Alabama MES Modernization Program (AMMP) Strategy Overview?				Yes.
3	4/11/2022	How many Contractors will there be requiring testing and what will the approximate timing of the testing requirements be?	I. Introduction	12	The Contractor shall monitor, support, and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects.	Please refer to Modularity Approach Graphic to identify the numbers of contractors will be required for testing. Please refer to Alabama MES Strategy Overview Link for approximate timing for testing requirements.
4	4/11/2022	What is the schedule of delivery for the modules to be tested and AMMP Program Wide Integrated Master Schedule Template (PMO-2-p02 be provided? This is necessary to determine when and what resources will be required.	I. Introduction	12	The Contractor shall monitor, support, and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects.	Please refer to Alabama MES Strategy Overview Link in I. Introduction section A. AMMP Overview for approximate timing for modules to be tested. The AMMP Program Wide Integrated Master Schedule will be provide after the selected vendor contract signing. Please refer to III. Scope of Work section B.2 Resource Management and Scheduling for necessary information on resources.
5	4/11/2022	Can the State provide a list and mission statement for each Governance board and supporting workgroup?	III. Scope of Work	19	The Contractor shall have representation on the Governance boards, as well as the workgroups that support these boards.	Please refer to III. Scope of Work section A. Contract Start up for list of Governance Board. Mission statements will be provided after the selected vendor contract signing.
6	4/11/2022	When will the AMMP PMO-2-q_Integrated Master Schedule Management Plan and the AMMP PMO-2-q2_Integrated Master Schedule Template be provided	III. Scope of Work	19	The AMMP PMO-2-q_Integrated Master Schedule Management Plan and the AMMP PMO-2-q2_Integrated Master Schedule Template will provide the schedule <u>expectations and template</u> .	This will be provided after the selected vendor contract signing.
7	4/11/2022	Is the Agency's Physical and Data Security Plan available for review.	E. Other Common Processes	46	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all <u>modules</u> .	This will be provided after the selected vendor contract signing.
8	4/11/2022	Does the existing testing contractor have a contract turnover plan and if so what is the schedule of operations, services, and system components that are required under the legacy turnover plan?	E. End of Contract Turnover	44	The Contractor shall provide an initial Turnover Management Plan, which is required for the transition of operations, services, and system components, to the Agency for review and approval six (6) months after <u>contract start date</u> .	The Agency does not have a testing contractor.
9	4/11/2022	The term of contract is for 2 years with 3 option years. It is possible that the state legislature and Legislative Contract Review Oversight Committee is delayed in making award of extension in a timely manner. Can the State describe the process if the extension is delay beyond the expiration of the contract year and will the State provide notifications of Request to Extend and status of that request?	X. General Terms and Conditions	60	The initial contract term shall be for two (2) years effective March 1, 2023, through February 28, 2025. Alabama Medicaid shall have three (3), one-year options for extending this contract if approved by the Legislative Contract Review Oversight Committee.	The Alabama Medicaid Agency has procedures in place to avoid delays in implementing contract renewals.
10	4/11/2022	Can the Agency please provide more information or examples for what additional support might be requested of the vendor?	2. Resource Scheduling and Management	24	The Agency reserves the right to request additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. The Agency shall not pay travel time, travel expenses, <u>meals or lodging for any TCOE Contractor</u> .	Please refer to III. Scope of Work section B.2 Resource Management and Scheduling for necessary information.
11	4/11/2022	The resource location section states work can be done onsite, remote, or a combination thereof. However, it later goes on to say the lead must be onsite at least 75 percent and the remainder shall be offsite. Can the Agency please provide clarification on work location expectations.	2. Resource Scheduling and Management	25	The remaining Contractor leads and assigned ancillary personnel shall be offsite	This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.
12	4/11/2022	Can you please confirm if the response is only to the document 2.4 AMMP_TCOE_RFP_Matrix or to both the RFP Matrix sections and the section and subsection narratives in the Scope of Work that match the different sections of the RFP Matrix table?	III. Scope of Work / 2.4_AMMP_TCOE_RFP_Matrix	16	The Contractor shall meet all the requirements specified in each section and subsection narrative and shall be responsible for delivery of services, activities, artifacts and/or other deliverables to Agency expectation specified in the "Specifications, Requirements and Deliverables" (SRDs) table appended to the end of each section.	The section 2.4 AMMP_TCOE_RFP_Matrix does not exist.
13	4/11/2022	Can the 75% of ONSITE time be split amongst multiple project leads?	III.B.2	24	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours. This will help solidify team relationships and provide a local primary point of contact for the Agency. The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.	No. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
14	4/11/2022	With the requirement for the lead to be onsite for 75% of the billable time, will there be an identified testing room to allow for the lead and any onsite testers to be in the same space?	III.B.2		24 The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours. This will help solidify team relationships and provide a local primary point of contact for the Agency. The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.	The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.
15	4/11/2022	Does the TCOE Lead that is onsite need to be from a specific service tier or can any proposed lead serve as the onsite lead?	III.B.2		25 As part of the response requirement specified in Section VI. Corporate Background and References, the Contractor shall identify and submit in the proposal personnel qualified to serve in the role(s) of primary leads and as Agency point of contacts for each generic role shown for the two (2) Services categories identified in Section I. C. TCOE Services Snapshot	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.
16	4/11/2022	Beyond the Cover Sheet, Table of Contents, and Transmittal Letter, what should the rest of the proposal structure be?	VII. Transmittal Letter		54 Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the Proposal.	Please refer to VIII. Submission Requirements section N. Proposal Format
17	4/11/2022	Can all proposal copies be submitted electronically or are hard copies required?	VIII.N. Proposal Format		57 Proposals must be prepared on standard 8 1/2" x 11" paper using a font no smaller than 11 points with 1" margins and must be bound. All proposal pages must be numbered unless specified otherwise. All responses, as well as, any reference material presented, must be written in English.	Please refer to VIII. Submission Requirements section T. Copies Required
18	4/11/2022	Is there an incumbent vendor performing all or any parts of the scope of this RFP?	AMMP TCOE RFP	n/a	n/a	No.
19	4/11/2022	Can the state confirm if Schedule B Staff Rates is going to be part of evaluation and scoring?	Appendix C	Sched B Staff Rates Tab	Sched B Staff Rates tab	Please refer to TCOE Appendix C - Pricing Schedule. "The total evaluated price will be used to calculate the "Price Score" in IX. Evaluation and Selection Process Section E. Scoring"
20	4/11/2022	Can the state confirm if the TCOE will be responsible for test execution of SIT scenarios and cases?	Appendix C	Schedule A Total Evaluated Price tab	System Integration Testing Line Items	Please refer to Amendment 1. Please refer to III. Scope of Work D2. Module Test Planning
21	4/11/2022	What is the relationship between the TCOE testing methodology and the module test methodology? It seems like the TCOE would be the guide for how module vendors will test.	I.A		10 Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.	Please refer to I. Introduction A. AMMP Overview Under AMMP's governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.
22	4/11/2022	Please define what "support" and "coordinate" mean for the TCOE vendor.	I.B		12 The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency	Please refer to I. Introduction section B. TCOE Overview "The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency." and Please refer to I. Introduction C. TCOE Services Snapshot graphic
23	4/11/2022	Please provide additional clarity for each of the two (2) service tiers. The Enterprise Services are well defined and straight forward; however, (going back to the coordinate and support terms above) the Module Services are less clear the actual role of the TCOE vendor.	I.B		12 The Agency has defined 2 service tiers (Enterprise Services and Module Services) to be set up, maintained and self-monitored by the awarded Contractor. The following exhibit provides a high-level snapshot of the services and components.	Please refer to III. Scope of Work section D. Module Services
24	4/11/2022	The Enterprise Services breakdown includes AMMP Testing Strategy—then, there is mention of multiple methodologies. Is this correct?	I.D		14 The exact number of module Contractors and test team composition is unknown. Each module Contractor is responsible for resource leveling during implementation	Please refer to I. Introduction A. AMMP Overview Under AMMP's governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.
25	4/11/2022	Please clarify what the statement "The TCOE Contractor will be required to work with the module contractors to keep testing activities on schedule whenever possible" means. Does this mean the TCOE Contractor is required to provide resources to support testing for the module vendors?	III.A.6		20 The TCOE Contractor will be required to work with the module contractors to keep testing activities on schedule whenever possible.	No. This does not mean the TCOE Contractor is required to provide resources to support testing for the module.
26	4/11/2022	How much movement of responsibilities will be allowed within the Contractor's Responsibility Assignment Matrix? Who controls/updates the Contractor's Responsibility Assignment Matrix? How will changes in scope/ownership be handled?	III.A. 7		23 The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.	Please refer to III. Scope of Work A7. Responsibility Assignment Matrix (RAM). The PMO is responsible for AMMP COM-6-A Responsibility Assignment Matrix. TCOE vendor is a contributor only. In addition, the module vendor is responsible for module Responsibility Assignment Matrix (RAM). TCOE vendor is a contributor only. Changes to scope of work will be managed through the formal AMMP Change Control Board (CCB) process.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
27	4/11/2022	What percentage of onsite time should vendors target as part of their response?	III.B.2		24 The Agency reserves the right to request additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. The Agency shall not pay travel time, travel expenses, meals or lodging for any TCOE Contractor	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours. The Agency does not have an estimate for the additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. Note: The module vendors are not onboard yet.
28	4/11/2022	Are subcontractor also restricted by the same conflict of interest guidelines as the contractors?	III.B.3		25 Conflict of Interest	Yes.
29	4/11/2022	This requirement seems to be in conflict with RFP section #5/page #30 (see below). Can you please clarify? Section 5 page #30 The Contractor shall create an AMMP Testing Strategy Document. This strategy will be used by all AMMP modules and Contractors regardless of the solution product, software architecture or software development methodology. The module Contractors shall each develop a Test Evaluation and Management Plan (TEMP) that defines their testing processes and procedures as well as a Detailed Test Plan. The templates for the Test Evaluation and Management Plan (TEMP) and Detail Test plan are in the procurement library. These module specific documents must follow the AMMP Testing Strategy Document defined by the TCOE Contractor. The TCOE Contractor will be required to review and comment on each module Test Evaluation and Management Plan (TEMP) and Detailed Test Plan to verify that the module Contractor follows the strategy defined in the AMMP Testing Strategy Document. The TCOE Testing Strategy will apply to all modules that join the AMMP after the Agency approves the strategy. Modules that join the AMMP prior to Agency approval of the strategy will follow the testing processes and requirements defined in their RFP/RFB. The TCOE will use the information in the RFP/RFB to monitor and report on each module testing activities	III.C.1		28 The Agency is not mandating specific project test methodologies or tools for the AMMP module Contractors, so it is incumbent for the Contractor to be proficient across multiple, standard industry project management and systems methodologies, including, but not limited to, Agile, Waterfall, and hybrid, as well as others.	Please refer to I. Introduction A. AMMP Overview Under AMMP's governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses. The AMMP Testing Strategy is required by the TCOE vendor at the enterprise level. The module vendor methodology is different than AMMP Testing Strategy. As stated above, each module vendor will have their own individual methodology and method as it relates to testing. Each module vendor will be required to adhere to AMMP Testing Strategy.
30	4/11/2022	The RFP highlights the TCOE vendor in an oversight role; however, requirements #11 & #12 appear to be focused on execution verses oversight. Can you please clarify the role and responsibilities of the TCOE module vendor?	III.C.6		31 TCOE Module Test Oversight Plan 11. Executing and reporting on End-to-End testing 12. Supporting User Acceptance Testing	The TCOE vendor's role and responsibilities include oversight, monitoring, coordination and reporting of testing for each AMMP module and the System Integrator (SI).
31	4/11/2022	Please clarify the TCOE contractor level of support with test scenarios and the test cases.	III.C.2		37 The TCOE contractor will support the business users in executing these test cases. The UAT Plan shall include but not be limited to the high-level plan, the test execution schedule, the test scenarios and the test cases.	Please refer to III. Scope of Work section D2. Module Test Planning, D4. Requirement Traceability Matrix and D5. Test Case Extract and Test Phase Acceptance (TPA)
32	4/11/2022	Please define what "participate" means for the TCOE Contractor.	III.C.2		37 The TCOE Contractor shall participate and review all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts.	The TCOE Contractor will take part "contributor" in reviews all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts.
33	4/11/2022	Please define what "participate" means for the TCOE Contractor.	III. D. 1		39 The Contractor shall participate in all test planning activities for AMMP throughout the term of the contract	The TCOE Contractor will take part "contributor" in reviews all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts.
34	4/11/2022	Please clarify the role for the TCOE Contractor—what does "support" mean? Are you anticipating that the TCOE vendor will execute the modular vendor's SIT & End-to-End test cases or are you expecting the TCOE vendor to write, plan, and execute all SIT and End-to-End test cases for each module?	III. D. 2		39 Module Test Planning The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase	No. The TCOE vendor will not execute the modular vendor's SIT & End-to-End test cases. No. The TCOE vendor will not write, plan, and execute SIT and End-to-End test cases for each module.
35	4/11/2022	For future modules, will it be sufficient that the TCO provide names/resources at that time or should those be proposed now?	III.B.2		24 The AMMP will require many different skill-sets and subject matter experts (SME) to oversee the module Contractor's testing activities. It will not be possible to provide testing oversight without experienced testers and a strong understanding of Medicaid Management Information Systems (MMIS) or a commercial health care payer. The TCOE Contractor must provide the needed skillsets based on the module being addressed.	Include a project organizational chart depicting the Contractor's organization in relation to the TCOE Services project including Contractor leads. The project organizational chart shall include staffing levels and experience to demonstrate the ability to successfully complete the project. A detailed breakdown of proposed Contractor leads for this project, including names, resumes, and the three professional references. The vendor can update the Resource Management Plan until the additional supporting staff is needed.
36	4/11/2022	Is this just employees that will do work on this contract, or all employees for the Contractor and subcontractor?	IV. A.		53 All Contractor and subcontractor employees must work in the continental United States.	All Employees working for the contractor and subcontractor on this contract.
37	4/11/2022	Is this cumulative 5 years across all projects or 5 consecutive years as a company? Please confirm.	IV. D.		53 Have a minimum of five (5) years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).	Please refer to Amendment 1.
38	4/11/2022	To clarify, will the Agency supply laptops for all staff on the project who will need to connect to the network? Will any external laptops be allowed to connect to the State's network?	III.C.4.1		31 The Agency shall supply onsite Contractor personnel with desks, phones, laptops configured and maintained by the Agency, and access to network printers. Contractor personnel assigned state hardware shall be required to physically sign receipts and they will be fully responsible for the items assigned to them. This includes reimbursing the state for any lost, stolen, or damaged hardware.	Please refer to III Scope of Work, section C4. Hardware, C4.1 Agency Provided Hardware and C4.2 Contractor Provided Hardware.
39	4/11/2022	While this requirement says that the modular vendors will bring the defect management tool, is the Agency open to the TCOE providing a single Defect management tool that could be used across all modules?	III.C.8		32 The module contractor is required to track all defects through module tools, software, and documentation. This can include things such as design documentation, database documentation, software/configuration, release and release notes, risks, issues, etc.	No. The Agency is not open to the TCOE providing a single Defect management tool that could be used across all modules.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
40	4/11/2022	The Agency has stated that they are hiring "testers." Please clarify the role for the Agency staff related to TCOE scope of work.	N/A	N/A	Roadmap	Please refer to Amendment 1.
41	4/11/2022	Given the ongoing public health crisis, would the Agency consider forgoing the hardcopy submission requirement in favor of purely electronic email submissions, or possibly USB delivery?	VIII.T		58 Vendors must submit one original Proposal with original signatures in ink, three additional hard copies in binder form, plus two (2) electronic (Word format) copies of the Proposal on jump drive clearly labeled with the Vendor name. One electronic copy (Word and searchable PDF format) MUST be a complete version of the Vendor's response and the second electronic copy MUST have any information asserted as confidential or proprietary removed. Vendor must identify the original hard copy clearly on the outside of the proposal.	No.
42	4/11/2022	Are electronic/digital signatures acceptable for this requirement?	VIII.H		56 The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Vendor.	No.
43	4/11/2022	Please clarify the expectations for the TCOE vendor in supporting the business users in executing test cases. Specifically, what is meant by "support" and what is the expected level of effort?	D. MODULE SERVICES 2. MODULE TEST PLANNING		37 User Acceptance Testing (UAT) - The UAT Plan will support the business areas in testing the new MES module.	Please refer to I. Introduction section B. TCOE Overview "The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency." and Please refer to I. Introduction C. TCOE Services Snapshot graphic
44	4/11/2022	Please clarify who will be responsible for "executing and reporting on end-to-end testing"?	C. ENTERPRISE SERVICES 6. TCOE MODULE TEST OVERSITE PLAN		31 The Contractor shall define an AMMP Test Oversight Plan. This plan shall define the processes, procedures and metrics that will be used by the TCOE to provide module testing oversight. The TCOE will be responsible for The AMMP Module Test Oversight Plan shall include, but not be limited to: 11. Executing and reporting on end-to-end testing	The TCOE vendor's role and responsibilities include oversight, monitoring, coordination and reporting of testing for each AMMP module and the System Integrator (SI).
45	4/11/2022	Is there documentation available that describe the EQP's current standards, best practices, and regulations? And if so, can this be shared?	B. TCOE Overview		11 The Enterprise Quality Program (EQP) was formed to support and implement AMMP quality goals. The EQP is inclusive of the standards, regulations, best practices, sources, processes, groups and individuals purposed to produce the highest quality outcomes of products, services and customer satisfaction for the program.	This will be provided after the selected vendor contract signing.
46	4/11/2022	Is there a forecasted budget for the TCOE and if so, can this be shared?	B. TCOE Overview		11 not applicable	No.
47	4/11/2022	Will Agency consider removing the requirement for the performance guarantee /surety bond given the liquidated damages required in Section X General Terms and Conditions, Subsection LL (Contract Liquidated Damages)?	Section X Pricing, Cost Proposal, 7th Paragraph		51 Performance Guarantee	No.
48	4/11/2022	There have been several recent federal and industry changes that impact the way in which states approach Medicaid Enterprise System (MES) modernization/transformation efforts, for example: modular implementation strategies instead of big bang Medicaid Management Information System (MMIS) projects; the increased focus on leverage and reuse within and across states; the availability of SaaS and cloud hosting services; an increased focus on demonstrating MES project outcomes; the required separation of IV&V and QA services (i.e., these services can no longer be provided by the same vendor); and an increased focus on scalable and automated testing. Given the timing of these changes, is it safe to assume that the Alabama Medicaid Agency will accept a cumulative five years of experience to allow firms with recent MES modernization/transformation and test management services experience the ability to propose?	VI. Corporate Background and References:, d.		53 Have a minimum of five (5) years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).	Please refer to Amendment 1.
49	4/11/2022	Are the Worker's Compensation Insurance requirements included in Subsection S of the General Terms and Conditions the only insurance requirements for Contractor under this RFP? Please provide any additional insurance requirements.	Section X. General Terms and Conditions, Subsection S. Worker's Compensation		63 not applicable	Yes.
50	4/11/2022	The RFP indicates that "Contractors shall be liable for any penalties or disallowance of Federal Financial Participation incurred by Medicaid due to any delay in CMS certification. Total dollars may include state funds as well as federal funds." Will the Agency consider removing this purpose for imposing liquidated damages as the TCOE vendor may not be solely responsible for delays in CMS certification?	Section LL. Contract Liquidated Damages		66 Contractors shall be liable for any penalties or disallowance of Federal Financial Participation incurred by Medicaid due to any delay in CMS certification. Total dollars may include state funds as well as federal funds.	No.
51	4/11/2022	Will the Agency allow the vendor to negotiate the liquidated damages specified in Section LL Contract Liquidated Damages in the RFP?	Section LL. Contract Liquidated Damages		66 entire section	The procedures the Alabama Medicaid Agency will use in imposing liquidated damages is outlined in Section X. General Terms and Conditions, Subsection LL. Contract Liquidated Damages.
52	4/11/2022	Will the Agency include a new subsection (MM. Limitation of Liability) customary for professional services engagements to balance the scope of exposure with the work being performed? Suggested language for consideration: "MM. Limitation of Liability. Neither party shall be liable for any indirect or consequential damages related to this Contract. Direct damages are limited to an amount not greater than the fees received by Contractor under this Contract for the portion of the services giving rise to the claim."	Section X. General Terms and Conditions		68 Insertion of new subsection MM. Limitation of Liability	No.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
53	4/11/2022	Will the Agency include a new subsection (NN. Warranty Disclaimer) customary for professional services engagements to exclude any warranties not expressly made in the Contract and balance the scope of exposure with the work being performed? Suggested language for consideration: "NN. Except for the express warranties made in this Contract, Contractor makes no other warranties concerning the services or deliverables including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose."	Section X. General Terms and Conditions		68 Insertion of new subsection NN. Warranty Disclaimer	No.
54	4/11/2022	Will Agency include a new subsection (OO. Contractor Materials) to provide additional clarity around Contractor's (or its subcontractor's) ownership of pre-existing and/or independently developed materials? Suggested language for consideration: "OO. Contractor Materials. Contractor will retain all rights, title and interest in and to all materials and methodologies developed by Contractor (or Contractor's subcontractor) prior to or independent of this Contract."	Section X. General Terms and Conditions		68 Insertion of new subsection OO. Contractor Materials	No.
55	4/11/2022	Will the resulting contract contain any additional legal terms and conditions other than those referenced in Section X General Terms and Conditions? If yes, please provide the supplemental terms and conditions for review.	Section X. General Terms and Conditions		68 Not Applicable	An example of the contract can be found on pages 74-75 of the RFP.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
1	3/23/2022	There are two different STAARS Documents related to the above referenced RFP. The STAARS Document on the Division of Purchasing site includes 3 additional pages that addresses GENERAL TERMS AND CONDITIONS FOR THIS REQUEST FOR PROPOSALS . The STAARS document on the agencies website is only two pages and doesn't include the General Terms and Conditions pages. Which STAARS document should vendor use for the above referenced RFP?			See Medicaid Procurement Website for updated STAARS document.	Please refer to Amendment 1.
2	3/24/2022	I would just like to ask, is it the same "Testing Support" project that was stated in the April 2021 Alabama MES Modernization Program (AMMP) Strategy Overview?				Yes.
3	4/11/2022	How many Contractors will there be requiring testing and what will the approximate timing of the testing requirements be?	I. Introduction	12	The Contractor shall monitor, support, and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects.	Please refer to Modularity Approach Graphic to identify the numbers of contractors will be required for testing. Please refer to Alabama MES Strategy Overview Link for approximate timing for testing requirements.
4	4/11/2022	What is the schedule of delivery for the modules to be tested and AMMP Program Wide Integrated Master Schedule Template (PMO-2-p02 be provided? This is necessary to determine when and what resources will be required.	I. Introduction	12	The Contractor shall monitor, support, and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects.	Please refer to Alabama MES Strategy Overview Link in I. Introduction section A. AMMP Overview for approximate timing for modules to be tested. The AMMP Program Wide Integrated Master Schedule will be provide after the selected vendor contract signing. Please refer to III. Scope of Work section B.2 Resource Management and Scheduling for necessary information on resources.
5	4/11/2022	Can the State provide a list and mission statement for each Governance board and supporting workgroup?	III. Scope of Work	19	The Contractor shall have representation on the Governance boards, as well as the workgroups that support these boards.	Please refer to III. Scope of Work section A. Contract Start up for list of Governance Board. Mission statements will be provided after the selected vendor contract signing.
6	4/11/2022	When will the AMMP PMO-2-q_Integrated Master Schedule Management Plan and the AMMP PMO-2-q2_Integrated Master Schedule Template be provided	III. Scope of Work	19	The AMMP PMO-2-q_Integrated Master Schedule Management Plan and the AMMP PMO-2-q2_Integrated Master Schedule Template will provide the schedule expectations and template	This will be provided after the selected vendor contract signing.
7	4/11/2022	Is the Agency's Physical and Data Security Plan available for review.	E. Other Common Processes	46	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all modules	This will be provided after the selected vendor contract signing.
8	4/11/2022	Does the existing testing contractor have a contract turnover plan and if so what is the schedule of operations, services, and system components that are required under the legacy turnover plan?	E. End of Contract Turnover	44	The Contractor shall provide an initial Turnover Management Plan, which is required for the transition of operations, services, and system components, to the Agency for review and approval six (6) months after contract start date	The Agency does not have a testing contractor.
9	4/11/2022	The term of contract is for 2 years with 3 option years. It is possible that the state legislature and Legislative Contract Review Oversight Committee is delayed in making award of extension in a timely manner. Can the State describe the process if the extension is delay beyond the expiration of the contract year and will the State provide notifications of Request to Extend and status of that request?	X. General Terms and Conditions	60	The initial contract term shall be for two (2) years effective March 1, 2023, through February 28, 2025. Alabama Medicaid shall have three (3), one-year options for extending this contract if approved by the Legislative Contract Review Oversight Committee.	The Alabama Medicaid Agency has procedures in place to avoid delays in implementing contract renewals.
10	4/11/2022	Can the Agency please provide more information or examples for what additional support might be requested of the vendor?	2. Resource Scheduling and Management	24	The Agency reserves the right to request additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. The Agency shall not pay travel time, travel expenses, meals or lodging for any TCOE Contractor	Please refer to III. Scope of Work section B.2 Resource Management and Scheduling for necessary information.
11	4/11/2022	The resource location section states work can be done onsite, remote, or a combination thereof. However, it later goes on to say the lead must be onsite at least 75 percent and the remainder shall be offsite. Can the Agency please provide clarification on work location expectations.	2. Resource Scheduling and Management	25	The remaining Contractor leads and assigned ancillary personnel shall be offsite	This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.
12	4/11/2022	Can you please confirm if the response is only to the document 2.4 AMMP_TCOE_RFP_Matrix or to both the RFP Matrix sections and the section and subsection narratives in the Scope of Work that match the different sections of the RFP Matrix table?	III. Scope of Work / 2.4_AMMP_TCOE_RFP_Matrix	16	The Contractor shall meet all the requirements specified in each section and subsection narrative and shall be responsible for delivery of services, activities, artifacts and/or other deliverables to Agency expectation specified in the "Specifications, Requirements and Deliverables" (SRDs) table appended to the end of each section.	The section 2.4 AMMP_TCOE_RFP_Matrix does not exist.
13	4/11/2022	Can the 75% of ONSITE time be split amongst multiple project leads?	III.B.2	24	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours. This will help solidify team relationships and provide a local primary point of contact for the Agency. The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.	No. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)							
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response	
14	4/11/2022	With the requirement for the lead to be onsite for 75% of the billable time, will there be an identified testing room to allow for the lead and any onsite testers to be in the same space?	III.B.2		24	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours. This will help solidify team relationships and provide a local primary point of contact for the Agency. The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.	The Agency shall provide workspace and equipment at the Alabama Medicaid Agency Montgomery Central Office for this individual.
15	4/11/2022	Does the TCOE Lead that is onsite need to be from a specific service tier or can any proposed lead serve as the onsite lead?	III.B.2		25	As part of the response requirement specified in Section VI. Corporate Background and References, the Contractor shall identify and submit in the proposal personnel qualified to serve in the role(s) of primary leads and as Agency point of contacts for each generic role shown for the two (2) Services categories identified in Section I. C. TCOE Services Snapshot	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.
16	4/11/2022	Beyond the Cover Sheet, Table of Contents, and Transmittal Letter, what should the rest of the proposal structure be?	VII. Transmittal Letter		54	Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the Proposal.	Please refer to VIII. Submission Requirements section N. Proposal Format
17	4/11/2022	Can all proposal copies be submitted electronically or are hard copies required?	VIII.N. Proposal Format		57	Proposals must be prepared on standard 8 1/2" x 11" paper using a font no smaller than 11 points with 1" margins and must be bound. All proposal pages must be numbered unless specified otherwise. All responses, as well as, any reference material presented, must be written in English.	Please refer to VIII. Submission Requirements section T. Copies Required
18	4/11/2022	Is there an incumbent vendor performing all or any parts of the scope of this RFP?	AMMP TCOE RFP	n/a	n/a		No.
19	4/11/2022	Can the state confirm if Schedule B Staff Rates is going to be part of evaluation and scoring?	Appendix C	Sched B Staff Rates Tab	Sched B Staff Rates tab		Please refer to TCOE Appendix C - Pricing Schedule. "The total evaluated price will be used to calculate the "Price Score" in IX. Evaluation and Selection Process Section E. Scoring"
20	4/11/2022	Can the state confirm if the TCOE will be responsible for test execution of SIT scenarios and cases?	Appendix C	Schedule A Total Evaluated Price tab	System Integration Testing Line Items		Please refer to Amendment 1. Please refer to III. Scope of Work D2. Module Test Planning
21	4/11/2022	What is the relationship between the TCOE testing methodology and the module test methodology? It seems like the TCOE would be the guide for how module vendors will test.	I.A		10	Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.	Please refer to I. Introduction A. AMMP Overview Under AMMP's governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.
22	4/11/2022	Please define what "support" and "coordinate" mean for the TCOE vendor.	I.B		12	The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency	Please refer to I. Introduction section B. TCOE Overview "The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency." and Please refer to I. Introduction C. TCOE Services Snapshot graphic
23	4/11/2022	Please provide additional clarity for each of the two (2) service tiers. The Enterprise Services are well defined and straight forward; however, (going back to the coordinate and support terms above) the Module Services are less clear the actual role of the TCOE vendor.	I.B		12	The Agency has defined 2 service tiers (Enterprise Services and Module Services) to be set up, maintained and self-monitored by the awarded Contractor. The following exhibit provides a high-level snapshot of the services and components.	Please refer to III. Scope of Work section D. Module Services
24	4/11/2022	The Enterprise Services breakdown includes AMMP Testing Strategy—then, there is mention of multiple methodologies. Is this correct?	I.D		14	The exact number of module Contractors and test team composition is unknown. Each module Contractor is responsible for resource leveling during implementation	Please refer to I. Introduction A. AMMP Overview Under AMMP's governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses.
25	4/11/2022	Please clarify what the statement "The TCOE Contractor will be required to work with the module contractors to keep testing activities on schedule whenever possible" means. Does this mean the TCOE Contractor is required to provide resources to support testing for the module vendors?	III.A.6		20	The TCOE Contractor will be required to work with the module contractors to keep testing activities on schedule whenever possible.	No. This does not mean the TCOE Contractor is required to provide resources to support testing for the module.
26	4/11/2022	How much movement of responsibilities will be allowed within the Contractor's Responsibility Assignment Matrix? Who controls/updates the Contractor's Responsibility Assignment Matrix? How will changes in scope/ownership be handled?	III.A. 7		23	The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the Contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.	Please refer to III. Scope of Work A7. Responsibility Assignment Matrix (RAM). The PMO is responsible for AMMP COM-6-A Responsibility Assignment Matrix. TCOE vendor is a contributor only. In addition, the module vendor is responsible for module Responsibility Assignment Matrix (RAM). TCOE vendor is a contributor only. Changes to scope of work will be managed through the formal AMMP Change Control Board (CCB) process.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
27	4/11/2022	What percentage of onsite time should vendors target as part of their response?	III.B.2		24 The Agency reserves the right to request additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. The Agency shall not pay travel time, travel expenses, meals or lodging for any TCOE Contractor	The Agency requires the TCOE 'lead' to be housed onsite for the term of the contract. This individual may be one of the primary leads identified below and they will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours. The Agency does not have an estimate for the additional personnel onsite as needed to support SIT, End-to-End and UAT testing efforts at no additional cost to the Agency. Note: The module vendors are not onboard yet.
28	4/11/2022	Are subcontractor also restricted by the same conflict of interest guidelines as the contractors?	III.B.3		25 Conflict of Interest	Yes.
29	4/11/2022	This requirement seems to be in conflict with RFP section #5/page #30 (see below). Can you please clarify? Section 5 page #30 The Contractor shall create an AMMP Testing Strategy Document. This strategy will be used by all AMMP modules and Contractors regardless of the solution product, software architecture or software development methodology. The module Contractors shall each develop a Test Evaluation and Management Plan (TEMP) that defines their testing processes and procedures as well as a Detailed Test Plan. The templates for the Test Evaluation and Management Plan (TEMP) and Detail Test plan are in the procurement library. These module specific documents must follow the AMMP Testing Strategy Document defined by the TCOE Contractor. The TCOE Contractor will be required to review and comment on each module Test Evaluation and Management Plan (TEMP) and Detailed Test Plan to verify that the module Contractor follows the strategy defined in the AMMP Testing Strategy Document. The TCOE Testing Strategy will apply to all modules that join the AMMP after the Agency approves the strategy. Modules that join the AMMP prior to Agency approval of the strategy will follow the testing processes and requirements defined in their RFP/RFB. The TCOE will use the information in the RFP/RFB to monitor and report on each module testing activities	III.C.1		28 The Agency is not mandating specific project test methodologies or tools for the AMMP module Contractors, so it is incumbent for the Contractor to be proficient across multiple, standard industry project management and systems methodologies, including, but not limited to, Agile, Waterfall, and hybrid, as well as others.	Please refer to I. Introduction A. AMMP Overview Under AMMP's governance, each module and the System Integrator (SI) will be its own separate project, managed by dedicated project managers. Currently, the Agency does not plan to prescribe specific test methodology, tools or release management for projects. Disparate methodologies, tools, and team compositions are highly probable as the AMMP progresses. The AMMP Testing Strategy is required by the TCOE vendor at the enterprise level. The module vendor methodology is different than AMMP Testing Strategy. As stated above, each module vendor will have their own individual methodology and method as it relates to testing. Each module vendor will be required to adhere to AMMP Testing Strategy.
30	4/11/2022	The RFP highlights the TCOE vendor in an oversight role; however, requirements #11 & #12 appear to be focused on execution verses oversight. Can you please clarify the role and responsibilities of the TCOE module vendor?	III.C.6		31 TCOE Module Test Oversight Plan 11. Executing and reporting on End-to-End testing 12. Supporting User Acceptance Testing	The TCOE vendor's role and responsibilities include oversight, monitoring, coordination and reporting of testing for each AMMP module and the System Integrator (SI).
31	4/11/2022	Please clarify the TCOE contractor level of support with test scenarios and the test cases.	III.C.2		37 The TCOE contractor will support the business users in executing these test cases. The UAT Plan shall include but not be limited to the high-level plan, the test execution schedule, the test scenarios and the test cases.	Please refer to III. Scope of Work section D2. Module Test Planning, D4. Requirement Traceability Matrix and D5. Test Case Extract and Test Phase Acceptance (TPA)
32	4/11/2022	Please define what "participate" means for the TCOE Contractor.	III.C.2		37 The TCOE Contractor shall participate and review all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts.	The TCOE Contractor will take part "contributor" in reviews all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts.
33	4/11/2022	Please define what "participate" means for the TCOE Contractor.	III. D. 1		39 The Contractor shall participate in all test planning activities for AMMP throughout the term of the contract	The TCOE Contractor will take part "contributor" in reviews all AMMP module project activities and artifacts related to requirements or testing. These include but are not limited to contract discovery, requirement validation, software configuration and all test activities or artifacts.
34	4/11/2022	Please clarify the role for the TCOE Contractor—what does "support" mean? Are you anticipating that the TCOE vendor will execute the modular vendor's SIT & End-to-End test cases or are you expecting the TCOE vendor to write, plan, and execute all SIT and End-to-End test cases for each module?	III. D. 2		39 Module Test Planning The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase	No. The TCOE vendor will not execute the modular vendor's SIT & End-to-End test cases. No. The TCOE vendor will not write, plan, and execute SIT and End-to-End test cases for each module.
35	4/11/2022	For future modules, will it be sufficient that the TCO provide names/resources at that time or should those be proposed now?	III.B.2		24 The AMMP will require many different skill-sets and subject matter experts (SME) to oversee the module Contractor's testing activities. It will not be possible to provide testing oversight without experienced testers and a strong understanding of Medicaid Management Information Systems (MMIS) or a commercial health care payer. The TCOE Contractor must provide the needed skillsets based on the module being addressed.	Include a project organizational chart depicting the Contractor's organization in relation to the TCOE Services project including Contractor leads. The project organizational chart shall include staffing levels and experience to demonstrate the ability to successfully complete the project. A detailed breakdown of proposed Contractor leads for this project, including names, resumes, and the three professional references. The vendor can update the Resource Management Plan until the additional supporting staff is needed.
36	4/11/2022	Is this just employees that will do work on this contract, or all employees for the Contractor and subcontractor?	IV. A.		53 All Contractor and subcontractor employees must work in the continental United States.	All Employees working for the contractor and subcontractor on this contract.
37	4/11/2022	Is this cumulative 5 years across all projects or 5 consecutive years as a company? Please confirm.	IV. D.		53 Have a minimum of five (5) years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).	Please refer to Amendment 1.
38	4/11/2022	To clarify, will the Agency supply laptops for all staff on the project who will need to connect to the network? Will any external laptops be allowed to connect to the State's network?	III.C.4.1		31 The Agency shall supply onsite Contractor personnel with desks, phones, laptops configured and maintained by the Agency, and access to network printers. Contractor personnel assigned state hardware shall be required to physically sign receipts and they will be fully responsible for the items assigned to them. This includes reimbursing the state for any lost, stolen, or damaged hardware.	Please refer to III Scope of Work, section C4. Hardware, C4.1 Agency Provided Hardware and C4.2 Contractor Provided Hardware.
39	4/11/2022	While this requirement says that the modular vendors will bring the defect management tool, is the Agency open to the TCOE providing a single Defect management tool that could be used across all modules?	III.C.8		32 The module contractor is required to track all defects through module tools, software, and documentation. This can include things such as design documentation, database documentation, software/configuration, release and release notes, risks, issues, etc.	No. The Agency is not open to the TCOE providing a single Defect management tool that could be used across all modules.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
40	4/11/2022	The Agency has stated that they are hiring "testers." Please clarify the role for the Agency staff related to TCOE scope of work.	N/A	N/A	Roadmap	Please refer to Amendment 1.
41	4/11/2022	Given the ongoing public health crisis, would the Agency consider forgoing the hardcopy submission requirement in favor of purely electronic email submissions, or possibly USB delivery?	VIII.T		58 Vendors must submit one original Proposal with original signatures in ink, three additional hard copies in binder form, plus two (2) electronic (Word format) copies of the Proposal on jump drive clearly labeled with the Vendor name. One electronic copy (Word and searchable PDF format) MUST be a complete version of the Vendor's response and the second electronic copy MUST have any information asserted as confidential or proprietary removed. Vendor must identify the original hard copy clearly on the outside of the proposal.	No.
42	4/11/2022	Are electronic/digital signatures acceptable for this requirement?	VIII.H		56 The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Vendor.	No.
43	4/11/2022	Please clarify the expectations for the TCOE vendor in supporting the business users in executing test cases. Specifically, what is meant by "support" and what is the expected level of effort?	D. MODULE SERVICES 2. MODULE TEST PLANNING		37 User Acceptance Testing (UAT) - The UAT Plan will support the business areas in testing the new MES module.	Please refer to I. Introduction section B. TCOE Overview "The Contractor shall coordinate with each module Contractors for testing needs across multiple AMMP projects, platforms, solutions, and methodologies. The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End, and UAT life cycles and report progress to the Agency." and Please refer to I. Introduction C. TCOE Services Snapshot graphic
44	4/11/2022	Please clarify who will be responsible for "executing and reporting on end-to-end testing"?	C. ENTERPRISE SERVICES 6. TCOE MODULE TEST OVERSITE PLAN		31 The Contractor shall define an AMMP Test Oversight Plan. This plan shall define the processes, procedures and metrics that will be used by the TCOE to provide module testing oversight. The TCOE will be responsible for The AMMP Module Test Oversight Plan shall include, but not be limited to: 11. Executing and reporting on end-to-end testing	The TCOE vendor's role and responsibilities include oversight, monitoring, coordination and reporting of testing for each AMMP module and the System Integrator (SI).
45	4/11/2022	Is there documentation available that describe the EQP's current standards, best practices, and regulations? And if so, can this be shared?	B. TCOE Overview		11 The Enterprise Quality Program (EQP) was formed to support and implement AMMP quality goals. The EQP is inclusive of the standards, regulations, best practices, sources, processes, groups and individuals purposed to produce the highest quality outcomes of products, services and customer satisfaction for the program.	This will be provided after the selected vendor contract signing.
46	4/11/2022	Is there a forecasted budget for the TCOE and if so, can this be shared?	B. TCOE Overview		11 not applicable	No.
47	4/11/2022	Will Agency consider removing the requirement for the performance guarantee /surety bond given the liquidated damages required in Section X General Terms and Conditions, Subsection LL (Contract Liquidated Damages)?	Section X Pricing, Cost Proposal, 7th Paragraph		51 Performance Guarantee	No.
48	4/11/2022	There have been several recent federal and industry changes that impact the way in which states approach Medicaid Enterprise System (MES) modernization/transformation efforts, for example: modular implementation strategies instead of big bang Medicaid Management Information System (MMIS) projects; the increased focus on leverage and reuse within and across states; the availability of SaaS and cloud hosting services; an increased focus on demonstrating MES project outcomes; the required separation of IV&V and QA services (i.e., these services can no longer be provided by the same vendor); and an increased focus on scalable and automated testing. Given the timing of these changes, is it safe to assume that the Alabama Medicaid Agency will accept a cumulative five years of experience to allow firms with recent MES modernization/transformation and test management services experience the ability to propose?	VI. Corporate Background and References:, d.		53 Have a minimum of five (5) years of experience providing test management services for a major health care, state or federal government system project requiring cross system integrated testing in implementing non-premised software solutions (SaaS or COTS) across a Service Oriented Architecture (SOA).	Please refer to Amendment 1.
49	4/11/2022	Are the Worker's Compensation Insurance requirements included in Subsection S of the General Terms and Conditions the only insurance requirements for Contractor under this RFP? Please provide any additional insurance requirements.	Section X. General Terms and Conditions, Subsection S. Worker's Compensation		63 not applicable	Yes.
50	4/11/2022	The RFP indicates that "Contractors shall be liable for any penalties or disallowance of Federal Financial Participation incurred by Medicaid due to any delay in CMS certification. Total dollars may include state funds as well as federal funds." Will the Agency consider removing this purpose for imposing liquidated damages as the TCOE vendor may not be solely responsible for delays in CMS certification?	Section LL. Contract Liquidated Damages		66 Contractors shall be liable for any penalties or disallowance of Federal Financial Participation incurred by Medicaid due to any delay in CMS certification. Total dollars may include state funds as well as federal funds.	No.
51	4/11/2022	Will the Agency allow the vendor to negotiate the liquidated damages specified in Section LL Contract Liquidated Damages in the RFP?	Section LL. Contract Liquidated Damages		66 entire section	The procedures the Alabama Medicaid Agency will use in imposing liquidated damages is outlined in Section X. General Terms and Conditions, Subsection LL. Contract Liquidated Damages.
52	4/11/2022	Will the Agency include a new subsection (MM. Limitation of Liability) customary for professional services engagements to balance the scope of exposure with the work being performed? Suggested language for consideration: "MM. Limitation of Liability. Neither party shall be liable for any indirect or consequential damages related to this Contract. Direct damages are limited to an amount not greater than the fees received by Contractor under this Contract for the portion of the services giving rise to the claim."	Section X. General Terms and Conditions		68 Insertion of new subsection MM. Limitation of Liability	No.

Questions and Answers

RFI/RFB/RFP Name: AMMP Testing Center of Excellence (TCOE)						
Question ID	Date Question Asked	Question	RFI/RFB/RFP Section Number	RFI/RFB/RFP Page	RFI/RFB/RFP Verbiage	Agency/Medicaid Response
53	4/11/2022	Will the Agency include a new subsection (NN. Warranty Disclaimer) customary for professional services engagements to exclude any warranties not expressly made in the Contract and balance the scope of exposure with the work being performed? Suggested language for consideration: "NN. Except for the express warranties made in this Contract, Contractor makes no other warranties concerning the services or deliverables including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose."	Section X. General Terms and Conditions	68	Insertion of new subsection NN. Warranty Disclaimer	No.
54	4/11/2022	Will Agency include a new subsection (OO. Contractor Materials) to provide additional clarity around Contractor's (or its subcontractor's) ownership of pre-existing and/or independently developed materials? Suggested language for consideration: "OO. Contractor Materials. Contractor will retain all rights, title and interest in and to all materials and methodologies developed by Contractor (or Contractor's subcontractor) prior to or independent of this Contract"	Section X. General Terms and Conditions	68	Insertion of new subsection OO. Contractor Materials	No.
55	4/11/2022	Will the resulting contract contain any additional legal terms and conditions other than those referenced in Section X General Terms and Conditions? If yes, please provide the supplemental terms and conditions for review.	Section X. General Terms and Conditions	68	Not Applicable	An example of the contract can be found on pages 74-75 of the RFP.

Questions and Answers

RFP Name: AMMP Testing Center of Excellence (TCOE) RFP

Question ID	RFI/RFB/RFP Page	RFI/RFB/RFP Section Number	RFI/RFB/RFP Verbiage	Question	Agency/Medicaid Response
1	32	8. DEFECT IDENTIFICATION AND MANAGEMENT	High priority defects that are identified during the normal business hours of 8:00 AM to 4:00 PM Central time, will be reported to their Agency contact by phone and e-mail that same day. The Contractor shall send an email and text message for high priority defects identified after normal business hours.	Does this apply to only production, or testing as well?	Please refer to Amendment 2. High priority defect apply to production environment
2	28	2. PMO ARTIFACT SOFTWARE AND STORAGE	The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval. AMMP utilizes a Deliverable Management Tool (DMT)	Will the agency provide a copy of the AMMP Style Guide (PMO-2-k-02) to the vendors?	This will be provided after the selected vendor contract signing.
3	20	III.A.7 RAM	The AMMP COM-6 RAM is a spreadsheet that defines program process and/or activities through all phases of the AMMP from procurements to contract turnover. These processes and/or activities identify the accountable party by role.	Would the Agency provide an example of the RAM template? The identification of activities as defined by the AMMP in the left column will enhance proposer understanding of the full scope of program level activities beyond just the testing scope.	This will be provided after the selected vendor contract signing.
4	2.4_AMMP_Appendx C_Pricing_Schedules_5-3-22.xlsx	Sched A Total Evaluated Price Tab	Column C - Rows 16 - 83	Some of the deliverables are repeated every year over the 5 year period (i.e., TCOE Testing Quality Management Plan). Is the intent for the team to update to keep the document aligning to changes in the AMMP program, or is the AMMP team expecting the TCOE to create a version of the document for each module to make it module specific?	The pricing schedule contains deliverable that needs to be created and maintained through out the term of the contract such as TCOE Testing Quality Management Plan. In addition the pricing schedule contains deliverables that are needed to be created for each module such as End-to-End Test Plan - SI.
5	17	III.A. Contract Startup	The PL08_AMMP_Plans_Guides_and_Templates_TOC is located in the procurement library (See Appendix C: Procurement Library Contents for more information) and provides a high-level understanding of the following AMMP plans: -Scope Mgt Plan, Risk Mgt Plan, Issue Mgt Plan, Comm. Mgt Plan, Integrated Schedule Mgt Plan, etc....	The identified AMMP Plans, Guides, and Templates do not align in all references. 1) Attestation Agreement Document identifies 12 artifacts to which the proposer must agree to adhere. 2) AMMP Plans, Guides, and Templates TOC identifies 54 artifacts to which proposer must agree to adhere. 3) RFP has different list. Can the Agency provide the most recent TOC for the PL08 and advise if this inventory is applicable to the Attestation Agreement also?	The PL08_AMMP_Plans_Guides_and_Templates_TOC document provides an example of documents used in the AMMP Program. Attestation Agreement Document identifies the 12 documents to which the vendor must attest. Please refer to III. Scope of Work section A. Contract Start for further information. These plans and guides provide project structure without defining a specific software development methodology. The procurement library contains the PL08_AMMP_Plans_Guides_and_Templates_TOC, which lists all of the AMMP wide plans and guides. This TOC provides a summary expectation and the Table of Contents for each of the AMMP Plans and Guide. TCOE Contractor will sign the AMA-01 AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and the TCOE Contractor agrees to follow them.
6	12	I.B	As part of the proposal submission, the Respondents shall a description of past experiences in architecting and governing a Testing Center of Excellence. Include description of the organization(s) comparative to the described AMMP ecosystem, roadmap, milestones, and outcomes, scope of services provided (Successes and challenges? What worked? Lessons learned?) RfX	Where within the sequence of items in our response should this be included?	This should fall anywhere within the response but must be clearly identified. It is up to the Vendor to formulate this information in their proposal, but it must be clearly identified.
7	12	I.B	As a part of the proposal submission, the Respondents shall include a brief overview of their state of readiness and a high-level plan to begin integrating testing services to AMMP day one. RfX	Where within the sequence of items in our response should this be included?	This should fall anywhere within the response but must be clearly identified. It is up to the Vendor to formulate this information in their proposal, but it must be clearly identified.
8	14	I.D	As part of the proposal submission, the Respondents shall include their intended strategy for scalability to all Module Contractor Services and with emphasis on SIT, End-to-End, and UAT support services in consideration of a multi-disciplined, staggered	Where within the sequence of items in our response should this be included?	This should fall anywhere within the response but must be clearly identified. It is up to the Vendor to formulate this information in their proposal, but it must be clearly identified.
9	14	I.D	As part of the proposal submission, the Respondents shall include their intended strategy to plan effectively in consideration of variable solution types, implementation platforms and methodologies, technical specifications, device types, and platforms RfX	Where within the sequence of items of our response should this be included?	This should fall anywhere within the response but must be clearly identified. It is up to the Vendor to formulate this information in their proposal, but it must be clearly identified.
10	14	I.D	As part of the proposal submission, the Respondents shall include how they plan to incorporate interdisciplinary strategy specific to variables in End-to-End testing efforts RfX	Where within the sequence of items in our response should this be included?	This should fall anywhere within the response but must be clearly identified. It is up to the Vendor to formulate this information in their proposal, but it must be clearly identified.
11	N/A	STAARS document	entirety of document	Are vendors required to respond to, affirm, or sign this document as part of the response?	Affirm
12	25	III.B.2	The remaining Contractor leads and assigned ancillary personnel shall be offsite	Is it expected that ONLY the TCOE lead will be required on-site?	Yes. The TCOE lead will be required to work at the Alabama Medicaid Agency Montgomery Central Office at least 75% of their billable hours.
13	16-50	Section III Scope of Work -- AND -- 2.4 TCOE RFP AMMP All Requirement Response Matrix (RRM) 5-3-22.xlsx	The Contractor shall meet all the requirements specified in each section and subsection narrative and shall be responsible for delivery of services, activities, artifacts and/or other deliverables to Agency expectation specified in the "Specifications, Requirements and Deliverables" (SRDs) table appended to the end of each section.	Are vendors required to include a completed Requirement Response Matrix (RRM) as part of their response? This document was uploaded to the Alabama Medicaid procurement library for this RFP.	Yes.
14	N/A	General		Responsible parties for tool licensing fees? For example, if JIRA is the overall TCOE management tool, will AL MES cover licensing fees?	Each module contractor will have their own tool for testing and test management. AL MES will provide enterprise test management tool that will be used to store data extract from the module contractor.

Questions and Answers

RFP Name: AMMP Testing Center of Excellence (TCOE) RFP

Question ID	RFI/RFB/RFP Page	RFI/RFB/RFP Section Number	RFI/RFB/RFP Verbiage	Question	Agency/Medicaid Response
15	N/A	General		Who will provide module-specific tool licences for the TCOE team? Will module-specific SI&C contractors be responsible?	Module specific tool licenses will be provided by module contractor.
16	N/A	General		In any instances where module contractor delays cause issues with overall delivery timeline of the TCOE services, which party or parties are deemed liable & penalized?	Medicaid reserves the right to extend deliverable timelines as is reasonably necessary when there is a delay by a module contractor.
17	24	III B.	Remote work by the Contractor for the AMMP must be performed within the continental United States	Does this requirement include Hawaii and Puerto Rico?	No. Hawaii and Puerto Rico are not part of continental United States
18	29	III.C.2 PMO ARTIFACT SOFTW	AMMP utilizes a Deliverable Management Tool (DMT) to manage deliverables through the review and approval process. Each Contractor will be required to submit their deliverables to the DMT. See the Procurement Library for the DMT Overview.	We are unable to locate the DMT Overview in the procurement library. As indicated in Appendix C: Procurement Library Contents table, it should be within the 'AMMP Plans, Guides, and Templates TOC' but we do not see the DMT Overview when we open the 'AMMP Plans, Guides, and Templates TOC'. Is it possibly titled something else?	Please refer to Amendment 2. AMMP Tools document has been updated in the procurement library
19	25	III.B.2 Resource Management	As part of the response requirement specified in Section VI. Corporate Background and References, the Contractor shall identify and submit in the proposal personnel qualified to serve in the role(s) of primary leads and as Agency point of contacts for each generic role shown for the two (2) Services categories identified in Section I. C. TCOE Services Snapshot	Can the Agency clarify if this means each role needs a primary lead AND an Agency point of contact (2 different people per role) or can the lead and POC be the same person?	Please refer to III. Scope of Work section A. Contractor Specifications 2. Resource Management and Scheduling The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform the terms of this RFP, in alignment with the project roadmap activities for the term of the contract. This is a critical requirement and shall be closely monitored by the Agency.
20	25	III.B.2 Resource Management	The roles listed above are generalized descriptive terms and are not to be interpreted as official titles of the awarded Contractor organization.	Are there any requirements or specific expectations regarding any TCOE role or is it up to the bidders to propose?	Please refer to III. Scope of Work section A. Contractor Specifications 2. Resource Management and Scheduling The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform the terms of this RFP, in alignment with the project roadmap activities for the term of the contract. This is a critical requirement and shall be closely monitored by the Agency.
21	16	III. Scope of Work / 2.4_TCOE_RFP_AMMP_Response_Matrix_5-3-22	The Contractor shall meet all the requirements specified in each section and subsection narrative and shall be responsible for delivery of services, activities, artifacts and/or other deliverables to Agency expectation specified in the "Specifications, Requirements and Deliverables" (SRDs) table appended to the end of each section.	How does the Response Matrix document pertain/relate to the SOW? The SRD tables in the SOW match what is found in the Response Matrix excel doc, but not entirely. Please also confirm this document requires signature.	Response Matrix document must be complete and must be submitted as part of the proposal submission. Yes. The document requires a signature.
22	92	Appendix E: Key Personnel Resume Sheet	Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.	In order to expand the Work Experience section on the resume sheets, can the agency provide this form/sheet in Microsoft Word format? If not, is Medicaid intending any additional pages for the Work Experience section to be added at the end of each respective resume?	Please refer to Amendment 2. The vendor shall use the resume sheet added to the procurement library.
23	N/A	N/A	N/A	Will there be an opportunity for oral presentations, prior to the contract being awarded?	No.
24	93	Appendix E:	Authorized Vendor Signature	In addition to wet signatures on the cover sheet, we need clarification on whether signatures on resume sheets need to be wet.	Candidate Data Sheets must be signed below by the Vendor.
25	92	Appendix E:	Work Experience	Alabama mandates we use their resume sheet for key personnel. Professional experiences in addition to the one described in the sole spot on the resume form are to be submitted on an additional page copying the formatting from the resume form. How strict will AI be with adhering to that form's formatting if we turn it into a word doc? How strict are they with the additional sheets formatting if we have to keep it all in PDF formatting?	Please refer to Amendment 2. The vendor shall use the resume sheet added to the procurement library.
26	27-28	III. B. 2	The Contractor shall provide the following Module Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract: 1. Project Lead(s) 2. Test Technical Engineer(s) 3. Tester Specialist(s) 4. Project and Quality Assurance Analyst(s)	Please provide additional details on the Agency's expectations with respect to the responsibilities and tasks of the Test Technical Engineer, Tester Specialist and Project and Quality Assurance Analyst.	Please refer to I.Introduction C. TCOE Services Snapshot Exhibit: TCOE Services Snapshot Graphic
27	31	6	TCOE Module Test Oversight Plan	Is there any expectation of test execution by the TCOE, regardless of module or overall system integration.	No. Please refer to III. Scope of Work D. Module Services 2. Module Test Planning
28		RRM		What is the Project schedule template document ID?	Please refer to Amendment 2.

Announcement of Selected Vendor

Testing Center of Excellence

Request for Proposal (RFP) Number 2022-TCOE-01

Alabama Medicaid Agency

On September 19, 2022, the Alabama Medicaid Agency issued an Intent to Award Notice to Cambria Solutions for the Testing Center of Excellence RFP (RFP Number 2022-TCOE-01).

The final award of this contract is subject to review by the Legislative Oversight Committee and signature by the Governor.

ALABAMA MEDICAID AGENCY (AMA) ATTESTATION AND AGREEMENT DOCUMENT

The Attestation and Agreement Document, is intended to document the understanding and compliance by the provided accountable parties, in regards to the requirements set forth within each artifact. AMA considers this attestation and agreement document to be the attestation for the submission of each of the artifacts listed.

1. _____<Enter Contractor Name>_____ hereby declares that the following artifacts named in the table below have been reviewed and are fully understood.

2. _____<Enter Contractor Name>_____ agrees to comply with all specifications and requirements described in each artifact and future iterations of each artifact.

3. The accountable party named below shall be responsible for ensuring all members of the contractor’s organization, actively working on the contract with AMA, are adhering to the requirements set forth within the specified artifact.

Artifact Name	Accountable Party	Date
PMO-2-i Risk Management Plan		
PMO-2-j Issue Management Plan		
PMO-2-n-02 Action Item Protocol Reference Guide		
PMO-2-n-03 Decisions Protocol Reference Guide		
PMO-2-n-04 Invoice Protocols Reference Guide		
PMO-2-q Integrated Master Schedule Management Plan		

Artifact Name	Accountable Party	Date
COM-8 Meeting Protocol Reference Guide		
COM-10 Scope Management Plan		
OCM-2-c1_OCM_Strategic_Plan		
COM-11_Communications_Management_Plan		
REQ-2-c_Requirements_Management_Plan		
PMO-2-x_Contract_Monitoring_Plan		

AMA Contract Owner Name: _____ <AMA Contract Owner Name> _____

AMA Contract Owner Approval Date: _____ <AMA Contract Owner Approval Date> _____



Celebrating 50 Years

Alabama Medicaid Agency

FY 2020 Annual Report



KAY IVEY

Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799

334-242-5000 1-800-362-1504



STEPHANIE MCGEE AZAR

Commissioner

Dear Governor Ivey,

It is my pleasure to submit to you the Alabama Medicaid Agency’s Annual Report for Fiscal Year (FY) 2020. This year marked a notable anniversary for Alabama Medicaid – 50 years of providing essential healthcare services in the state of Alabama. Our focus remains on facilitating the delivery of quality and cost-efficient health care to Medicaid recipients.

At the beginning of FY 2020, Medicaid implemented the Alabama Coordinated Health Network (ACHN) creating a single care coordination delivery system effectively linking patients, providers and community resources to achieve optimal health outcomes. The ACHNs serve our Maternity, Family Planning, and full Medicaid populations ensuring quality health care through care coordination services.

Throughout FY 2020, our Agency learned to adapt quickly to change. Medicaid worked with the Alabama Department of Public Health and other state and federal agencies to stay up to date on the spread of COVID-19 in Alabama. Through the support of the Centers for Medicare and Medicaid Services, Medicaid adopted flexibilities that better served recipients and providers throughout the COVID-19 Public Health Emergency. Many of these flexibilities are described throughout this annual report.

Alabama Medicaid is grateful for the unwavering support of the Governor’s Office in caring for Alabama’s most vulnerable residents through strong, collaborative partnerships and innovative ideas, amidst a rapidly evolving health care landscape.

Sincerely,



Stephanie McGee Azar
Commissioner
Alabama Medicaid Agency

Table of Contents

Letter to the Governor.....	2
Table of Contents.....	3
Charts & Maps.....	4
Organizational Chart.....	5
Medicaid 50th Anniversary.....	6
COVID-19 PHE.....	7
FY 20 At A Glance.....	8
Mission Statement.....	9
Eligibility.....	10
Programs & Services.....	21
Third Party/Program Integrity.....	31
Fiscal.....	32



Charts & Maps

Eligibility

Enrollment and Annual Cost Per Enrollee.....	11
Who Does Alabama Medicaid Serve?.....	11
Medicaid and Alabama Overview.....	12
Annual Cost Per Monthly Average Eligible for Medical Care by Category of Aid, Gender, Race and Age.....	13
Medicaid Annual Eligibles by County (Map).....	14
Percent of Population Annually Eligible by County (Map).....	15
Medicaid Eligibles as a Percent of Population by Year.....	16
Monthly and Average Annual Medicaid Eligibles.....	16
Medicaid Annual Eligibles by Category of Aid and County.....	17
Aid Categories Explained	18
County Impact: Average Annual Benefit Payments Per Monthly Average Eligibles by County.....	19
County Impact: Annual Benefit Payments Per Provider Type by County	20

Programs and Services

Hospital Contribution to State Share.....	21
Inpatient Hospital Program.....	25
Outpatient Hospital Program.....	26
Nursing Home and HCBS Waiver Utilization and Expenditures.....	27
Long Term Care Program - Intermediate Care Facility for the Intellectually Disabled.....	27
Long Term Care Program - Utilization.....	27
Long Term Care Program - Patient Days and Costs	28
Long Term Care Program - Recipients and Claims Payments by Gender, Race and Age	28
Pharmacy Program - Expenditures	29
Pharmacy Program - Member Utilization	29
Pharmacy Program - Cost Per Member and Recipient	29
Physician Services - Cost and Utilization by Age Category.....	30

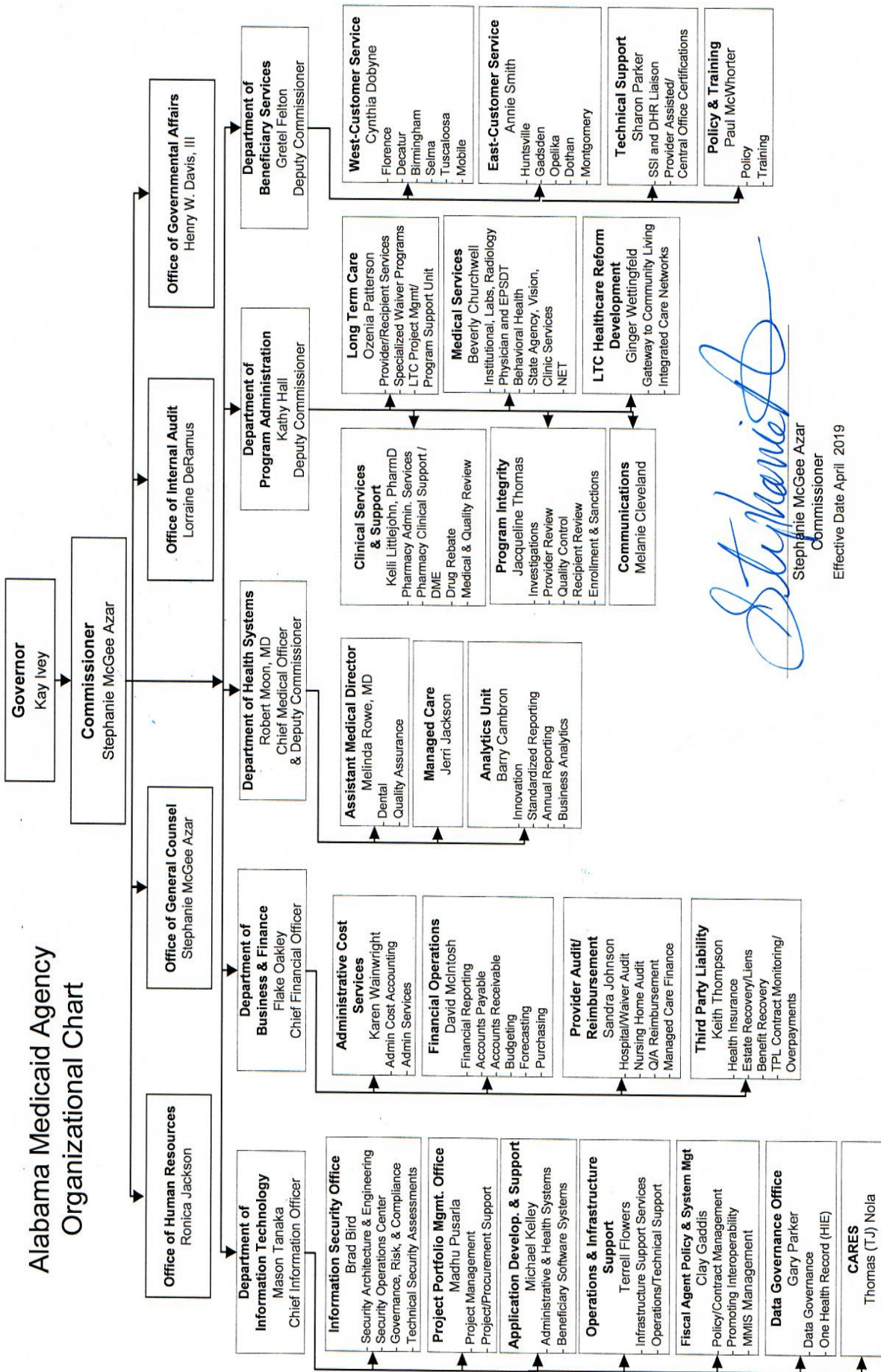
Third Party Liability/Program Integrity

Collections	31
-------------------	----

Fiscal

Medicaid Use of Funds	32
Medicaid Source of Funds.....	32
Total State Share Funding Received.....	33
Expenditures by Type of Service	34
Expenditures for Medical Services by Coverage and Aid Category.....	35
Total Sources of Medicaid Funding	36
Administrative Expense by Major Functional Areas.....	37

Alabama Medicaid Agency Organizational Chart



Stephanie McGee Azar
Stephanie McGee Azar
Commissioner
Effective Date April 2019

Alabama Medicaid Celebrates 50th Anniversary

Commemorating 50 years, Alabama Medicaid traces its roots back to the summer of 1967, when Governor Lurleen B. Wallace officially formed the program by Executive Order. In the closing hours of 1969, Alabama received Federal approval for its Medicaid program launch on January 1, 1970.

During that first year, there were a total of 45 employees and 313,074 recipients. By 2020, those numbers had increased to 602 employees and 1,197,320 recipients.

The program began as the Medical Services Administration, an operational unit of the Alabama Department of Public Health (ADPH). It became an independent agency in 1977 and in 1981 was renamed the Alabama Medicaid Agency.

Both the Pharmaceutical and Third Party programs trace their origin to the start of the state's Medicaid program. The Third Party program was among the first in the nation to comply with Federal regulations ensuring that Medicaid was "payer of last resort."

In 1978, Alabama Medicaid initiated five programs to cut costs, improve services, reduce misuse, and detect fraud. The Fraud Control Unit became the first of its kind to receive Federal certification.

Alabama Medicaid's first HCBS (Home and Community-Based Waiver Services) program began in 1982 as an alternative to institutional care for those who were Medicaid eligible.

SOBRA (The Sixth Omnibus Budget Reconciliation Act) launched in 1987 extending Medicaid coverage to more pregnant women and children.

In 1991, Alabama became the first state to fully-implement a Medicaid plan providing more medically necessary services to eligible children under age 21.

Patient 1st, a primary care case management program to improve the level of coordinated health care, began in 1997.

In 1998, Alabama Medicaid led the nation in implementing CHIP (Children's Health Insurance Program), adding health care for teenagers 14-18 and Department of Youth Services (DYS) teenagers.

Plan First, a family planning and birth control services program, kicked off in 2000.

The Preferred Drug List began in 2003 to keep health care costs down by encouraging use of preferred, generic and over-the-counter drugs. An electronic drug prior authorization (PA) system started in 2004.

The Agency modernized its enrollment process in 2010 through ELE (Express Lane Eligibility), a data-sharing initiative to streamline and speed up the renewal process for Medicaid-eligible children. In 2012, "My Medicaid," a user-friendly website for applicants and recipients, went online.

Implemented in 2013, the Centralized Alabama Recipient Eligibility System (CARES) was a joint effort of Alabama Medicaid and ALL Kids, developed in partnership with ADPH.

In 2015, state Medicaid providers participated in the nationwide implementation of a revamped standardized (ICD-10) medical code set for medical diagnoses and inpatient hospital procedures, the first such update in over 35 years.

On October 1, 2019, Alabama Medicaid, in collaboration with stakeholders across the state, launched the Alabama Coordinated Health Network (ACHN), a care coordination program to offer recipients better quality of health care through a more comprehensive approach. Seven ACHNs were incentivized for ensuring recipients received the right care, at the right place, at the right time.

Through all of these changes over 50 years, Alabama Medicaid has provided essential healthcare services to the state of Alabama. Our focus still remains on facilitating the delivery of quality and cost-efficient health care to Medicaid recipients for years to come.

For more details about Alabama Medicaid's 50th Anniversary, click on the following link: https://medicaid.alabama.gov/content/2.0_Newsroom/2.1_About_Medicaid.aspx.

ALABAMA MEDICAID AGENCY COVID-19 Public Health Emergency (COVID-19 PHE)

60,068
Total
tested

10,037
Total
diagnosed

\$21.9M
Total
paid¹

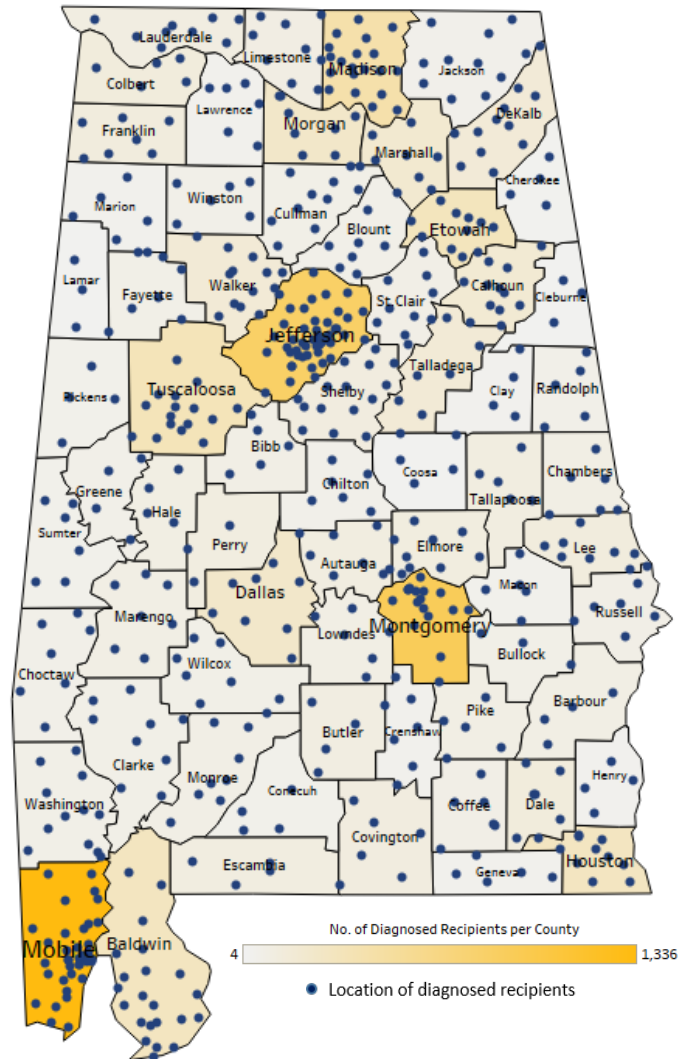
In March 2020, Alabama Department of Public Health (ADPH) reported its first positive case of COVID-19. As a result, Medicaid closely monitored COVID-19 through coordination with ADPH and other state and federal partners.

Declared as a public health emergency, Medicaid proactively prepared to ensure continuous quality health care during challenging times.

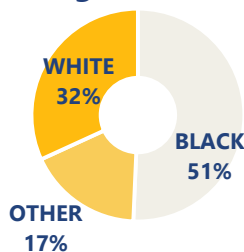
Here are some highlights:

- Continued coverage for Medicaid recipients until the end of the COVID-19 PHE.
- Added procedure codes to allow providers and laboratories to bill for COVID testing.
- Extended telemedicine to ease access to appropriate medical services for certain codes for Medicaid recipients.
- Offered supplemental payments to providers.
- Made accommodations related to pharmacy claims.
- Lifted referral requirements.
- Waived copayments for all services temporarily.
- Offered virtual trainings and meetings options for providers.

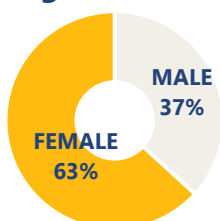
Medicaid continues to be a primary source of providing updates and information to recipients, providers and external stakeholders during the PHE.



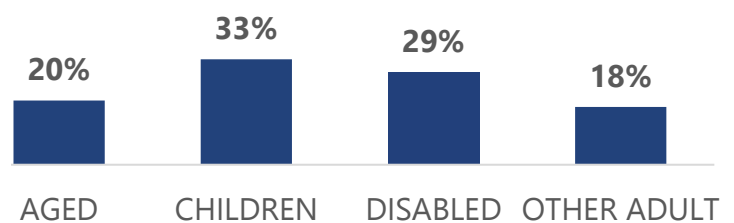
Percent of diagnosed cases by race



Percent of diagnosed cases by gender



Percent of diagnosed cases by aid category

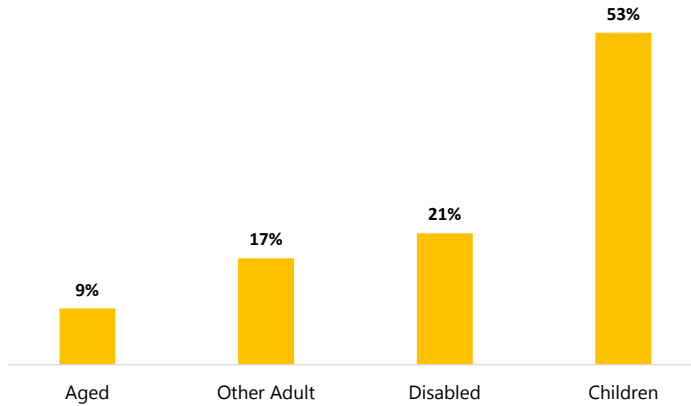


¹Total cost for all recipients after diagnosis [top 10 level]

Data as of 9/11/2020 checkwrite

FISCAL YEAR 2020 ALABAMA MEDICAID AGENCY AT A GLANCE

Distribution of Recipients



OVER

1

million

24%

of Alabama citizens are eligible for Medicaid at least one month of the year

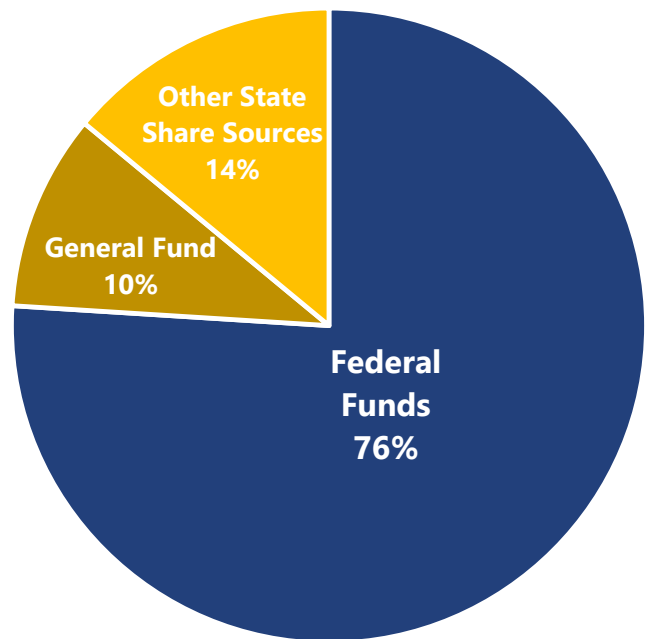


recipients served at any point during the fiscal year

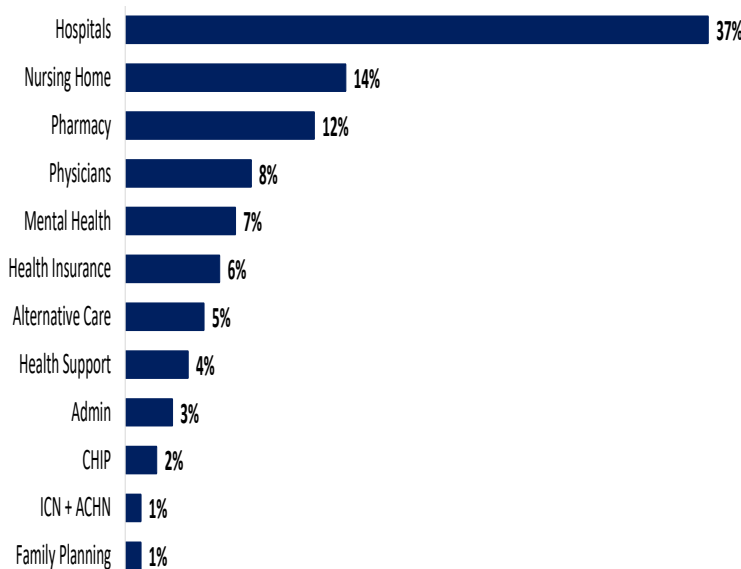


\$6.4 billion
in medical benefits

Medicaid Source of Funds



Medicaid Use of Funds



Total Expenditures: **\$7.13 Billion**

Medicaid patients accounted for

59%

of total nursing home bed days

50%+

of all Alabama births are paid by Medicaid



The Medicaid Agency



MISSION: To provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.

VISION: To play a key leadership role in ensuring availability and access to appropriate health care for all Alabamians.

VALUES:

- **Respect**
We are a caring organization that treats each individual with dignity, empathy, and honesty.
- **Integrity**
Our stakeholders can depend on the quality, trustworthiness, and reliability of our Agency's employees and representatives.
- **Excellence**
We are committed to maximizing our resources to ensure the residents of Alabama have access to quality health care.
- **Teamwork**
Our success depends upon establishing and maintaining effective collaborative partnerships.
- **Innovation**
We willingly embrace new ideas and new ways of doing things to effectively meet a changing health care environment.

FY 2020 Eligibility

Eligibles

The Alabama Medicaid program covered over 24 percent of all Alabama citizens at some point during Fiscal Year 2020, including nearly 53 percent of all children.

More than one-half of all deliveries to Alabama residents are funded by Medicaid.

Meanwhile, aged and disabled recipients represented a smaller percentage (30 percent) of eligible individuals. Costs associated with this group accounted for approximately 65 percent of all expenditures for the Agency.



Applicants undergo a rigorous screening and verification process before being approved for benefits. In addition to income, citizenship and other records are validated. Elderly and disabled applicants are also screened for resources and transfer of assets. In almost all cases, Alabama's financial eligibility limits are at the federal minimum level.

Qualifying Agencies

Three agencies other than Alabama Medicaid determine Medicaid eligibility.

The Alabama Department of Human Resources certifies foster children, children who receive state or federal adoption assistance, and other groups that are not eligible for Supplemental Security Income (SSI).

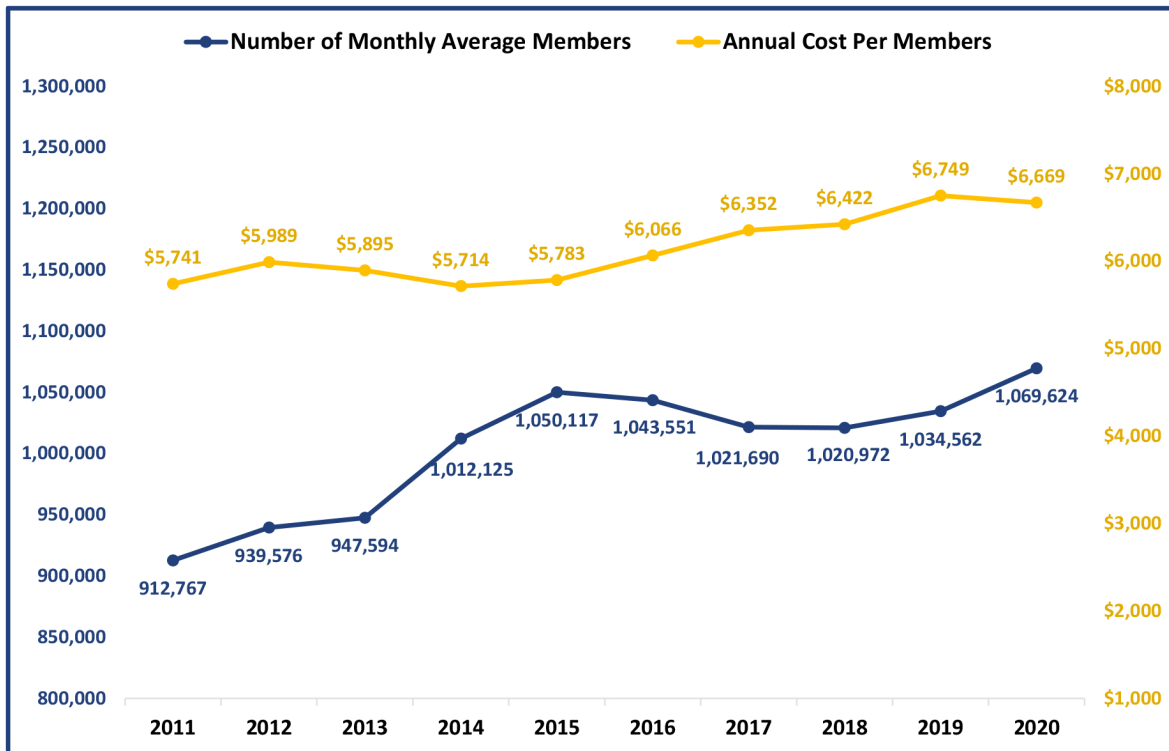


The Social Security Administration certifies aged, blind and disabled persons who have very low income and qualify for cash assistance through the SSI program.

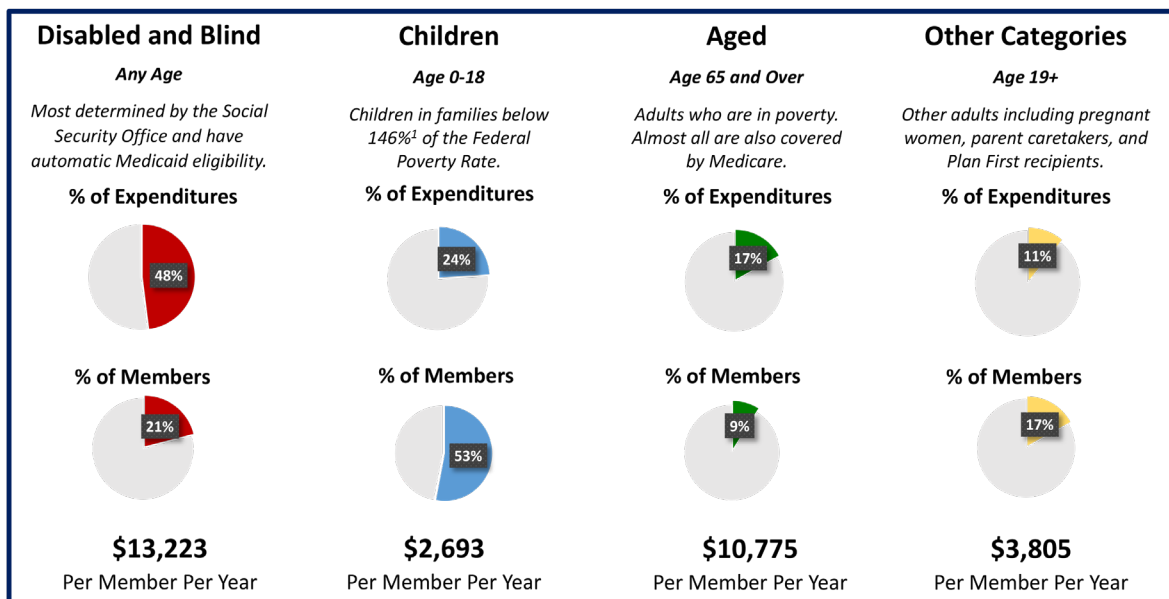
Alabama Medicaid is responsible for certifying applicants for Medicaid through the Alabama Breast and Cervical Cancer program; certain children in group homes certified by the Department of Youth Services; Aged, Blind, or Disabled individuals who are ineligible for SSI; and low-income Medicare beneficiaries seeking Medicaid's help paying for their Medicare premiums and/or copayments.

Alabama Medicaid and the Alabama Department of Public Health's ALL Kids program are responsible for certification of the following eligibility groups: Parents and Other Caretaker Relatives (formerly known as MLIF); children under age 19 eligible for Medicaid or ALL Kids; pregnant women; Plan First (Family Planning) Program; Former Foster Care youth; and Emergency Services for non-citizens.

FY 2011-2020 Enrollment and Annual Cost Per Enrollee



FY 2020 Who Does Alabama Medicaid Serve?



Expenditures, dates of service, include claims, capitations, and access payments based on dates of service in FY 2020.

Per Member Per Year (PMPY) calculations not for the purpose of determining managed care rates and do not align to date paid numbers.

¹ The income limit for this group is 141% of the Federal Poverty Level, but in cases of excess income, a Federal Poverty Level disregard of 5% then applies.

FY 2020 Medicaid and Alabama Overview

Expenditures and Funding Sources	FY 2018	FY 2019	FY 2020
Expenditures			
Medicaid Agency Expenditures ¹	\$6,557,068,823	\$6,982,221,485	\$7,133,013,111
Percent Change from Prior Year	1.0%	6.5%	2.2%
Medicaid Medical Services Expenditures ²	\$5,826,543,865	\$6,241,982,596	\$6,429,867,779
Percent Change from Prior Year	1.7%	7.1%	3.0%
Average Medicaid Medical Services Expenditures per Monthly Average Eligible ³	\$5,707	\$6,033	\$6,011
Percent Change from Prior Year	1.7%	5.7%	-0.4%
Medicaid Medical Services Expenditures per Capita ⁴	\$1,192	\$1,273	\$1,306
Funding Sources (Receipts)			
Overall Federal Funding Percentage ⁵	70.0%	71.4%	74.0%
Overall State Funding Percentage	30.0%	28.6%	26.0%
State General Fund Percentage	10.6%	10.8%	9.9%
Utilization			
Alabama Population⁶			
Total	4,887,871	4,903,185	4,921,532
Adults	3,605,549	3,622,329	3,645,218
Children ⁷	1,282,322	1,280,856	1,276,314
As a Percent of the Alabama Population	26.2%	26.1%	25.9%
Eligibles			
Monthly Average Medicaid Eligibility⁸			
Monthly Average Eligibles	1,020,972	1,034,562	1,069,624
Percent Change from Prior Year	-0.1%	1.3%	3.4%
As a Percent of the Alabama Population	20.9%	21.1%	21.7%
Monthly Average Adult Eligibles	451,695	455,971	467,576
As a Percent of the Alabama Population	12.5%	12.6%	12.8%
Monthly Average Child Eligibles ⁷	569,276	578,591	602,048
As a Percent of the Alabama Population	44.4%	45.2%	47.2%
Annual Medicaid Eligibility⁹			
Annual Eligibles	1,206,830	1,199,951	1,197,320
Percent Change from Prior Year	-0.1%	-0.6%	-0.2%
As a Percent of the Alabama Population	24.7%	24.5%	24.3%
Annual Eligible Adults	529,349	527,449	525,354
As a Percent of the Alabama Adult Population	14.7%	14.6%	14.4%
Annual Eligible Children ⁷	677,481	672,502	671,966
As a Percent of the Alabama Child Population	52.8%	52.5%	52.6%

¹ As reported by the Executive Budget Office.

² Total Medicaid medical services expenditures excludes Agency administrative costs, administrative costs of the school-based services program, payments to hospitals under the Disproportionate Share Hospital (DSH) program and expenses of the Health Information Exchange.

³ Total Medicaid medical services expenditures divided by the number of monthly average eligibles. See footnote 2 for a definition of the expenditures.

⁴ Medicaid medical services expenditures divided by the total Alabama population. See footnote 2 for a definition of the expenditures.

⁵ Overall Federal Funding Percentage increased in FY 2020 due to the Families First Coronavirus Relief act which provided states a 6.2 percentage-point increase in federal share of Medicaid spending.

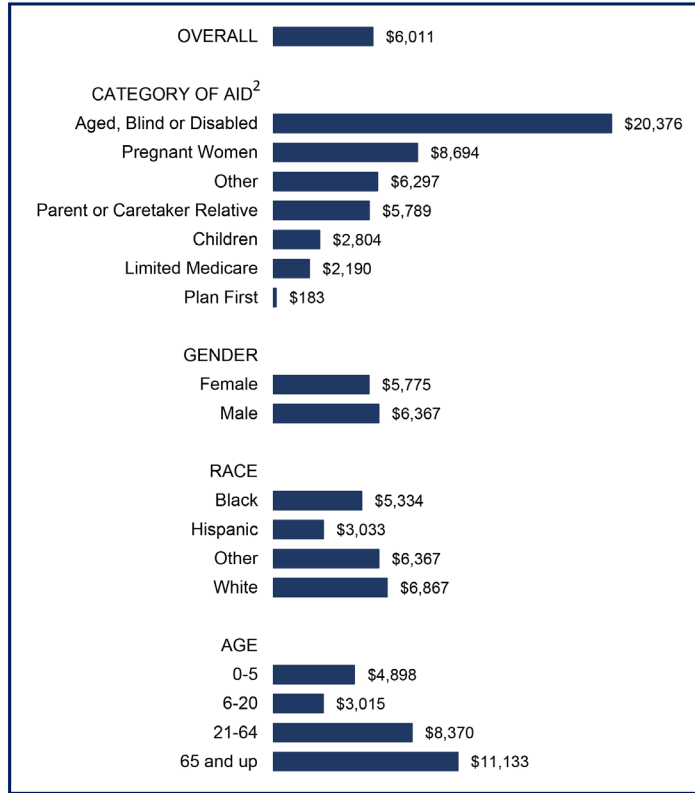
⁶ Population figures are from the 2020 U.S. Census data by the Center for Business and Economic Research at the University of Alabama.

⁷ Child/Children defined as those under age 21.

⁸ The arithmetic average of the unduplicated number of individuals who qualified for full or partial Medicaid coverage in each month of the fiscal year.

⁹ An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year.

FY 2020 Annual Cost Per Monthly Average Eligible for Medical Care¹ by Category of Aid, Gender, Race, and Age



¹ The annual cost per monthly average eligible for medical care is calculated based on total expenditures of \$6,429,867,779 in FY 2020 divided by the annual average of monthly eligibles of 1,069,624. Total expenditures exclude Medicaid administrative expenses, school-based services administration, expenses of the Health Information Exchange, and Disproportionate Share Hospital (DSH) payments, and include encumbrances and payables at the end of the fiscal year.

² See page 18 for definitions of aid categories.

Definitions of Eligibles and Recipients

Annual Eligibles

An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year.

Annual Recipients

An unduplicated count of Medicaid eligibles who received at least one medical service that Medicaid paid for during the fiscal year. This count excludes Specified Low-Income Medicare Beneficiary (SLMB) and Qualifying Individual (1) (QI-1) recipients who only receive the benefit of having their Medicare Part B premiums paid, as well as those eligibles whose third-party payer covered their medical costs resulting in a zero payment by Medicaid.

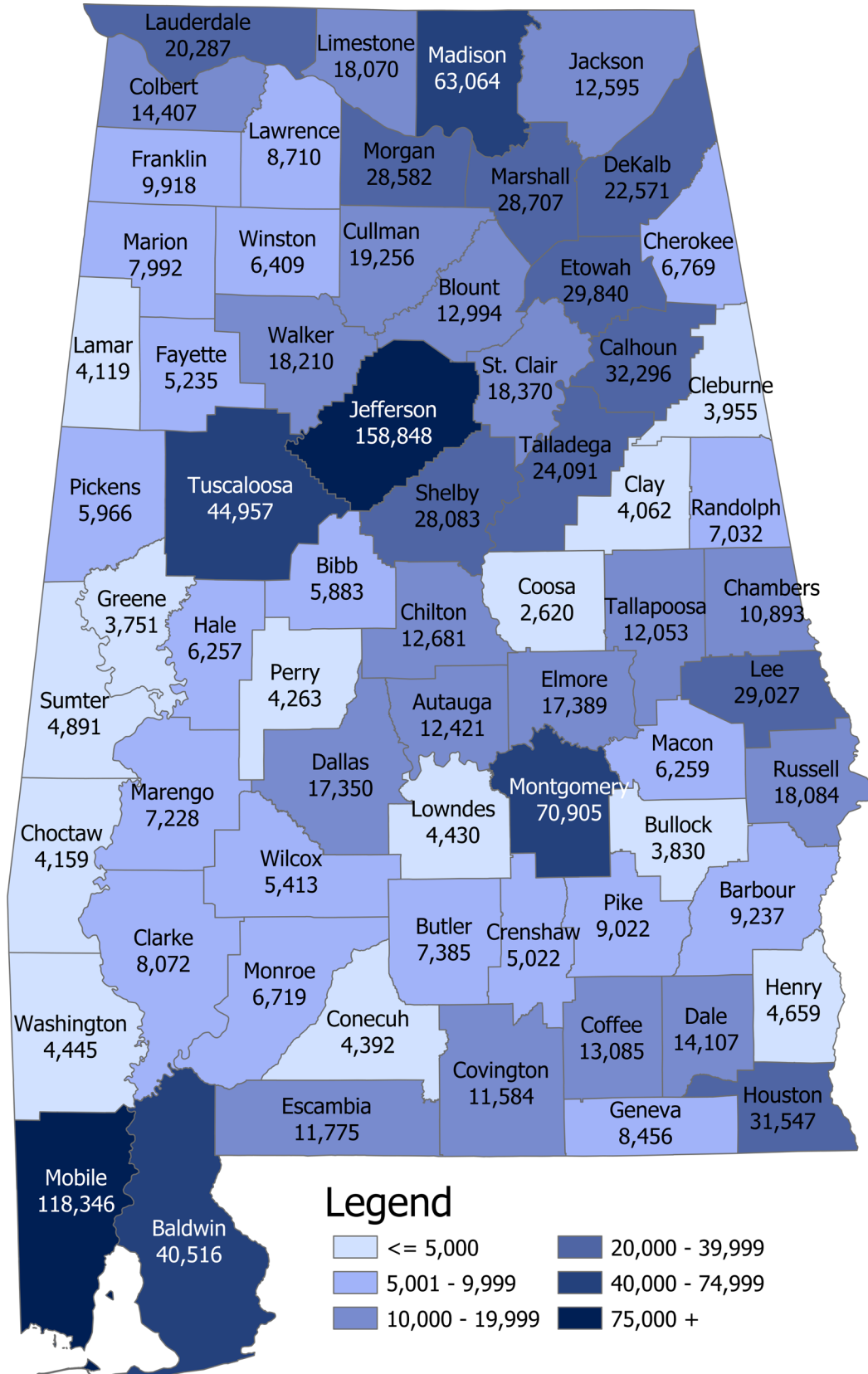
Monthly Average Eligibles

The arithmetic average of the unduplicated number of individuals who qualified for full or partial Medicaid coverage in each month of the fiscal year.

Monthly Average Recipients

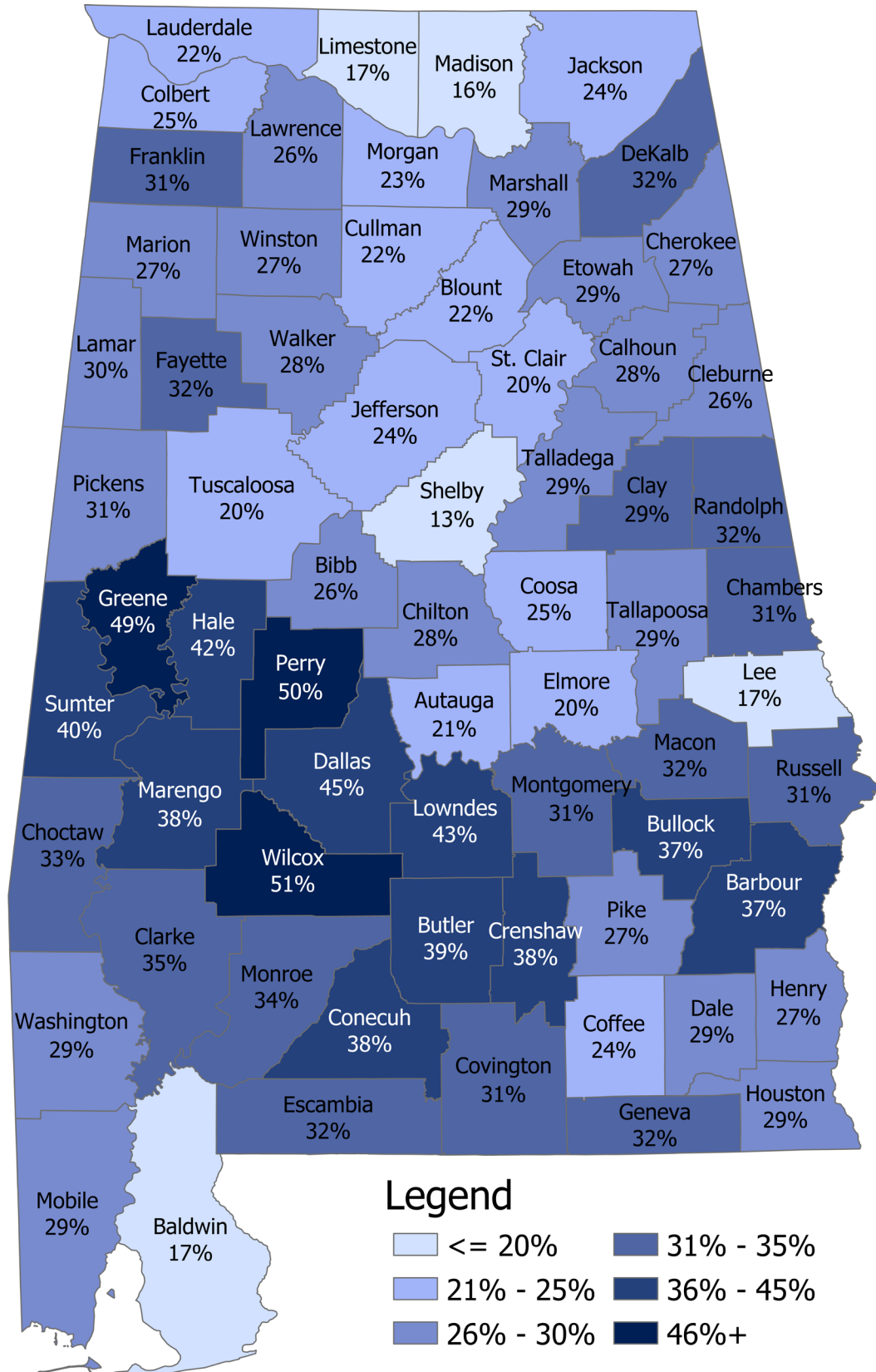
The arithmetic average of the unduplicated number of Medicaid eligibles in each month of the fiscal year who received at least one medical service that Medicaid paid for during the month.

FY 2020 Medicaid Annual Eligibles¹ - County



¹ Annual Eligibles: An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year.

FY 2020 Percent of Population Annually Eligible¹ - County



¹ Annual Eligibles: An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year.

FY 2011-2020 Medicaid Eligibles as Percent of Population by Year

Year	State Population ¹	Annual Eligibles ²	Annual Eligibles as % of Population	Monthly Average Eligibles ³	Monthly Average Eligibles as % of Population
FY 2011	4,801,695	1,070,781	22.3%	912,767	19.0%
FY 2012	4,817,484	1,110,037	23.0%	939,576	19.5%
FY 2013	4,833,996	1,095,266	22.7%	947,594	19.6%
FY 2014	4,849,377	1,184,015	24.4%	1,012,125	20.9%
FY 2015	4,858,979	1,221,963	25.1%	1,050,117	21.6%
FY 2016	4,863,300	1,218,885	25.1%	1,043,551	21.5%
FY 2017	4,874,747	1,208,471	24.8%	1,021,690	21.0%
FY 2018	4,887,871	1,206,830	24.7%	1,020,972	20.9%
FY 2019	4,903,185	1,199,951	24.5%	1,034,562	21.1%
FY 2020	5,024,803	1,197,320	23.8%	1,069,624	21.3%

¹ Population figures are from the 2020 U.S. Census data by the Center for Business and Economic Research at the University of Alabama.

² An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year.

³ The arithmetic average of the unduplicated number of individuals who qualified for full or partial Medicaid coverage in each month of the fiscal year.

FY 2011-2020 Monthly and Average Annual Medicaid Eligibles¹

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
October	894,496	949,808	933,907	972,720	1,047,882	1,050,054	1,031,957	1,019,025	1,030,891	1,048,875
November	890,932	938,776	930,019	973,349	1,050,254	1,048,868	1,030,995	1,019,035	1,029,480	1,048,826
December	891,327	934,512	930,965	972,173	1,049,711	1,044,969	1,027,611	1,017,469	1,026,849	1,048,624
January	897,984	939,100	935,580	997,545	1,055,938	1,047,141	1,021,443	1,020,587	1,030,869	1,052,527
February	902,351	939,021	941,429	1,000,824	1,044,093	1,046,710	1,018,716	1,018,967	1,033,903	1,053,681
March	911,268	941,197	945,267	1,014,931	1,047,623	1,045,433	1,019,760	1,022,959	1,033,512	1,054,155
April	913,068	941,707	949,439	1,020,802	1,050,432	1,045,963	1,016,805	1,024,662	1,030,917	1,063,729
May	914,397	940,538	953,232	1,024,358	1,053,532	1,041,933	1,016,227	1,020,672	1,033,498	1,073,085
June	922,321	937,851	955,355	1,034,955	1,044,251	1,038,991	1,017,414	1,021,657	1,035,250	1,082,699
July	930,736	935,778	959,607	1,041,588	1,050,989	1,037,037	1,021,681	1,019,417	1,039,621	1,092,935
August	939,943	935,901	966,066	1,047,957	1,053,898	1,038,571	1,019,631	1,021,951	1,043,767	1,103,184
September	944,375	940,722	970,267	1,044,302	1,052,800	1,036,942	1,018,034	1,025,250	1,046,192	1,113,166
Annual Avg.	912,767	939,576	947,594	1,012,125	1,050,117	1,043,551	1,021,690	1,020,972	1,034,562	1,069,624

¹ An unduplicated number of individuals who qualified for full or partial Medicaid coverage in each month of the fiscal year. Annual average is the arithmetic average of the 12 months.

FY 2020 Medicaid Annual Eligibles by Category of Aid¹ and County

County	ABD [*]	Children	Limited Medicare	Other	POCR ^{**}	Plan First	Pregnant Women	GRAND TOTAL ²
Autauga	2,066	6,589	1,455	71	1,279	859	359	12,421
Baldwin	4,800	22,963	4,762	903	3,948	3,092	954	40,516
Barbour	1,827	4,585	1,297	104	698	768	204	9,237
Bibb	1,182	2,942	758	58	560	395	110	5,883
Blount	2,012	7,152	1,722	235	1,025	802	293	12,994
Bullock	749	1,919	510	57	322	292	64	3,830
Butler	1,369	3,625	942	24	750	692	200	7,385
Calhoun	5,712	16,497	4,008	280	3,331	2,402	827	32,296
Chambers	2,002	5,387	1,544	100	977	880	247	10,893
Cherokee	1,294	3,254	1,122	24	684	378	142	6,769
Chilton	1,911	7,078	1,446	242	1,221	740	278	12,681
Choctaw	1,000	1,803	634	22	412	319	68	4,159
Clarke	1,675	3,722	1,033	30	881	759	194	8,072
Clay	725	1,983	641	21	408	289	104	4,062
Cleburne	704	2,101	501	20	364	263	91	3,955
Coffee	2,059	7,123	1,386	250	1,325	924	312	13,085
Colbert	2,625	7,044	2,034	109	1,281	1,329	351	14,407
Conecuh	925	2,024	672	30	418	332	92	4,392
Coosa	562	1,136	535	4	228	163	57	2,620
Covington	2,136	5,737	1,654	33	1,157	893	288	11,584
Crenshaw	867	2,485	721	16	535	415	110	5,022
Cullman	3,651	9,956	2,894	325	1,198	1,151	517	19,256
Dale	2,625	7,059	1,655	82	1,460	1,205	388	14,107
Dallas	4,398	7,546	2,458	87	1,551	1,467	289	17,350
DeKalb	3,055	13,106	2,700	812	1,776	1,046	442	22,571
Elmore	2,813	9,339	2,012	132	1,708	1,300	463	17,389
Escambia	1,784	6,346	1,431	39	1,208	933	311	11,775
Etowah	5,693	14,968	4,180	403	2,664	1,912	728	29,840
Fayette	1,126	2,564	677	19	483	349	128	5,235
Franklin	1,407	5,686	1,130	422	674	608	182	9,918
Geneva	1,615	4,156	1,243	58	814	582	192	8,456
Greene	904	1,638	511	158	318	263	58	3,751
Hale	1,306	2,883	862	160	610	457	125	6,257
Henry	884	2,208	773	27	417	374	79	4,659
Houston	5,711	16,418	3,754	195	3,085	2,390	822	31,547
Jackson	2,077	6,341	1,963	395	1,108	808	247	12,595
Jefferson	28,902	83,582	18,286	2,810	13,380	12,090	3,344	158,848
Lamar	815	1,987	615	14	412	297	78	4,119
Lauderdale	3,533	10,044	2,946	209	1,609	1,904	517	20,287
Lawrence	1,637	4,449	1,142	96	805	587	185	8,710
Lee	4,111	16,464	2,724	572	2,663	2,405	715	29,027
Limestone	2,735	9,991	2,089	624	1,554	1,103	378	18,070
Lowndes	999	1,928	744	15	442	342	67	4,430
Macon	1,359	2,938	824	26	608	527	118	6,259
Madison	9,197	35,823	6,118	1,163	5,817	4,752	1,680	63,064
Marengo	1,810	3,181	969	63	639	603	144	7,228
Marion	1,430	3,963	1,222	43	773	559	180	7,992
Marshall	3,787	17,141	2,929	1,429	2,062	1,208	627	28,707
Mobile	19,330	63,064	12,982	1,150	11,466	10,791	2,915	118,346
Monroe	1,329	3,238	897	66	661	573	145	6,719
Montgomery	12,081	37,712	7,004	1,451	7,000	5,764	1,865	70,905
Morgan	4,785	15,959	2,857	1,102	2,013	1,929	672	28,582
Perry	1,214	1,715	670	48	352	309	74	4,263
Pickens	1,381	2,772	771	43	493	512	107	5,966
Pike	1,807	4,380	1,097	45	844	838	218	9,022
Randolph	1,175	3,723	894	44	706	499	161	7,032
Russell	2,779	9,865	1,993	122	1,883	1,450	377	18,084
St. Clair	2,767	9,996	2,323	122	1,996	1,207	446	18,368
Shelby	3,427	16,974	2,373	888	2,698	1,622	569	28,083
Sumter	1,260	1,957	587	346	394	439	85	4,891
Talladega	4,785	11,700	3,640	93	2,259	1,566	602	24,091
Tallapoosa	2,400	5,819	1,892	58	1,064	830	231	12,053
Tuscaloosa	8,246	23,967	4,319	897	3,706	3,656	1,296	44,957
Walker	4,018	8,590	2,774	236	1,333	1,267	426	18,210
Washington	876	2,189	570	15	462	336	76	4,445
Wilcox	1,531	2,245	690	13	544	476	67	5,413
Winston	1,232	3,161	1,096	45	538	328	139	6,409
DYS	2	288		1				290
STATEWIDE²	206,946	629,373	145,391	19,421	107,955	90,729	27,621	1,197,320

¹ Annual Eligibles: An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year. See definitions of aid categories descriptions on page 18.

² Rows/columns do not equal the overall unduplicated count of eligibles because some individuals lived in multiple counties during the year and some qualified for Medicaid benefits under different aid categories.

* ABD is Aged, Blind and Disabled ** POCR is Parent or Caretaker Relative

Aid Categories Explained

Aged, Blind, or Disabled (ABD) – Individuals who are eligible for Medicaid services because they are 65 years of age or older, blind or disabled. This includes individuals eligible or deemed eligible for SSI through the Social Security Administration, and other aged, blind or disabled individuals who meet Medicaid income, resource and medical level of care criteria, and who receive services in a certified Long Term Care facility or Medicaid waiver services in the community.

Children – Includes foster children, newborns of Medicaid-eligible mothers and all children under age 19 whose family income is at or below 146 percent of the federal poverty level¹ (FPL).

Parents and Other Caretaker Relatives (POCR) – Individuals with family income at or below 18 percent FPL¹, who are parents or close relatives of a dependent child under age 19 who live with and assume responsibility for the child's care.

Pregnant Women – Pregnant women who are only eligible for Medicaid during pregnancy and 60 days postpartum, with family income at or below 146 percent FPL¹.

Plan First – A limited Medicaid program that only provides family planning services to women 19 through 55 and vasectomies to men aged 21 and up with income at or below 146 percent FPL¹, who would not, otherwise, qualify for Medicaid.

Limited Medicare Programs – These are programs for low-income Medicare beneficiaries who receive no Medicaid services but are eligible for Medicaid to help pay some of their Medicare cost-sharing expenses. Programs include:

Qualified Medicare Beneficiary (QMB) – People with income at 100 percent FPL. Medicaid pays Medicare coinsurance, deductibles and Medicare Part B premiums. Part A premiums may be paid in special circumstances.

Specified Low-Income Medicare Beneficiary (SLMB) – People with income from 101 percent FPL to 120 percent FPL. Medicaid only pays Medicare Part B premium.

Qualifying Individuals (1) (QI-1s) – People with income at 121 percent FPL to 135 percent FPL. Medicaid only pays Medicare Part B premium. This program is 100 percent federally funded as long as federal funds are available.

Qualified Disabled and Working Individuals (QDWI) – People with income at 200 percent FPL. Medicaid only pays Part A premium for individuals in this group.

Other – Individuals who are eligible for smaller eligibility groups such as:
Former Foster Care – Individuals who aged out of foster care in Alabama who are under age 26;
Women under 65 who have been screened and diagnosed eligible for the Breast and Cervical Cancer Program;
Non-Citizens who meet income and other requirements for Medicaid but are eligible only for emergency services.

¹ The 18 percent FPL for Children, Parents and Other Caretaker Relatives (POCR), Pregnant Women, and Plan First includes the 5% FPL disregard.

FY 2020 County Impact Average Annual Benefit Payments¹ Per Monthly Average Eligibles² by County

County	Benefit Payments	Monthly Avg. Eligibles	Avg. Payment Per Eligible	County	Benefit Payments	Monthly Avg. Eligibles	Avg. Payment Per Eligible
Autauga	\$65,218,465	10,420	\$6,259	Houston	\$153,026,615	27,182	\$5,630
Baldwin	\$170,910,763	34,537	\$4,949	Jackson	\$70,137,035	10,666	\$6,576
Barbour	\$43,821,715	8,166	\$5,366	Jefferson	\$964,405,691	140,904	\$6,844
Bibb	\$30,181,121	4,984	\$6,056	Lamar	\$25,420,236	3,593	\$7,074
Blount	\$66,687,260	11,053	\$6,033	Lauderdale	\$105,402,496	17,428	\$6,048
Bullock	\$21,060,722	3,416	\$6,165	Lawrence	\$44,956,181	7,462	\$6,025
Butler	\$39,272,833	6,556	\$5,991	Lee	\$117,666,648	24,735	\$4,757
Calhoun	\$169,702,441	27,934	\$6,075	Limestone	\$75,205,881	15,152	\$4,963
Chambers	\$60,799,607	9,431	\$6,446	Lowndes	\$21,212,780	3,885	\$5,461
Cherokee	\$38,074,149	5,790	\$6,575	Macon	\$29,881,434	5,399	\$5,534
Chilton	\$65,012,234	10,960	\$5,932	Madison	\$297,089,228	53,580	\$5,545
Choctaw	\$19,496,076	3,640	\$5,355	Marengo	\$40,321,386	6,413	\$6,287
Clarke	\$41,247,566	7,153	\$5,767	Marion	\$40,201,143	6,739	\$5,966
Clay	\$22,894,094	3,494	\$6,552	Marshall	\$133,630,703	24,527	\$5,448
Cleburne	\$20,394,930	3,364	\$6,063	Mobile	\$638,883,119	105,486	\$6,057
Coffee	\$62,219,401	11,098	\$5,607	Monroe	\$35,251,596	5,857	\$6,018
Colbert	\$71,372,887	12,359	\$5,775	Montgomery	\$341,699,525	62,306	\$5,484
Conecuh	\$22,907,411	3,861	\$5,933	Morgan	\$163,323,203	24,266	\$6,731
Coosa	\$14,245,713	2,235	\$6,375	Perry	\$25,966,158	3,782	\$6,866
Covington	\$61,997,974	10,077	\$6,152	Pickens	\$36,296,426	5,306	\$6,841
Crenshaw	\$23,502,078	4,349	\$5,405	Pike	\$47,475,986	7,880	\$6,025
Cullman	\$108,219,745	16,335	\$6,625	Randolph	\$33,284,954	6,101	\$5,456
Dale	\$71,916,776	11,795	\$6,097	Russell	\$56,836,127	15,526	\$3,661
Dallas	\$90,946,472	15,723	\$5,784	St. Clair	\$126,558,005	23,307	\$5,430
DeKalb	\$109,119,877	19,509	\$5,593	Shelby	\$90,741,691	15,503	\$5,853
Elmore	\$91,409,122	14,648	\$6,240	Sumter	\$21,987,743	4,152	\$5,295
Escambia	\$51,972,780	10,315	\$5,039	Talladega	\$135,488,744	20,984	\$6,457
Etowah	\$182,395,268	25,698	\$7,098	Tallapoosa	\$71,169,770	10,616	\$6,704
Fayette	\$35,406,505	4,508	\$7,853	Tuscaloosa	\$246,921,815	38,950	\$6,340
Franklin	\$48,243,786	8,525	\$5,659	Walker	\$111,292,961	15,737	\$7,072
Geneva	\$41,913,848	7,314	\$5,730	Washington	\$24,276,235	3,823	\$6,351
Greene	\$20,172,823	3,245	\$6,216	Wilcox	\$25,448,337	4,908	\$5,186
Hale	\$32,776,237	5,416	\$6,052	Winston	\$39,803,797	5,465	\$7,283
Henry	\$20,910,912	3,966	\$5,273	Youth Services	\$2,180,540	132	\$16,561
				Statewide	\$6,429,867,779	1,069,624	\$6,011

¹ Benefit payments for medical care in FY 2020 exclude administrative expenses of the Medicaid Agency, expenses of the Health Information Exchange (HIE) and Disproportionate Share Hospital (DSH) payments.

² The annual average of monthly eligibles.

FY 2020 County Impact Annual Benefit Payments¹ Per Provider Type³ by County (\$ amounts in thousands)

County	Hospital Services	NH/LTC/Hospice	Pharmacy	Physicians/NPs/PAs	Mental Health	Medicare Premiums	Other ²	Grand Total
Autauga	\$9,001	\$5,811	\$6,264	\$3,548	\$10,633	\$4,020	\$3,588	\$42,863
Baldwin	\$36,935	\$26,594	\$20,516	\$18,118	\$12,948	\$11,697	\$12,775	\$139,583
Barbour	\$3,519	\$9,537	\$3,260	\$1,470	\$0	\$4,013	\$2,232	\$24,031
Bibb	\$1,809	\$5,374	\$2,331	\$71	\$0	\$2,530	\$7,498	\$19,613
Blount	\$4,621	\$8,813	\$3,925	\$1,167	\$314	\$4,683	\$3,456	\$26,978
Bullock	\$4,874	\$6,981	\$2,690	\$1,016	\$0	\$1,554	\$1,514	\$18,630
Butler	\$2,775	\$11,259	\$3,930	\$998	\$0	\$3,017	\$2,521	\$24,500
Calhoun	\$37,406	\$27,581	\$19,047	\$20,341	\$8,248	\$11,676	\$8,633	\$132,934
Chambers	\$9	\$16,245	\$3,648	\$1,465	\$3,071	\$4,399	\$1,011	\$29,849
Cherokee	\$2,983	\$8,646	\$3,545	\$2,041	\$0	\$3,020	\$1,000	\$21,234
Chilton	\$3,045	\$9,111	\$4,612	\$1,612	\$165	\$4,098	\$3,794	\$26,437
Choctaw	\$3,383	\$3,484	\$1,726	\$275	\$0	\$2,260	\$1,235	\$12,363
Clarke	\$6,619	\$9,721	\$4,840	\$1,260	\$2,340	\$3,518	\$3,594	\$31,892
Clay	\$3,075	\$8,162	\$1,742	\$659	\$0	\$1,791	\$410	\$15,840
Cleburne	\$0	\$3,835	\$1,309	\$253	\$0	\$1,443	\$495	\$7,334
Coffee	\$14,964	\$18,439	\$6,264	\$6,166	\$0	\$4,344	\$13,862	\$64,038
Colbert	\$22,626	\$12,774	\$8,359	\$8,182	\$4,545	\$5,854	\$4,711	\$67,051
Conecuh	\$3,218	\$3,903	\$1,584	\$856	\$0	\$2,146	\$845	\$12,553
Coosa	\$0	\$3,427	\$313	\$521	\$0	\$1,347	\$192	\$5,799
Covington	\$11,118	\$18,702	\$6,697	\$4,037	\$4,830	\$4,912	\$2,723	\$53,200
Crenshaw	\$7,675	\$6,556	\$1,676	\$313	\$0	\$2,071	\$610	\$18,900
Cullman	\$16,825	\$25,922	\$10,104	\$15,582	\$2,675	\$8,228	\$5,181	\$84,517
Dale	\$6,301	\$13,774	\$5,810	\$2,729	\$708	\$5,053	\$2,182	\$36,556
Dallas	\$21,157	\$16,857	\$7,208	\$7,894	\$4,745	\$8,777	\$6,498	\$73,137
DeKalb	\$9,818	\$22,000	\$10,789	\$5,519	\$1,797	\$7,541	\$10,260	\$67,725
Elmore	\$4,378	\$15,337	\$7,494	\$1,715	\$18,379	\$5,622	\$2,682	\$55,607
Escambia	\$6,869	\$12,513	\$5,071	\$2,471	\$1	\$4,113	\$2,376	\$33,414
Etowah	\$66,133	\$38,386	\$14,238	\$14,489	\$43,412	\$12,230	\$13,690	\$202,577
Fayette	\$3,049	\$6,958	\$1,833	\$825	\$5,170	\$2,462	\$561	\$20,858
Franklin	\$8,726	\$11,856	\$3,667	\$2,157	\$0	\$3,201	\$1,293	\$30,898
Geneva	\$4,595	\$8,830	\$2,694	\$647	\$0	\$3,556	\$994	\$21,317
Greene	\$1,781	\$3,222	\$491	\$118	\$0	\$1,967	\$664	\$8,245
Hale	\$1,789	\$7,159	\$1,666	\$195	\$0	\$2,921	\$1,063	\$14,793
Henry	\$0	\$5,113	\$1,281	\$153	\$0	\$2,164	\$1,922	\$10,633
Houston	\$94,897	\$25,704	\$32,728	\$29,960	\$9,566	\$11,315	\$12,233	\$216,404
Jackson	\$9,743	\$16,256	\$5,681	\$4,793	\$990	\$5,013	\$5,707	\$48,183
Jefferson	\$1,085,039	\$169,299	\$172,287	\$207,359	\$78,738	\$55,498	\$70,563	\$1,838,784
Lamar	\$0	\$7,153	\$2,024	\$282	\$0	\$1,853	\$1,914	\$13,226
Lauderdale	\$20,824	\$23,435	\$9,155	\$11,453	\$9,998	\$8,275	\$8,685	\$91,824
Lawrence	\$6,513	\$6,016	\$3,595	\$177	\$0	\$3,384	\$2,559	\$22,243
Lee	\$49,553	\$10,895	\$13,584	\$15,036	\$15,816	\$7,800	\$14,252	\$126,934
Limestone	\$10,187	\$11,618	\$6,398	\$3,705	\$328	\$5,671	\$5,404	\$43,310
Lowndes	\$0	\$4,258	\$394	\$4	\$0	\$2,243	\$383	\$7,282
Macon	\$1,500	\$6,627	\$1,080	\$448	\$328	\$2,759	\$1,129	\$13,871
Madison	\$171,830	\$48,140	\$36,962	\$52,925	\$41,169	\$17,257	\$17,707	\$385,989
Marengo	\$6,151	\$10,790	\$2,836	\$1,533	\$2,928	\$3,695	\$2,062	\$29,994
Marion	\$5,901	\$13,543	\$3,754	\$1,787	\$340	\$3,361	\$3,306	\$31,993
Marshall	\$24,082	\$24,136	\$14,600	\$10,366	\$7,997	\$8,476	\$10,562	\$100,218
Mobile	\$303,545	\$87,605	\$75,288	\$80,404	\$102,434	\$38,354	\$43,651	\$731,281
Monroe	\$5,278	\$9,519	\$3,043	\$1,136	\$2,769	\$2,853	\$1,905	\$26,503
Montgomery	\$177,667	\$58,501	\$36,550	\$132,351	\$24,623	\$21,539	\$56,365	\$507,596
Morgan	\$25,096	\$27,379	\$14,200	\$14,941	\$35,860	\$9,148	\$10,065	\$136,689
Perry	\$0	\$8,243	\$1,125	\$1	\$0	\$2,385	\$1,225	\$12,979
Pickens	\$1,436	\$9,478	\$2,318	\$891	\$306	\$2,946	\$924	\$18,299
Pike	\$6,531	\$10,227	\$5,098	\$2,521	\$3,453	\$3,607	\$3,305	\$34,743
Randolph	\$913	\$10,679	\$2,480	\$811	\$207	\$2,466	\$2,130	\$19,686
Russell	\$1,155	\$15,379	\$4,919	\$3,495	\$13	\$5,057	\$2,325	\$32,344
Shelby	\$25,384	\$18,538	\$71,998	\$10,968	\$3,430	\$6,685	\$12,328	\$149,330
St. Clair	\$3,611	\$17,331	\$10,699	\$3,952	\$1,286	\$6,041	\$3,503	\$46,424
Sumter	\$4,926	\$4,959	\$760	\$249	\$0	\$2,510	\$1,232	\$14,635
Talladega	\$18,870	\$24,415	\$11,999	\$5,551	\$3,228	\$10,189	\$8,900	\$83,152
Tallapoosa	\$12,581	\$21,915	\$7,237	\$3,970	\$0	\$5,297	\$2,103	\$53,102
Tuscaloosa	\$106,979	\$39,879	\$21,966	\$24,759	\$24,984	\$15,480	\$14,185	\$248,231
Walker	\$19,747	\$24,841	\$15,503	\$8,716	\$19,142	\$8,371	\$8,214	\$104,534
Washington	\$1,277	\$4,890	\$1,043	\$107	\$1,045	\$1,901	\$2,205	\$12,468
Wilcox	\$1,326	\$4,631	\$1,269	\$188	\$0	\$2,994	\$925	\$11,334
Winston	\$2,847	\$8,343	\$3,281	\$1,340	\$0	\$2,997	\$1,954	\$20,763
STATEWIDE TOTAL	\$2,536,465	\$1,197,503	\$776,479	\$765,043	\$514,959	\$439,646	\$459,973	\$6,690,068
OUT-OF-STATE TOTAL	\$26,764	\$0	\$58,139	\$24,801	\$0	\$0	\$90,570	\$200,273
GRAND TOTAL	\$2,563,229	\$1,197,503	\$834,618	\$789,843	\$514,959	\$439,646	\$550,543	\$6,890,342

¹ Benefit payments for medical care in FY 2020 exclude administrative and all non-claims related expenses of the Medicaid Agency and expenses of the Health Information Exchange.

² Other provider types include ADPH, Dentists and Oral Surgeons, Durable Medical Equipment (DME) providers, End Stage Renal Dialysis (ESRD) clinics, FQHCs and RHCs, and other Health support services.

³ The totals shown by provider type will not align to the Executive Budget Office amounts by program due to the method in which the providers were grouped.

Programs and Services

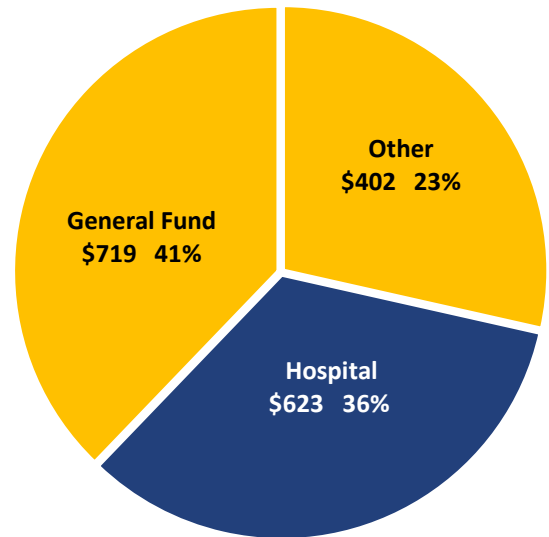
Alabama Medicaid provided \$6.4 billion in medical benefits to more than one million enrollees in FY 2020. Recipients had at least one medical service, ranging from hospital care and doctor visits, to medications, transportation, or medical equipment. The Agency also provided an additional \$469 million for hospital services for the indigent/uninsured in the form of Disproportionate Share Hospital (DSH) payments.

Hospitals

Almost 100 hospitals are enrolled to serve Alabama Medicaid recipients. Most hospitals have an average Medicaid occupancy rate of 14-18 percent. However, two hospitals (Children’s Hospital of Alabama and Women’s and Children’s Hospital in Mobile) have substantially higher Medicaid occupancy rates.

Hospitals are essentially self-funded. Hospital funding sources – including provider taxes, Certified Public Expenditures (CPEs) and Intergovernmental Transfers (IGT) – contributed \$623 million, or 36 percent, to the Agency’s state share used to match federal dollars.

FY 2020 Hospital Contribution to State Share (in Millions)*



*Total State Share based on Total State Funds Used is approximately \$1.744 Billion.



The Alabama Medicaid program reimbursed hospitals a total of \$2.6 billion (including DSH payments) in FY 2020. Other costs in the hospital budget line include inpatient psychiatric services, ambulatory surgical centers, transplants, federally qualified health centers, renal dialysis, and others.

Pharmacy

The wide variety of drugs available today substantially impacts the Medicaid Pharmacy Program since federal regulations require that most drugs be covered. Children under age 21 receive pharmacy as a mandated service while pharmacy coverage for adults is optional.

In FY 2020, approximately 513,000 unique recipients received approximately 6.2 million prescriptions at a total cost of \$775 million. Management tools, such as the preferred drug program monthly prescription limits for adults, maximum unit limits, and system edits are used to limit the cost of the program.

A major component of the pharmacy budget is the Part D “clawback” which is a federally required payment made by the state to the federal government for Medicare Part D. Alabama paid approximately \$67 million in FY 2020.

Funding sources for the pharmacy program include the Agency’s federal and state drug rebate program which reduces the Agency’s General Fund need. The state share portion of drug rebates, paid by drug manufacturers, totaled approximately \$122 million in 2020.



A universal prior authorization (PA) number for pharmacies was introduced pertaining to early refill (ER) edits. As accommodations were made for ERs, the cumulative daily morphine milligram equivalent (MME) edit decrease was postponed. The initial decrease was announced on February 21, 2020, prior to the COVID-19 PHE, and all opioid claims that exceeded a cumulative MME of 150 per day were denied.

Additionally, changes to the preferred drug list (PDL) and ERs for maintenance medications were announced. Further pharmacy changes included temporary exceptions for prior authorization (PA) renewal requests for lab values or urine drug screens that required an in-person visit with a lab or provider.

Physicians

Physician services mandated by the federal government are available to Medicaid recipients. In FY 2020, over 666,000 unique recipients received physician program services at a total cost of \$447 million.



Through the Alabama Medicaid Physician’s Primary Care Enhanced Rates “Bump” Program, Medicaid has been able to reimburse primary care providers with a payment “bump” initiated in 2013. Physicians associated with teaching facilities and ACHN may receive enhanced fees.

Mental Health & Waivers

Mental Health services, provided through the Alabama Department of Mental Health, include mental health rehabilitation services, substance use disorder treatment, targeted case management, intermediate care facilities for the intellectually disabled, and two Home and Community-Based Services (HCBS) Waivers that allow intellectually disabled individuals to live at home.

Together, they accounted for approximately \$509 million of expenditures; approximately 74 percent of these costs are associated with the two waivers.

Mental Health services are provided in partnership with the Alabama Department of Mental Health which provides the state matching funds for these services.

Long Term Care

Nursing home care is among the original services offered to Medicaid recipients and currently represents a significant percentage of Medicaid expenditures. Approximately 222 Alabama nursing facilities with 26,325 beds accepted Medicaid reimbursement in FY 2020 while Medicaid patient days accounted for 59 percent of total bed days. A total of 22,734 recipients received nursing home care at a cost of \$1.026 billion.

Nursing homes pay an assessment per bed that provided \$113 million toward the state share of this cost. Nursing homes are paid on a per diem basis with part of the payment potentially coming from the recipient. The rate paid is based on the allowable costs of nursing homes reported annually to the Agency (set by Alabama statute).

Five HCBS waivers make it possible for approximately 8,580 qualified Medicaid recipients to live in the community instead of institutions. In addition to the independence and quality of life these waivers offer, the average annual cost of a waiver recipient that meets the nursing facility level of care was \$13,557 versus the average annual cost of nursing home care of \$66,000 in FY 2020. The Agency spent approximately \$116 million on HCBS waiver services with the state share primarily funded by other state agencies.

Other Medical Services

Health Support services and Alternative Care services represent a significant number of services provided each year.

Major Health Support services include dental, EPSDT (child health), independent lab and x-ray, eye care, ambulance, state laboratory, and hearing services, all of which are separate from the Physician Program. In FY 2020, these services represented \$260 million in expenditures for the Agency.

Unlike other budget categories, most are funded by General Fund dollars except for approximately \$33 million allocated through tobacco settlement funds.

Alternative Care budget items include maternity care, rehabilitative services, hospice care, hospice room and board, durable medical equipment, home health, targeted case management, and prosthetic devices. FY 2020 expenditures for these services were approximately \$334 million.

Family Planning services are provided to two major groups of Medicaid recipients: those with full benefits and those who qualify for Plan First, an optional waiver program which only provides family planning services. Family Planning services receive a 90 percent federal match and include birth control services and supplies. ADPH pays the majority of the state share for the Plan First waiver participants. In FY 2020, there were expenditures of \$34 million for family planning services.

Managed Care Programs

In FY 2020, approximately 963,000 Medicaid recipients were enrolled in some type of managed care. Managed Care focuses management of resources and utilization to help recipients achieve improved health outcomes. With the goal of providing quality medical care in a cost-effective manner, healthcare organizations and providers work together on behalf of Alabama Medicaid recipients.

The Agency offered three Managed Care Programs in FY 2020: Alabama Coordinated Health Care Network (ACHN), Integrated Care Network (ICN), and Program of All-Inclusive Care for the Elderly (PACE).

ACHN

Implemented in October 2019, the Alabama Coordinated Health Network (ACHN) transformed health care provided to Medicaid recipients in Alabama through a more flexible and cost-efficient delivery system. This effort was built from the Agency's former case management program structure. Medicaid designed the ACHN to create a single care coordination delivery system that effectively links patients, providers and community resources in each of seven defined regions.

The ACHNs provide care coordination for three targeted populations: maternity, family planning, and the general population. They assist recipients with locating a provider, appointments, transportation, referrals, and answering questions.

Integrated Care Network (ICN)

The ICN program promotes a person-centered approach to care delivery that better integrates the medical and Long-Term Services and Supports (LTSS) needs of beneficiaries and allows them to receive LTSS in the least restrictive setting of their choice. The ICN program aims to achieve the following goals through a Primary Care Case Management Model:

- Improve education and outreach about the LTSS for Medicaid recipients.
- Identify individuals who could benefit from community options and alternatives to institutional stays.
- Provide more comprehensive case management that better integrates the full range of medical and social services.
- Make an incremental change to the state's LTSS system to prepare for future increased demand.
- Drive a percentage shift of the LTSS population residing in the HCBS setting.

PACE

The Program of All-Inclusive Care for the Elderly (PACE) continues to provide community-based care and services to elderly and disabled adults in Mobile and Baldwin counties who would otherwise need nursing home care. During FY 2020, the PACE program offered to 200 recipients comprehensive medical and social services in an adult day health center, supplementing with in-home and referral services as needed.

Financing for the program is capped allowing providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. Most PACE participants are dually eligible for Medicare and Medicaid benefits and once enrolled, the recipient receives all health services through the PACE program.

Changes during COVID-19 PHE

To provide quality care throughout the COVID-19 public health emergency (PHE), Alabama Medicaid implemented temporary policy and procedural changes to aid both providers and recipients during the unprecedented time. Medicaid temporarily waived copayments for all services including, but not limited to, doctor visits, optometric services,

certified nurse practitioner visits, health care center visits, rural health clinic visits, inpatient hospital, outpatient hospital, prescription drugs, medical equipment, supplies and appliances, and ambulatory surgical centers.

Referral requirements were temporarily lifted for the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program, Primary Care Providers (PCPs), and Delivering Healthcare Professionals (DHCPs), and signature requirements were temporarily waived for all Medicaid recipients. Temporary procedural changes were allowed for billing well-child visits and sick visits on the same date of service.

Medicaid reimbursed providers for COVID-19 lab testing, specimen collection, and rapid tests. The Agency allowed for extended inpatient hospital stays for Medicaid recipients waiting for placement to appropriate long-term care settings. Per diem rates were increased by 20 percent for all COVID-19 related inpatient claims to assist hospitals with costs associated with staffing, supplies, social distancing standards, and other factors for services performed on or after March 1, 2020. Other COVID-19 PHE supplemental payments include services for dental, nursing home, waivers, ICN, and ACHN.

Telemedicine services provided greater access for health care and limited the exposure to COVID-19 for both physicians and recipients. Providers eligible for telemedicine included physicians, nurse practitioners, physician assistants, dental providers, optometrists, speech and occupational therapists, physical therapists, psychologists, licensed counselors, licensed marriage and family therapists and licensed (clinical) social workers.

Nursing homes waived Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II assessment requirements for 30 days. An increased per diem rate and a one-time cleaning fee reimbursement related to the COVID-19 PHE was allowed for nursing facilities. Medicaid temporarily waived location restrictions and prior authorization requirements for ambulance providers.

Other changes during the PHE were implemented in FY 2020, and a complete list of Provider ALERTs related to the COVID-19 PHE are found at https://medicaid.alabama.gov/news_detail.aspx?ID=13729.

FY 2018-2020 Inpatient Hospital Program¹ Recipients and Amounts Paid² Based on Date of Service

Recipients ¹				Amounts Paid ²			Annual Average Cost Per Recipient		
	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020
By Gender									
Female	75,771	74,633	69,303	\$748,079,877	\$821,069,173	\$889,053,074	\$9,873	\$11,001	\$12,828
Male	33,353	33,056	29,676	\$587,851,520	\$672,740,620	\$725,650,734	\$17,625	\$20,352	\$24,453
Total	109,124	107,689	98,979	\$1,335,931,397	\$1,493,809,793	\$1,614,703,807	\$12,242	\$13,872	\$16,314
By Race									
Black	42,737	41,052	37,992	\$530,171,472	\$568,439,012	\$567,605,453	\$12,405	\$13,847	\$14,968
Hispanic	4,278	3,973	4,110	\$43,508,896	\$43,973,624	\$53,050,466	\$10,170	\$11,068	\$12,908
White	49,271	46,909	41,619	\$526,457,975	\$529,642,875	\$549,569,339	\$10,685	\$11,291	\$13,205
Other Race	3,459	3,769	3,427	\$32,105,133	\$42,932,905	\$45,538,866	\$9,282	\$11,391	\$13,288
Unknown ³	9,379	11,986	11,901	\$203,687,921	\$308,821,377	\$398,939,682	\$21,717	\$25,765	\$33,522
Total	109,124	107,689	98,979	\$1,335,931,397	\$1,493,809,793	\$1,614,703,807	\$12,242	\$13,872	\$16,314
By Age									
0-5	15,791	15,418	14,174	\$365,465,966	\$411,258,011	\$462,329,274	\$23,144	\$26,674	\$32,618
6-20	17,072	16,446	15,009	\$252,917,208	\$277,030,881	\$306,282,988	\$14,815	\$16,845	\$20,407
21-64	62,355	62,298	57,854	\$658,502,204	\$740,008,908	\$777,768,021	\$10,561	\$11,879	\$13,444
65+	13,906	13,527	11,942	\$59,046,019	\$65,511,993	\$68,323,524	\$4,246	\$4,843	\$5,721
Total	109,124	107,689	98,979	\$1,335,931,397	\$1,493,809,793	\$1,614,703,807	\$12,242	\$13,872	\$16,314
By Dual Status									
Non-Dual	84,996	84,720	80,010	\$1,262,009,415	\$1,402,625,334	\$1,539,529,744	\$14,848	\$16,556	\$19,242
Dual ⁴	24,128	22,969	19,151	\$73,921,982	\$91,184,459	\$75,174,064	\$3,064	\$3,970	\$3,925
Total	109,124	107,689	98,979	\$1,335,931,397	\$1,493,809,793	\$1,614,703,807	\$12,242	\$13,872	\$16,314
Total Paid Based on Date of Service				\$1,335,931,397	\$1,493,809,793	\$1,614,703,807			
Average Eligibles (excluding Plan First)				945,616	1,128,298	1,124,657			
Annual Cost Per Average Eligible				\$1,423	\$1,341	\$1,454			
Actual Paid During Fiscal Year				\$1,345,388,719	\$1,512,683,275	\$1,634,919,295			

¹ The numbers shown are based on the date of service of claims as of a point in time and will change slightly going forward as existing claims are adjusted and new claims are received. Prior years are shown as originally reported. Includes inpatient psychiatric hospitals.

² Includes the allocation of access payments to inpatient claims.

³ Includes a high percentage of disabled newborns certified by SSI which accounts for the disproportionately high average annual cost per recipient.

⁴ The Medicaid Agency is a secondary payer behind Medicare and is generally only responsible for deductibles and co-payments.

**FY 2018-2020
Outpatient Hospital Program¹
Recipients and Amounts Paid² Based on Date of Service**

Recipients ¹				Amounts Paid ²			Annual Average Cost Per Recipient		
	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020
By Gender									
Female	301,927	289,904	258,374	\$266,360,459	\$284,687,856	\$271,115,348	\$882	\$982	\$1,049
Male	194,532	187,522	164,149	\$158,914,777	\$168,364,871	\$160,782,602	\$817	\$898	\$979
Total	496,459	477,426	422,523	\$425,275,236	\$453,052,727	\$431,897,950	\$857	\$949	\$1,022
By Race									
Black	205,542	189,699	167,233	\$163,198,344	\$172,830,768	\$165,938,496	\$794	\$911	\$992
Hispanic	23,635	18,139	16,574	\$15,505,814	\$13,173,984	\$13,386,357	\$656	\$726	\$808
White	212,453	192,977	169,697	\$191,130,748	\$187,222,828	\$170,919,959	\$900	\$970	\$1,007
Other Race	16,513	19,444	17,153	\$11,619,577	\$14,990,324	\$14,142,484	\$704	\$771	\$824
Unknown ³	38,316	57,167	51,866	\$43,820,753	\$64,834,823	\$67,510,654	\$1,144	\$1,134	\$1,302
Total	496,459	477,426	422,523	\$425,275,236	\$453,052,727	\$431,897,950	\$857	\$949	\$1,022
By Age									
0-5	113,040	107,933	92,547	\$65,646,416	\$69,945,864	\$62,169,853	\$581	\$648	\$672
6-20	174,017	166,905	147,232	\$131,502,688	\$131,066,031	\$123,747,025	\$756	\$785	\$840
21-64	173,252	167,938	152,850	\$226,489,860	\$249,163,196	\$243,340,528	\$1,307	\$1,484	\$1,592
65+	36,150	34,650	29,894	\$1,636,272	\$2,877,636	\$2,640,544	\$45	\$83	\$88
Total	496,459	477,426	422,523	\$425,275,236	\$453,052,727	\$431,897,950	\$857	\$949	\$1,022
By Dual Status									
Non-Dual	424,761	410,150	367,702	\$424,656,114	\$447,779,713	\$431,294,811	\$1,000	\$1,092	\$1,173
Dual ⁴	71,698	67,276	54,821	\$619,122	\$5,273,014	\$603,139	\$9	\$78	\$11
Total	496,459	477,426	422,523	\$425,275,236	\$453,052,727	\$431,897,950	\$857	\$949	\$1,022
Total Paid Based on Date of Service				\$425,275,236	\$453,052,727	\$431,897,950			
Average Eligibles (excluding Plan First)				945,616	1,128,298	1,124,657			
Annual Cost Per Average Eligible				\$450	\$402	\$384			
Actual Paid During Fiscal Year				\$361,200,112	\$403,064,281	\$435,328,304			

¹ The numbers shown are based on the date of service of claims as of a point in time and will change slightly going forward as existing claims are adjusted and new claims are received. Prior years are shown as originally reported. Includes standard outpatient, family planning outpatient and outpatient sterilization.

² Includes the allocation of access payments to outpatient claims.

³ Includes a high percentage of disabled newborns certified by SSI which accounts for the disproportionately high average annual cost per recipient.

⁴ The Medicaid Agency is a secondary payer behind Medicare and is generally only responsible for deductibles and co-payments.

FY 2017-2020 Nursing Home and HCBS Waiver Utilization and Expenditures

Year	Avg. Number of Nursing Home Recipients	*Avg. Annual Cost of a Nursing Home Bed	Expenditures for Nursing Facilities (in Millions)	*Avg. Number of HCBS Waiver Recipients	Avg. Annual Cost of a HCBS Waiver Recipient ¹	HCBS Waiver Expenditures ² (in Millions)
FY 2017	15,747	\$60,049	\$946	7,449	\$10,642	\$79
FY 2018	15,743	\$61,279	\$965	7,578	\$11,377	\$86
FY 2019	15,828	\$63,101	\$999	8,225	\$12,625	\$104
FY 2020	15,426	\$66,483	\$1,026	8,580	\$13,557	\$116

¹ The overall total in expenditures in FY 2017-2020 represents the amount expended during the fiscal year regardless of when the service was rendered to the Medicaid recipient. The average annual cost of a HCBS waiver recipient represents a very close approximation of the amount spent during the fiscal year.

² HCBS expenditures represent the cost of the waiver and do not represent the total costs for recipients.

* Average Annual Cost of a Nursing Home Bed and Average Number of HCBS Waiver Recipients are calculated using Average Number of Recipients.

FY 2017-2020 Long Term Care Program Intermediate Care Facility for the Intellectually Disabled Utilization and Costs

Year	Payments	Recipients	Average Covered Days Per Recipient	Average Cost Per Day	Average Cost Per Recipient
FY 2017	\$1,887,447	27	323	\$217	\$69,905
FY 2018	\$2,033,302	26	347	\$225	\$78,204
FY 2019	\$1,891,832	25	330	\$229	\$75,673
FY 2020	\$2,294,487	26	372	\$237	\$88,249

FY 2017-2020 Long Term Care Program Utilization

Year	Total Nursing Home Patients (Unduplicated)	Percent Change	Avg. Length of Stay During Year	Total Patient Days Paid for Medicaid Recipients	Percent Change	State Licensed Beds ¹	Percent Change	Medicaid Bed Days as % of State Bed Days
FY 2017	25,120	1.7%	229	5,747,595	-2.7%	26,680	0.3%	59%
FY 2018	24,092	-4.1%	239	5,746,318	0.0%	26,303	-1.4%	60%
FY 2019	23,722	-1.5%	244	5,777,070	0.5%	25,973	-1.3%	61%
FY 2020	22,734	-4.2%	248	5,630,629	-2.5%	26,325	1.4%	59%

¹ The number of licensed nursing home beds is derived from the State Health Planning and Development Agency's (SHPDA) annual reports and the Alabama Department of Public Health's Healthcare Facilities Directory. This number represents the number of licensed nursing home beds as of June 30 of each year and includes skilled nursing facilities (SNFs) and nursing facilities for individuals with developmental delays (NFIDDs). This number excludes intermediate care facilities for the intellectually disabled, swing beds (temporary nursing home beds in hospitals) and veterans' homes.

FY 2017-2020 Long Term Care Program Patient Days and Costs

Year	Daily Average of Nursing Home Patients	Percent Change	Nursing Home Patient Days Paid by Medicaid	Percent Change	Medicaid Expenditures for Nursing Home Facilities	Percent Change	Average Annual Cost of Nursing Home Bed	Percent Change	Average Percent of Claim Covered by Patient or Third Party	Average Medicaid Cost Per Patient Day
FY 2017	15,747	-2.7%	5,747,595	-2.7%	\$945,588,305	-0.8%	\$60,049	2.0%	15.0%	\$165
FY 2018	15,743	0.0%	5,746,318	0.0%	\$964,740,150	2.0%	\$61,279	2.0%	15.0%	\$168
FY 2019	15,828	0.5%	5,777,070	0.5%	\$998,738,999	3.5%	\$63,101	3.0%	14.8%	\$173
FY 2020	15,426	-2.5%	5,630,629	-2.5%	\$1,025,598,138	2.7%	\$66,483	5.4%	14.4%	\$182

FY 2018-2020 Long Term Care Program Recipients and Claims Payments by Gender, Race and Age

	Recipients ¹			Claims Payments ²			Annual Average Cost Per Recipient ³		
	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020
By Gender									
Female	15,961	15,517	14,707	\$643,920,738	\$657,731,992	\$667,704,595	\$40,344	\$42,388	\$45,401
Male	8,131	8,205	8,027	\$320,819,412	\$341,007,007	\$357,893,543	\$39,456	\$41,560	\$44,585
By Race									
African Am.	7,613	7,565	7,029	\$321,973,920	\$335,420,50	\$333,982,816	\$42,293	\$44,338	\$47,515
Am. Indian	26	25	23	\$956,526	\$909,742	\$1,036,429	\$36,789	\$36,390	\$45,062
Asian	67	71	53	\$2,880,782	\$2,979,547	\$2,707,372	\$42,997	\$41,965	\$51,082
Hispanic	64	68	56	\$2,668,300	\$2,925,411	\$2,696,806	\$41,692	\$43,021	\$48,157
Other	20	26	54	\$847,148	\$1,181,148	\$2,814,922	\$38,507	\$45,429	\$52,128
Unknown	634	675	960	\$22,252,795	\$26,098,276	\$43,946,558	\$35,099	\$38,664	\$45,778
White	15,666	15,292	14,559	\$613,160,679	\$629,224,369	\$638,413,235	\$39,140	\$41,147	\$43,850
By Age									
0-5	14	16	8	\$654,787	\$928,089	\$542,716	\$46,770	\$58,006	\$67,839
6-20	67	75	61	\$4,873,768	\$4,942,206	\$4,730,993	\$72,743	\$65,896	\$77,557
21-64	5,237	5,167	4,935	\$212,485,272	\$224,619,576	\$235,122,117	\$40,574	\$43,472	\$47,644
65-74	5,277	5,391	5,318	\$213,438,743	\$228,905,814	\$243,924,772	\$40,447	\$42,461	\$45,868
75-84	6,428	6,324	6,017	\$257,446,459	\$264,236,283	\$268,098,699	\$40,051	\$41,783	\$44,557
85 & Over	7,069	6,749	6,395	\$275,841,120	\$275,107,031	\$273,178,842	\$39,021	\$40,763	\$42,718
Statewide	24,092	23,722	22,734	\$964,740,150	\$998,738,999	\$1,025,598,138	\$40,044	\$42,102	\$45,113

¹ Recipient count is an unduplicated count of individuals who received a nursing facility service.

² The overall total in expenditures in FY 2018-2020 represents the amount expended during the fiscal year regardless of when the service was rendered to the Medicaid recipient. The numbers shown by gender, race and age represent very close approximations of the amounts spent in the categories shown.

³ Average Annual Cost Per Recipient is based on unique recipients.

FY 2016-2020 Pharmacy Program Expenditures¹

Expenditures				Clawback Payments as % of Pharmacy Expenditures
Year	Benefit Payments ²	Clawback Payments ³	Pharmacy Expenditures	
FY 2016	\$700,940,628	\$66,321,567	\$767,262,195	8.6%
FY 2017	\$647,048,170	\$72,778,785	\$719,826,955	10.1%
FY 2018	\$709,020,080	\$73,528,217	\$782,548,297	9.4%
FY 2019	\$749,616,410	\$72,991,345	\$822,607,755	8.9%
FY 2020	\$775,217,923	\$67,452,747	\$842,670,670	8.0%

FY 2016-2020 Pharmacy Program Member Utilization¹

Medicaid Eligibility Only					
Year	Monthly Average Pharmacy Eligibles ⁴	Number of Prescription Recipients	Recipients as % of Eligibles	Number of Prescriptions	Prescriptions Per Recipient
FY 2016	742,688	591,986	80%	6,999,736	11.8
FY 2017	730,172	563,162	77%	6,604,216	11.7
FY 2018	734,760	587,562	80%	6,508,056	11.1
FY 2019	748,436	535,717	72%	6,421,852	12.0
FY 2020	779,017	512,647	66%	6,154,094	12.0

FY 2016-2020 Pharmacy Program Cost Per Member and Recipient

Medicaid Eligibility Only				
Year	Benefit Payments	Cost Per Prescription	Per Member Per Year Cost	Cost Per Recipient
FY 2016	\$700,940,628	\$100.14	\$944	\$1,184
FY 2017	\$647,048,170	\$97.98	\$886	\$1,149
FY 2018	\$709,020,080	\$108.94	\$965	\$1,207
FY 2019	\$749,616,410	\$116.73	\$1,002	\$1,399
FY 2020	\$775,217,923	\$125.97	\$995	\$1,512

¹ Payment amounts come from claims data only and do not include any non-claims based financial transactions or medical costs that cannot be associated with a specific recipient.

² Pharmacy benefit payments exclude pharmacy benefits paid for family planning, alternative care and Medicaid-CHIP.

³ Clawback payments are the amounts states pay to the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003 for Medicare Part D coverage.

⁴ Monthly average pharmacy eligibles are total Medicaid eligibles less Plan First eligibles and members that are eligible for Medicare benefits (dual eligibles).

FY 2016-2020 Physician Services Cost and Utilization by Age Category

Benefit Payments¹					
Age	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
0 to 5	\$123,024,124	\$114,446,373	\$124,136,173	\$126,590,626	\$115,995,034
6 to 20	\$91,319,115	\$92,044,227	\$97,179,497	\$99,784,506	\$96,869,146
21 to 64	\$171,860,168	\$181,298,321	\$188,407,928	\$197,889,839	\$220,152,609
65 and up	\$10,478,014	\$13,340,356	\$13,582,947	\$13,415,537	\$13,532,595
All Ages	\$396,681,422	\$401,129,276	\$423,306,545	\$437,680,508	\$446,549,384

Recipients²					
Age	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
0 to 5	198,788	167,652	184,563	170,016	162,718
6 to 20	270,259	260,186	288,881	267,387	264,086
21 to 64	198,366	197,640	207,362	202,423	191,857
65 and up	49,850	50,651	53,082	51,299	47,502
All Ages	711,714	679,043	733,888	691,125	666,163

Cost Per Recipient					
Age	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
0 to 5	\$619	\$683	\$673	\$745	\$713
6 to 20	\$338	\$354	\$336	\$373	\$367
21 to 64	\$866	\$917	\$909	\$978	\$1,147
65 and up	\$210	\$263	\$256	\$262	\$285
All Ages	\$557	\$591	\$577	\$633	\$670

¹ Payment amounts exclude lump sum payments made retroactively to physicians at paid teaching facilities due to changes in reimbursement rates.

² Recipient count is an unduplicated count of individuals who received at least one physician program service.

FY 2020

Third Party Liability/Program Integrity

Effective cost avoidance and recovery activities reduce expenditures by preventing fraud, waste and abuse of funds. The Third Party Liability Division and the Program Integrity Division work to ensure that the expenditure of public funds is managed in accordance with state and federal rules and regulations.

Third Party Liability

The Third Party Liability Division saves taxpayers millions of dollars each year through coordination of benefits, cost avoidance activities and recoveries from liens, estates and other liable payers.

During Fiscal Year 2020, the Third Party Liability Division was successful in saving Alabama taxpayer money in the following ways:

- 1) The cost avoidance of claims where providers were required to file with the primary payer first (\$178,333,266 – commercial insurance; \$197,660,304 – Medicare);
- 2) Health insurance recovery from primary payers (\$9,961,144);
- 3) Medicare recoupments (\$3,210,366);
- 4) Casualty/tort recovery (\$3,947,103);
- 5) Liens and estate recovery (\$15,301,437);
- 6) Credit balance recovery (\$279,224); and
- 7) Recipient overpayment recoveries (\$710,311).

Program Integrity

The Program Integrity Division is responsible for planning, developing, and directing agency efforts to identify, prevent, and assist in prosecuting fraud,

abuse and/or misuse in the Medicaid Program. This includes verifying that medical services are appropriate and rendered as billed, that services are provided by qualified providers to eligible recipients, that payments for those services are correct, and that all funds identified for collection are pursued.

Some examples of how Program Integrity detects improper payments include:

- Provider reviews
- Analysis and data mining
- Referrals from a State Agency
- Centers for Medicaid and Medicare (CMS)
- Provider self-reporting of overpayments
- Complaints

Cost Avoidance

- Stringent provider enrollment procedures
- Review and recommend policy and system edits
- Locking recipients into one doctor
- Ensuring eligibility is determined correctly

Financials

In Fiscal Year 2020, the total amount Program Integrity collected and reported was \$3,563,038.44.

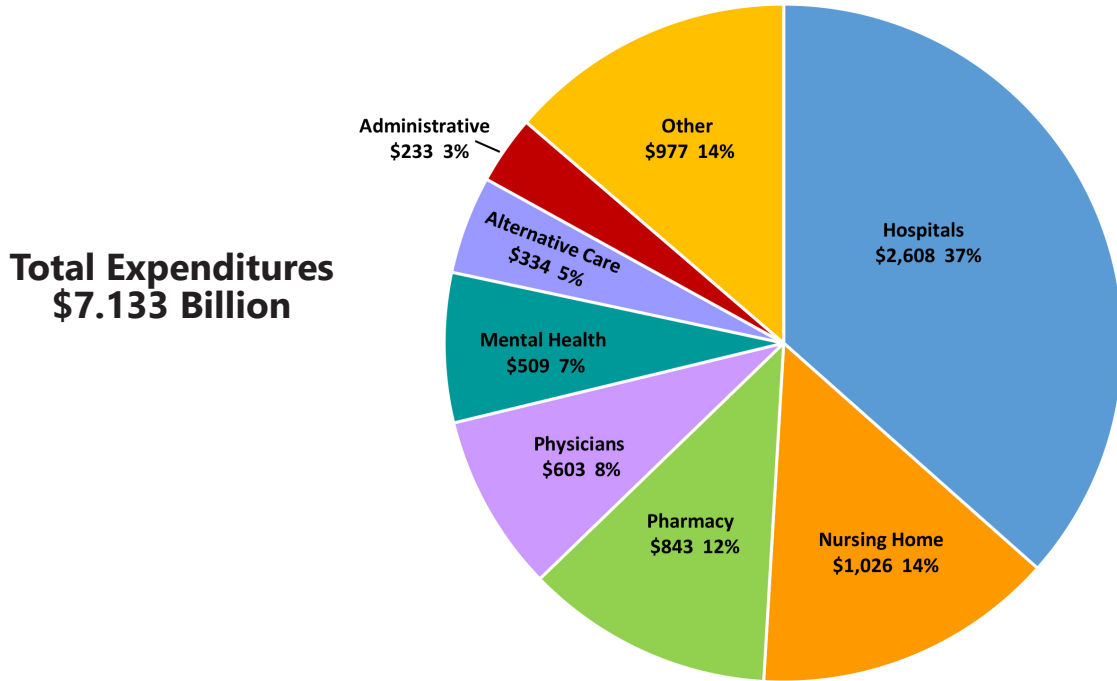
FY 2018-2020 Collections (in millions)

		FY 2018	FY 2019	FY 2020
Third Party Liability				
	Includes retroactive Medicare recoupments from providers, collections due to health insurance and casualty subrogation, estate recovery, and recovery of misspent funds resulting from eligibility errors.	\$30.5	\$34.2	\$33.4
Program Integrity Division				
	Provider Recoupment	\$2.8	\$5.7	\$3.6
Pharmacy Program				
	In-House Processed Claims Corrections	\$0.1	\$0.2	\$0.2
Total Collections		\$33.4	\$40.1	\$37.2

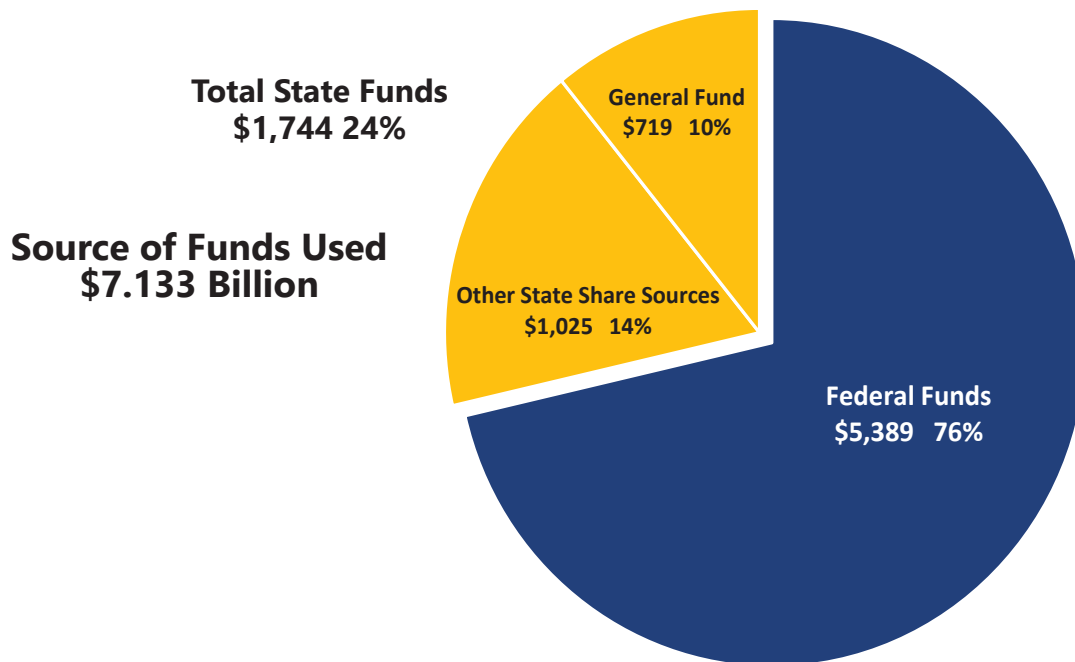
FY 2020 Fiscal

Alabama Medicaid total expenditures totaled \$7.133 billion in FY 2020. A state match of \$1.744 billion was paired with \$5.389 billion in federal matching funds to cover the cost. The state General Fund provided 10 percent, or \$719 million, of the total cost.

FY 2020 Medicaid Use of Funds (in Millions)



FY 2020 Medicaid Source of Funds¹(in Millions)



¹ Medicaid Source of Funds is based on revenue sources used to fund expenses.

FY 2016-2020 Total State Share Funding Received¹

						As a % of Total State Share Funding				
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
General Fund										
Current Year Appropriation	\$685,125,607	\$700,463,607	\$701,133,407	\$755,204,019	\$703,419,531	34.7%	36.3%	35.3%	37.7%	37.0%
Adjustments	\$70,000,000	\$20,169,800	\$204,019	\$336,927	\$22,280,229	3.5%	1.0%	0.0%	0.0%	1.2%
Total General Fund²	\$755,125,607	\$720,633,407	\$701,337,426	\$755,540,946	\$725,699,760	38.3%	37.3%	35.4%	37.7%	38.1%
Certified Public Expenditures										
Hospitals	\$120,363,468	\$4,060,384	\$4,292,804	\$3,697,403	\$4,065,833	6.1%	0.2%	0.2%	0.2%	0.2%
Admin. Assistance & School-Based Services	\$32,873,301	\$39,594,333	\$33,602,742	\$33,078,868	\$32,105,937	1.7%	2.1%	1.7%	1.7%	1.7%
Total CPEs	\$153,236,769	\$43,654,717	\$37,895,546	\$36,776,271	\$36,171,770	7.8%	2.3%	1.9%	1.8%	1.9%
Ala. Health Care Trust Fund										
Hospital Provider Tax	\$258,944,672	\$264,746,042	\$256,136,221	\$275,588,476	\$300,189,946	13.1%	13.7%	12.9%	13.8%	15.8%
Nursing Home Provider Tax	\$112,467,742	\$111,788,119	\$111,952,310	\$112,116,641	\$112,636,633	5.7%	5.8%	5.6%	5.6%	5.9%
Pharmacy Provider Tax	\$19,927,265	\$946,143	\$5,932,602	\$8,385,541	\$8,479,583	1.0%	0.0%	0.3%	0.4%	0.4%
Total Ala. Health Care Trust Fund	\$391,339,679	\$377,480,304	\$374,021,133	\$396,090,658	\$421,306,162	19.8%	19.5%	18.9%	19.8%	22.1%
Intergovernmental Transfers										
State Agencies										
Dept. of Mental Health	\$154,689,227	\$151,968,413	\$149,504,441	\$145,493,481	\$126,872,424	7.8%	7.9%	7.5%	7.3%	6.7%
Dept. of Human Resources	\$33,636,169	\$36,498,898	\$34,474,404	\$31,254,057	\$26,624,095	1.7%	1.9%	1.7%	1.6%	1.4%
Dept. of Public Health	\$24,252,808	\$20,397,584	\$20,014,568	\$28,762,536	\$30,704,205	1.2%	1.1%	1.0%	1.4%	1.6%
Transf. from Pub. Hlth.--MCHIP					\$11,580,469	0.0%	0.0%	0.0%	0.0%	0.6%
Dept. of Senior Services	\$22,446,268	\$22,644,328	\$23,876,697	\$24,903,619	\$24,863,215	1.1%	1.2%	1.2%	1.2%	1.3%
Dept. of Rehabilitation Services	\$5,605,052	\$6,546,678	\$6,060,081	\$7,925,999	\$6,383,073	0.3%	0.3%	0.3%	0.4%	0.3%
Dept. of Youth Services	\$6,490,554	\$5,727,961	\$5,370,213	\$5,399,876	\$3,372,058	0.3%	0.3%	0.3%	0.3%	0.2%
Total State Agencies	\$247,120,078	\$243,783,862	\$239,300,404	\$243,739,568	\$230,399,539	12.5%	12.6%	12.1%	12.2%	12.1%
Hospital IGTs	\$229,663,566	\$372,710,608		\$393,144,297	\$318,496,667	11.6%	19.3%	17.6%	19.6%	16.7%
Other Governmental Bodies	\$37,952,744	\$7,666,495	\$8,254,753	\$6,930,407	\$6,412,064	1.9%	0.4%	0.4%	0.3%	0.3%
Total Intergovernmental Transfers	\$514,736,388	\$624,160,965	\$596,864,083	\$643,814,272	\$555,308,270	26.1%	32.3%	30.1%	32.2%	29.2%
Other Funding Sources										
Drug Rebates	\$109,582,842	\$109,205,705	\$124,629,348	\$125,260,977	\$122,095,897	5.6%	5.7%	6.3%	6.3%	6.4%
Medicaid Trust Fund - Tobacco	\$29,686,098	\$30,668,155	\$36,179,197	\$34,914,566	\$33,191,970	1.5%	1.6%	1.8%	1.7%	1.7%
BP Oil Spill Funds		\$15,000,000	\$105,000,000				0.8%	5.3%	0.0%	0.0%
Other Miscellaneous Receipts	\$19,014,117	\$10,122,198	\$8,042,574	\$9,223,250	\$8,957,453	1.0%	0.5%	0.4%	0.5%	0.5%
Total Other Funding Sources	\$158,283,057	\$164,996,058	\$273,851,119	\$169,398,793	\$164,245,320	8.0%	8.5%	13.8%	8.5%	8.6%
Total State Funds Received	\$1,972,721,500	\$1,930,925,451	\$1,983,969,307	\$2,001,620,940	\$1,902,731,282	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Data is based on Agency's Executive Budget Office financial records for the Medicaid Agency and includes expenditures, purchase orders, and year-end encumbrances.

² Funding sources represent appropriations. NOTE: Difference in funds received and funds used represent changes in funds carried forward.

FY 2016-2020 Expenditures by Type of Service (total Federal and State dollars)¹

Service	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Nursing Facilities	\$953,240,983	\$945,588,305	\$964,740,150	\$998,738,999	\$1,025,598,138
Hospital Care	\$1,729,975,664	\$1,755,632,257	\$1,808,338,267	\$2,033,014,256	\$2,138,109,229
Physicians	\$534,225,768	\$554,794,353	\$550,288,533	\$573,726,844	\$603,434,917
Pharmacy	\$767,262,195	\$719,826,955	\$782,548,297	\$822,607,755	\$842,670,670
Health Support	\$244,677,959	\$203,245,365	\$207,467,298	\$244,612,315	\$259,950,329
Alternative Care	\$378,712,160	\$364,581,074	\$372,211,884	\$371,636,941	\$333,529,724
Mental Health Facilities	\$2,055,858	\$1,887,447	\$2,033,302	\$1,891,832	\$2,294,487
Mental Health Waivers	\$345,823,195	\$349,628,814	\$351,460,375	\$352,781,144	\$375,345,342
Mental Health Other	\$135,058,792	\$127,384,780	\$130,077,357	\$132,447,929	\$131,715,013
Medicaid - CHIP	\$70,424,528	\$247,016,706	\$173,704,703	\$181,151,044	\$165,414,800
COVID-19 Pandemic Function					\$246,282
ACHNs				-	\$42,449,302
Integrated Care Network				\$29,797,155	\$34,620,551
Health Insurance	\$385,044,056	\$417,634,796	\$438,663,884	\$450,901,533	\$440,288,673
Family Planning	\$65,691,965	\$43,466,410	\$45,009,815	\$48,674,849	\$34,200,322
Total Medicaid Medical Benefits	\$5,612,193,123	\$5,730,687,262	\$5,826,543,865	\$6,241,982,596	\$6,429,867,779
Disproportionate Share for Hospitals ²	\$480,845,150	\$480,408,568	\$483,800,080	\$492,378,713	\$469,951,981
Total Medical Benefits	\$6,093,038,273		\$6,310,343,945	\$6,734,361,309	\$6,899,819,760
General Administrative Costs	\$175,531,329	\$194,298,203	\$177,719,248	\$185,093,339	\$170,528,735
School-Based Administrative Costs	\$51,430,047	\$62,257,996	\$52,080,143	\$53,385,276	\$51,223,237
Total Medicaid & DSH Expenditures	\$6,319,999,649		\$6,540,143,336	\$6,972,839,924	\$7,121,571,731
Health Information Exchange	\$10,410,909	\$22,327,029	\$16,925,487	\$9,381,561	\$11,441,380
Agency Total Expenditures	\$6,330,410,558		\$6,557,068,823	\$6,982,221,485	\$7,133,013,111

Service	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Nursing Facilities	15.1%	14.6%	14.8%	14.3%	14.4%
Hospital Care	27.4%	27.1%	27.6%	29.2%	30.0%
Physicians	8.5%	8.6%	8.4%	8.2%	8.5%
Pharmacy	12.1%	11.1%	12.0%	11.8%	11.8%
Health Support	3.9%	3.1%	3.2%	3.5%	3.7%
Alternative Care	6.0%	5.6%	5.7%	5.3%	4.7%
Mental Health Facilities	0.0%	0.0%	0.0%	0.0%	0.0%
Mental Health Waivers	5.5%	5.4%	5.4%	5.1%	5.3%
Mental Health - Other	2.1%	2.0%	2.0%	1.9%	1.8%
Medicaid - CHIP	1.1%	3.8%	2.7%	2.6%	2.3%
COVID-19 Pandemic Function	0.0%	0.0%	0.0%	0.0%	0.0%
ACHNs	0.0%	0.0%	0.0%	0.0%	0.6%
Integrated Care Network	0.0%	0.0%	0.0%	0.4%	0.5%
Health Insurance	6.1%	6.5%	6.7%	6.5%	6.2%
Family Planning	1.0%	0.7%	0.7%	0.7%	0.5%
Total Medicaid Medical Benefits	88.8%	88.6%	89.1%	89.5%	90.3%
Disproportionate Share for Hospitals ²	7.6%	7.4%	7.4%	7.1%	6.6%
Total Medical Benefits	96.4%	96.0%	96.5%	96.6%	96.9%
General Administrative Costs	2.8%	3.0%	2.7%	2.6%	2.3%
School-Based Administrative Costs	0.8%	1.0%	0.8%	0.8%	0.7%
Total Medicaid & DSH Expenditures	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Data is based on the Executive Budget Office Forms 1 and 2 for the Medicaid Agency and includes expenditures, purchase orders and year-end encumbrances.

² Disproportionate Share Hospital (DSH) - Payments provided to hospitals for serving a disproportionately high share of Medicaid and uninsured individuals.

FY 2020 Expenditures for Medical Services by Coverage and Aid Category (dollar amounts in millions)¹

Coverage and Aid Category	Inpatient Services	Outpatient Services	Nursing Home	Physicians	Mental Health	Other Prof Servcs.	Pharmacy ⁴	Dental	Medicare Premiums ⁵	Grand Total ⁶	FY 20 % of Total	FY 19 % of Total
Dual Eligibles												
Full Medicaid Dual Eligible												
Aged and Non-Disabled (65+)	\$16.8	\$74.0	\$696.7	\$2.9	\$22.0	\$27.5			\$65.8	\$905.9	14.1%	14.1%
Blind or Disabled (all ages)	\$46.4	\$17.0	\$218.0	\$10.0	\$254.0	\$47.6	\$2.1		\$188.4	\$783.6	12.2%	11.9%
Non-Disabled Adults (21-64)									\$1.3	\$2.6	0.0%	0.1%
Total Full Medicaid Dual Eligible	\$63.6	\$91.3	\$914.9	\$13.1	\$276.1	\$75.3	\$2.3		\$255.5	\$1,692.1	26.3%	26.2%
Partial Medicaid Dual Eligible												
QMB/SLMB (all ages) ²	\$11.0	\$0.9	\$5.0	\$9.2		\$3.7			\$258.2	\$288.2	4.5%	4.4%
Total Dual Eligibles	\$74.6	\$92.2	\$919.9	\$22.3	\$276.3	\$79.0	\$2.3		\$513.7	\$1,980.4	30.8%	30.5%
Non-Dual Eligibles												
Full Medicaid												
Aged and Non-Disabled (65+)	\$0.7		\$2.7							\$4.0	0.1%	0.0%
Blind or Disabled (all ages)	\$780.4	\$209.3	\$121.5	\$203.8	\$198.1	\$106.4	\$489.7	\$3.4		\$1,791.3	27.9%	28.7%
Non-Disabled Children (0-20)	\$546.7	\$158.1		\$290.9	\$32.4	\$283.9	\$249.1	\$70.7		\$1,631.7	25.4%	25.9%
Non-Disabled Adults (21-64)	\$262.4	\$108.4		\$119.3	\$12.0	\$44.6	\$110.3			\$657.1	10.2%	10.5%
Total Full Medicaid	\$1,590.1	\$476.0	\$124.2	\$614.0	\$242.6	\$434.9	\$849.3	\$74.1		\$4,405.4	68.5%	68.7%
Partial Medicaid												
Non-Disabled Adults (21-64) ³	\$23.4	\$2.0		\$4.9						\$30.7	0.5%	0.4%
Plan First (all ages) ⁴						\$10.9	\$1.9			\$13.4	0.2%	0.4%
Total Partial Medicaid	\$23.5	\$2.5		\$4.9		\$11.3	\$1.9			\$44.1	0.7%	0.8%
Total Non-Dual Eligibles	\$1,613.6	\$478.5	\$124.2	\$618.9	\$242.6	\$446.2	\$851.3	\$74.1		\$4,449.5	69.2%	69.5%
Total Expenditures	\$1,688.2	\$570.7	\$1,044.1	\$641.2	\$518.9	\$525.2	\$853.6	\$74.1	\$513.8	\$6,429.9	100.0%	100.0%
FY 2020 % of Total	26.3%	8.9%	16.2%	10.0%	8.1%	8.2%	13.3%	1.2%	8.0%	100.0%		
FY 2019 % of Total⁷	24.5%	9.4%	16.2%	9.5%	8.0%	9.3%	13.3%	1.4%	7.7%	100.0%		

¹ The overall total of \$6,429,867,779 in expenditures in FY 2020 represents the amount expended during the fiscal year regardless of when the service was rendered to the Medicaid recipient. The numbers shown by category of aid and type of service rendered represent very close approximations of these expenditures and are derived based on the amounts incurred during the fiscal year using the date the service was rendered to the Medicaid recipient. Expenditures exclude Agency administrative costs, administrative costs of the school-based services program, payments to hospitals under the DSH program, and expenses of the Health Information Exchange.

² Limited Medicare-Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary and Qualifying Individual are low-income Medicare beneficiaries that have certain premiums, co-insurance or deductibles paid for by Medicaid.

³ Primarily emergency services.

⁴ Family planning services.

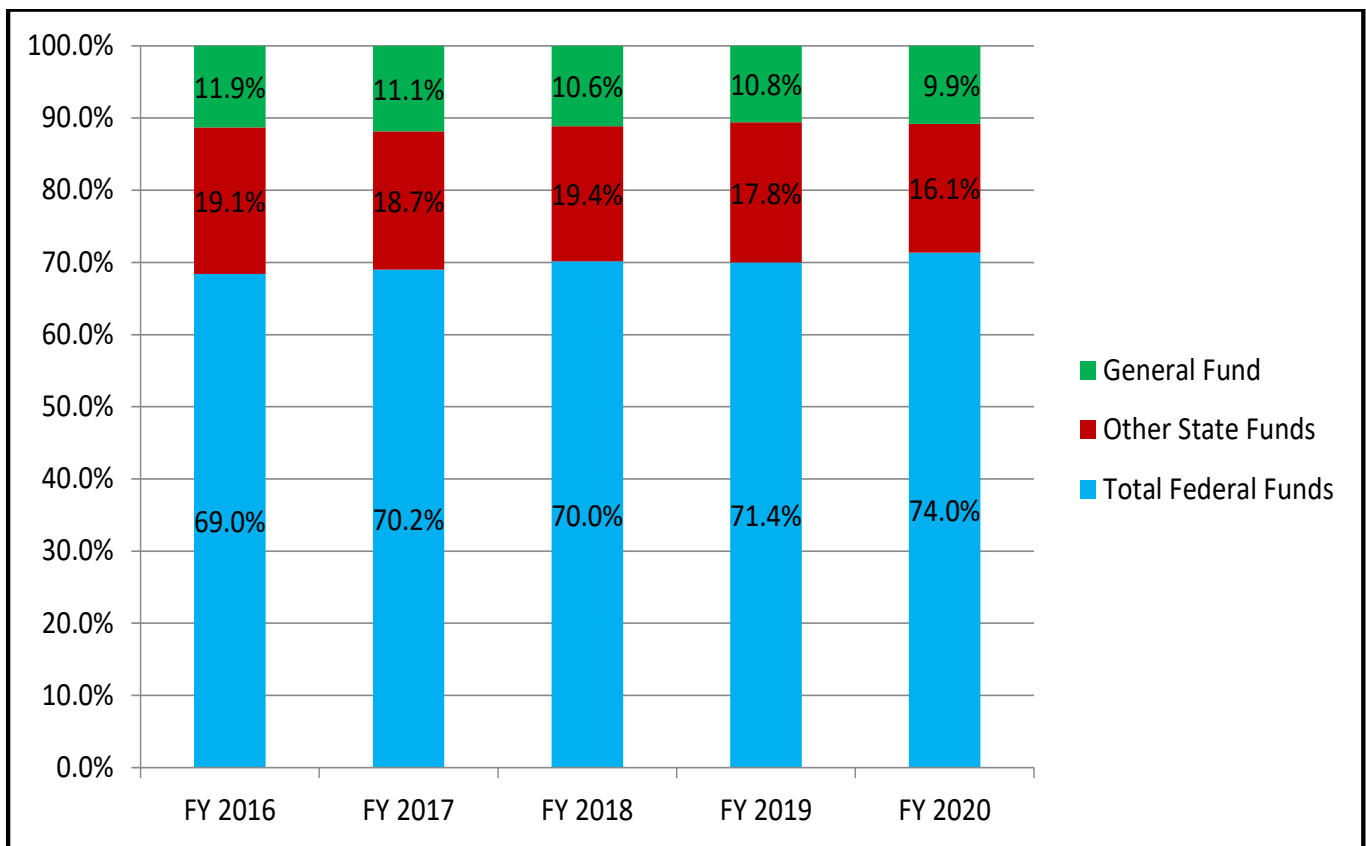
⁵ Clawback payments are the amounts states pay to the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003 to share the cost of Medicare Part D coverage. In this schedule the amount is shown as Medicare Premiums.

⁶ Totals do not foot due to amounts below \$500,000 not being shown because of rounding.

⁷ In FY 2019, Managed Care Networks accounted for 0.7% of FY 2019 Total Expenditures that is not shown. There are no expenditures for Managed Care Networks in FY 2020.

FY 2016-2020 Total Sources of Medicaid Funding (Receipts)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Federal Funds					
Match FMAP ¹	\$4,379,160,509	\$4,522,609,931	\$4,610,944,691	\$4,983,787,837	\$5,393,053,122
Coronavirus Relief Fund	-	-	-	-	\$488,524
Health Information Exchange	\$10,206,026	\$20,061,170	\$15,990,845	\$7,227,280	\$11,676,202
Total Federal Funds	\$4,389,366,535	\$4,542,671,101	\$4,626,935,536	\$4,991,015,117	\$5,405,217,848
State Funds Received					
General Fund	\$755,125,607	\$720,633,407	\$701,337,426	\$755,540,946	\$725,699,760
Other State Funds	\$1,217,595,893	\$1,195,292,044	\$1,177,631,881	\$1,246,079,994	\$1,177,031,523
Other State Funds - BP Oil		\$15,000,000	\$105,000,000		
Total State Funds	\$1,972,721,500	\$1,930,925,451	\$1,983,969,307	\$2,001,620,940	\$1,902,731,283
Total Funding Received	\$6,362,088,035	\$6,473,596,552	\$6,610,904,843	\$6,992,636,057	\$7,307,949,131

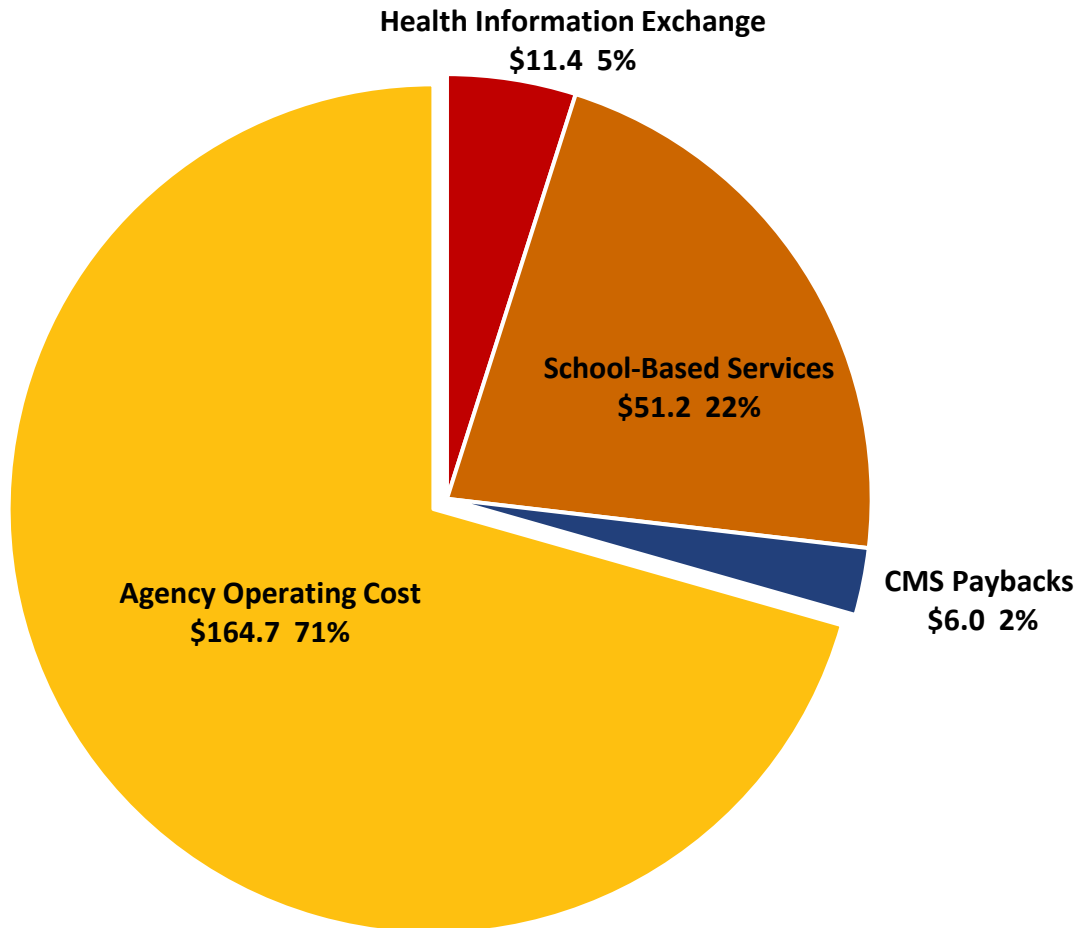


¹ Federal Medical Assistance Percentage (FMAP) is the share of the cost of Medicaid that the federal government incurs. That share varies by state depending on a state's per capita income. The average state FMAP is 59%, but ranges from 50% in wealthier states, up to 76% in states with lower per capita incomes (an FMAP cannot be less than 50% or more than 83% by statute). FMAPs are adjusted for each state on a three-year cycle to account for fluctuations in the economy.

FY 2020 Medicaid Expenditure Budget Administrative Expense by Major Functional Areas (in millions)

Virtually all of the Alabama Medicaid budget goes to fund services for eligible recipients. In FY 2020, administrative expenditures accounted for approximately \$233 million, or three percent, of the Agency's total budget. Of this amount, over 70% represented agency operating expenses. Other administrative budget categories included Health Information Technology, School-Based Services and CMS Paybacks.

Total Administrative Expenditures \$233.4





**FY 2020 Annual Report
October 1, 2019 - September 30, 2020
Alabama Medicaid Agency
PO Box 5624 (501 Dexter Avenue)
Montgomery, AL 36103-5624**

Statistical data is provided by the Alabama Medicaid Analytics Division.

**This report is available at
https://medicaid.alabama.gov/content/2.0_Newsroom/2.3_Publications.aspx.**



Detailed Test Plan Template

MES-PMO-TST-005

Alabama Medicaid Enterprise Systems (MES)

Contract Number: NA

Prepared for:

Alabama Medicaid Agency

Version 0.2

February 02, 2022

Revision History

Version	Effective Date	Revision Owner	Description of Change
.01	02/01/2021	Deborah Hall	Initial Draft
.02	02/02/2022	Rob Ford	updated

TABLE OF CONTENTS

1	Introduction	3
1.1	Program Introduction.....	3
1.2	Module Introduction.....	5
1.3	Purpose.....	6
1.4	Scope	6
1.5	Referenced Deliverables and Artifacts.....	6
2	Module Component and Vendor Information.....	7
3	Release Information.....	7
3.1	Release Identification and Test Stage Schedule	7
3.2	Release Scope – Features and Enhancements	8
3.3	Release Scope – Bug Fixes.....	8
4	Detailed Level Test Scope Information.....	9
4.1	Features and Enhancements Scope.....	9
4.2	Functional In-Scope	9
4.3	Non-Functional In-Scope	10
4.4	Functional Out of Scope.....	11
4.5	Non-Functional Out of Scope.....	11
4.6	Other Test Exclusions	12
4.7	Bug Validation Planning	12
5	Detailed Test Requirement Analysis.....	13
5.1	Identify Actors.....	13
5.2	Test Nomenclature	13
5.3	Test Data Requirements	13
5.4	Test Environment Analysis.....	14
6	Risks Analysis.....	14
7	Test Activities and Timeline.....	15
8	Release Test Completeness	16
9	Authorization to Proceed	16
9.1	Vendor Test Lead Signature	16
9.2	Project Manager Signature	16
9.3	MES Division Project Manager Signature.....	17
9.4	Business Subject Matter Expert (SME) Signature	17
9.5	AMMP Quality Manager Signature	17
9.6	AMMP PMO Sign Off	17

10 Acronyms/Glossary/Terminology	18
Appendix A. Deliverable Comment Log.....	19

1 Introduction

The purpose of this plan template is to provide vendors a framework for use in documenting test plan details specific to each planned release. It also serves to level set Agency expectations of testing.

Vendors are required to submit a Detailed Test Plan for Agency review and approval prior to testing any planned release for their respective module.

Text contained in this document is presented in either black or red.

Black text is informational for module vendors.

Red text indicates module vendors are required to enter a response in the corresponding section.

1.1 Program Introduction

Medicaid Enterprise Systems (MES) – MES is the umbrella term for the Information Technology (IT) systems that support the mission of the Alabama Medicaid Agency (AMA). The MES includes, but is not limited to; the following systems:

- Alabama Medicaid Management Information System (AMMIS)
- Centralized Alabama Recipient Eligibility System (CARES)
- Electronic Visit Verification (EVV)

Alabama MES Modernization Program (AMMP) – AMMP is the overall effort to plan, manage, and govern a series of projects to improve and update the MES. AMMP will replace the current Alabama Medicaid Management Information System with a modernized system comprised of multiple modules and integrate them with Electronic Visit Verification and Centralized Alabama Recipient Eligibility System. The program includes the implementation of new modules such as Provider Management and Enterprise Data Warehouse (EDS) (for better reporting), and a System Integrator (SI) vendor to ensure all Medicaid Enterprise Systems modules work together.

Medicaid Enterprise Systems Division - A division of the Alabama Medicaid Agency's Department of Information Systems and Technology (IST). The MES division is responsible for managing the Alabama MES Modernization Program. The MES Division's primary mission is to modernize the Agency's management information systems with the goal of improving our business processes and the services we provide to Alabama's recipients and providers.

Module - Each AMMP module will support a unique and separate business function such as managing providers or enrolling members. The implementation and integration of the following modules will be managed as separate projects:

- Enterprise Data Services
- Provider Management
- Claims Processing and Management Services
- Electronic Visit Verification
- CARES

All modules will share and exchange data through an integration framework that will be implemented and managed by the Systems Integrator.



Module Vendor - The Module Vendor is the software implementation services vendor responsible for implementing a module and supporting it after implementation.

System Integrator (SI) - The System Integrator is a vendor-provider of the technical solutions and services that allow individual module systems to safely share information with other module systems using a common set of data and security solutions. The SI will give system users secure access to the module systems.

Modular Electronic Visit Verification (MEVV) - The MEVV system will support the Alabama Medicaid Home and Community-Based Services (HCBS) program, providing services to Medicaid recipients who are at risk of needing care in a nursing home, hospital, or other institution. This program allows them to receive care in a community and/or home setting. The MEVV will be implemented and supported by a module vendor.

Enterprise Data Services (EDS) Module - The EDW module will be a structured and centralized collection of all Medicaid data. The EDW will include reporting, business intelligence and dashboard tools to support Centers for Medicare and Medicaid Services (CMS) reporting, Alabama Medicaid Agency internal reporting and preparing data for analysis. These tools will provide reports and graphical representations of data that support Agency operations. The goal of the EDS is to provide the Agency with faster access to quality data to improve decision-making, problem resolution and ultimately improved healthcare outcomes for Medicaid recipients. The EDS module will be implemented and supported by a module vendor.

Provider Management Module - The Provider Management module will provide automated contracting, credentialing, and enrollment processes to help the Alabama Medicaid Agency manage providers and provider data. The Provider Management module will be implemented and supported by a module vendor.

Claims Processing and Management Services (CPMS) Module - The CPMS module provides automated claims processing for the Alabama Medicaid Agency. The CPMS module will also include all of the support functions necessary to operate a Medicaid claims processing system. For example, CPMS will include member management, financial management, Electronic Data Interchange (EDI) translation, third party liability, and claims processing. The CPMS module will be implemented and supported by a module vendor.

Cohort - A grouping of modules that will be implemented at the same time.

Program Management Office (PMO) – The Program Management Office falls under the Medicaid Enterprise Systems division and is responsible for the following focus areas:

- Program management support overseeing module projects, managing procurements, mitigating program / project risks and issues
- Medicaid Enterprise Architecture development and maintenance
- Requirements and Business Process Management
- Organizational Change Management

Enterprise Quality Program (EQP) - The Enterprise Quality Program is inclusive of the standards, regulations, best practices, sources, processes, groups and individuals purposed to produce the highest quality outcomes of products, services and customer satisfaction across the AMMP test arena in support of the quality management system for the modularity strategy. The TCOE will report directly to the EQP.

Medicaid Enterprise Architecture (MEA) - Medicaid Enterprise Architecture is the practice of enterprise analysis of an organization's technology, information, and business processes. MEA documents the organization's current and future-state technology, information and business processes and develops a plan to transition from the old to the new. It provides the processes and mechanisms that will assist with building and executing Alabama MES Modernization Program. MEA will assist in developing transformational strategies to bring together legacy and future-state business processes and technology in a format that focuses on desired business outcomes while supporting the transition to modern technologies.

Requirements and Business Process Management (RBPM) - Requirements and Business Process Management is the process of gathering and documenting business processes and requirements. RBPM supports the discovery, modeling, and analysis that ensures new automated solutions supports the business needs of the agency. The artifacts created by the RBPM team support Medicaid Enterprise Architecture MEA and will be utilized to create a roadmap to transition the Alabama Medicaid Agency from the current system state to the future system state.

Organizational Change Management (OCM) - Organizational Change Management is the process of helping an organization successfully transition from current to future systems. The OCM team works to ensure the Agency and supporting workforce are prepared, trained, and equipped to work with the new systems and business processes.

Project Portfolio Management Office (PPMO) - The Project Portfolio Management Office is a division of the Department of Information Systems and Technology and is responsible for defining, monitoring, and enforcing the Agency's project management policies, standards, processes and procedures. The PPMO is a separate division and independent from the MES division.

Project Quality Assurance (PQA) – The Project Quality Assurance team is responsible for ensuring the Alabama MES Modernization Program and its projects are managed according to project management industry best practices and standards established by the Alabama Medicaid Agency Chief Information Officer and the expectations of the Centers for Medicare and Medicaid Services. The PQA team is within the Project Portfolio Management Office. The PQA team will summarize assessment results and report those results directly to the Chief Information Officer and the Alabama Medicaid Agency Executive Oversight Committee (EOC).

1.2 Module Introduction

Please provide a brief, high level overview of your organization and solution relative to the module you are responsible for delivering to the AMMP. Include solution types and components (ex: Software as a Service-SaaS, Platform as a Service-PaaS, and Infrastructure as a Service-IaaS):



1.3 Purpose

The purpose of this plan template is to provide module vendors a framework for use in documenting test plan details, specific to each planned release. It also helps in identification of testing requirements needed prior to each iteration.

Each module vendor is required to submit a completed Detailed Test Plan to the Agency for review and approval prior to conducting test activities for any planned release.

1.4 Scope

The completed plan contains a detailed and executable strategy for testing per scheduled release. It defines the detailed testing objective(s) and requirements specific to a particular module and release, the testing approach (who/what/when/where), test stage/environment, test conditions and pre-requisites, and the tests planned for execution.

This document template will capture:

- Module and Vendor Information
- Release Information
- Detailed Test Scope Information
- Detailed Test Requirement Analysis
- Risk Analysis
- Test Activities and Timeline
- Authorization to Proceed
- Acronyms/Glossary and Terminology

1.5 Referenced Deliverables and Artifacts

The following deliverables and artifacts are cited in this document by the AMMP.

- TBD - Release Schedule Plan
- TBD - Release Management Plan
- PMO-2-k Communication Plan
- COM-12-1 Status Report Template
- PMO-2-r Configuration Management and Document Plan

Please enter any additional deliverables you have referenced within your document in this section:

2 Module Component and Vendor Information

Please complete the following table. List all modules, components and vendors (if applicable) for subcontracted services.

Module Name (Ex. MEVV, Core)	Module Component (Ex. Application, Cloud Services)	Vendor Name

3 Release Information

3.1 Release Identification and Test Stage Schedule

Please complete the following field(s) and table:

Primary Release ID _____

Release, Sprint, Iteration, Build or Version ID	Projected Test Stage/Environment (Unit, Systems, etc)	Projected Test Start Date	Projected Test End Date

3.2 Release Scope – Features and Enhancements

Please complete the following table:

	Item ID	Title	Description (Feature/Enhancement)	Functional Area	Linked Requirement ID
1					
2					
3					
4					
5					
6					
7					

3.3 Release Scope – Bug Fixes

Please complete the following table:

	Item ID	Title	Test Case ID(s) (if applicable)	Functional Area	Requirement ID (if applicable)
1					
2					
3					
4					
5					
6					

7					
8					

4 Detailed Level Test Scope Information

This section will be used to list and describe features and enhancements defined as in and out of scope of testing for this release, functional and non-functional test management and planned bug validations. For information and Agency definition of functional, non-functional, in- and out-of-scope, please see **Section 10 Acronyms/Glossary/Terminology**.

4.1 Features and Enhancements Scope

Please provide a brief narrative description of item collections contained within this release:

4.2 Functional In-Scope

Please list all functional features and enhancements considered in scope for testing in the following table:

	Item ID	Title	Test Script(s) Owner	Test Suite ID	Total Number of Test Cases	Requirement ID(s)	Projected Test Stage(s) of Execution
1							
2							
3							
4							
5							
6							

4.3 Non-Functional In-Scope

Please list all non-functional features, enhancements or areas considered in scope for testing in the following table:

	Item ID	Title	Test Script(s) Owner	Test Suite ID	Total Number of Test Cases	Requirement ID(s)	Projected Test Stage(s) of Execution
1							
2							
3							
4							
5							
6							

4.4 Functional Out of Scope

Please list all functional features and enhancements considered out of scope for testing in the following table. Include the reason why the item is out of scope for testing for this release, and if known, the Release Number where the item will be considered in scope:

	Item ID	Title	Test Script Owner	Test Suite ID	Total Number of Test Cases	Requirement ID(s)	Reason for De-Scoped	Planned Release Number or Test Stage (if known)
1								
2								
3								
4								
5								

4.5 Non-Functional Out of Scope

Please list all non-functional features, enhancements and areas considered out of scope for testing in the following table. These should include infrastructure, functional subsets, non-functional requirements, and software modules. Specific testing activities (such as penetration tests, etc) should also be listed. Include the reason why the item is out of scope for testing for this release, and if known, the Release Number where the item will be considered in scope:

	Item ID	Title	Test Script Owner	Test Suite ID	Total Number of Test Cases	Requirement ID(s)	Reason for De-Scoped	Planned Release Number/Test Stage (if known)

1								
2								
3								
4								
5								

4.6 Other Test Exclusions

Please list additional elements or components of testing that are excluded from testing in this release due to other reasons:

	Item ID	Title	Test Script Owner	Test Suite ID	Total Number of Test Cases	Requirement ID(s)	Reason for Exclusion	Planned Release Number/Test Stage (if known)
1								
2								
3								
4								
5								

4.7 Bug Validation Planning

Please list bugs planned for validation in the following table. If applicable, include the Test Case ID(s) where bug was discovered:

	Item ID	Title	Test Owner	Test Case ID(s)	Projected Test Stage(s) of Validation
1					
2					

3					
4					
5					

5 Detailed Test Requirement Analysis

5.1 Identify Actors

Please list the user account groups/roles required for this iteration of testing:

User Group/Role Name	Description	Is New User Acct/Group? Y/N	Projected Test Stage(s) of Execution

5.2 Test Nomenclature

Please list naming conventions required for this release to ensure alignment with the AMMP **MES-PMO-2-r Configuration Management and Document Plan** nomenclature rules:

5.3 Test Data Requirements

Please describe data required for this release. Include source for the data and input process:

Data Type Description	Source	Input Process	Projected Test Stage(s)/Environment(s) of Execution

5.4 Test Environment Analysis

Please list known **environment** configuration needs required for testing of this release. A sample is provided for information:

Test Environment Requirement Description	Owner	Reason	Projected Test Stage(s) of Execution
<i>Update current sysdate to one year in future</i>	<i>Requester Name</i>	<i>Expedited testing needs</i>	<i>SIT</i>

6 Risks Analysis

Please list known or potential risks and contingency plans for testing of this release:

Risk Description	Contingency	Author/Owner

7 Test Activities and Timeline

Please complete the table below to indicate test assignments and assigned owners. Add additional rows/columns to capture new tasks and assignments or individual Test Stages (Levels). Owners may include team name, team group name, staff title, or individual first name/last name:

Test Task Description	Primary Owner	Secondary Owner	Projected Test Stage(s) of Execution	Projected Completion Date
Detailed Test Plan				
Release Analysis (Features, Enhancements, Fixes and Requirements)				
Detailed Test Plan Sign Off				
Requirements Traceability				
Test Environment Readiness				
Release Test Script Design				
Release Test Script Execution				
Release Bug_Defect Tracking and Bug Fix Validation				
End of Test Report Out				

8 Release Test Completeness

Define the criteria that determines your testing is complete. Include multiple criteria if it differs testing stage-to-testing stage:

9 Authorization to Proceed

This section will capture sign off required to proceed with testing efforts. Signatures indicate review and approval of this Detailed Test Plan for the defined, scheduled release.

9.1 Vendor Test Lead Signature

I have reviewed and approved this Detailed Test Plan.

Signature

Date

9.2 Project Manager Signature

I have reviewed and approved this Detailed Test Plan.

Signature

Date

9.3 MES Division Project Manager Signature

I have reviewed and approved this Detailed Test Plan.

Signature

Date

9.4 Business Subject Matter Expert (SME) Signature

I have reviewed and approved this Detailed Test Plan.

Signature

Date

9.5 AMMP Quality Manager Signature

I have reviewed and approved this Detailed Test Plan.

Signature

Date

9.6 AMMP PMO Sign Off

I have reviewed and approved this Detailed Test Plan.

Signature

Date

10 Acronyms/Glossary/Terminology

For a complete list of AMMP Acronyms and Glossary of Terms, please reference the [MES Acronyms and Glossary](#).

Please append a vendor-specific list of acronyms, terminology and definitions relative to items contained within this release.

Appendix A. Deliverable Comment Log

Please complete the Deliverable Comment Log as part of the DED review. A sample row is found above No. 1. You may leave this sample in your completed log. All reviewers will enter one or more comments. If you have no comments, please specify "No comments" in the Comment field, include your name and your Agency Group (such as IV&V).



Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by		Recommendation
MES		MES-PMO-TST-005		Detailed Level Test Plan Template			03/18/2021		04/01/2021		
*Type: NC -Non-Compliance, R -Required, Q -Question, R/C -Recommendation/Cosmetic Recommendation: A -Accept, CA -Conditional Approval, R -Reject											
Document Information				Reviewer(s) Section				Vendor Section			
No.	Section	Page No.	Identifier	Comment	Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date	
	1.1	3	Paragraph 2; First sentence	Enter your comment here for the Section/Page/Identifier. For example: Missing words at the end of the sentence – add words needed to complete it.	R	First Last	IV&V	Inserted "specific text added would go here" in the paragraph	XX/XX/2020		
1.	1.5	6	1 st para	The following deliverables and artifacts are cited in this document by the AMMP.	Q	Charles Hightower	DGO	Added Del IDs	03/27/2021	4/6/2021	

Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by		Recommendation
MES		MES-PMO-TST-005		Detailed Level Test Plan Template			03/18/2021		04/01/2021		
*Type: NC -Non-Compliance, R -Required, Q -Question, R/C -Recommendation/Cosmetic Recommendation: A -Accept, CA -Conditional Approval, R -Reject											
Document Information			Reviewer(s) Section					Vendor Section			
No.	Section	Page No.	Identifier	Comment	Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date	
				Should any of those documents have the standard prefix of document number?							
2.	1.5	6	1 st para	If we expect (black text) the vendor to discuss these artifacts within this document, shouldn't we have other text that identifies where in this document the artifact should be discussed?	Q	Charles Hightower	DGO	That is atypical for the deliverables. I will pass your suggestion along to the PMO team for consideration. No changes at this time.	03/27/2021	4/6/2021	
3.	10	18		Until the acronym list is provided, unable to review document for completeness. 4/6/2021 All other MES templates (excluding Excel spreadsheets) that I've reviewed include the standard global acronym list that satisfies the acronyms		Charles Hightower	DGO	Added the AMMP listing- we will not have the vendor list until the vendor adds content to the template	03/27/2021	See note to left 4/6/2021 Per discussion with Charles, clarified the MES global acronym/glossary is added as a section instead of an appendix as I am requesting vendors to	

Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by	Recommendation	
MES		MES-PMO-TST-005		Detailed Level Test Plan Template			03/18/2021		04/01/2021		
*Type: NC -Non-Compliance, R -Required, Q -Question, R/C -Recommendation/Cosmetic Recommendation: A -Accept, CA -Conditional Approval, R -Reject											
Document Information			Reviewer(s) Section					Vendor Section			
No.	Section	Page No.	Identifier	Comment	Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date	
				already present in the template. Examples from what's in the ready for review folder: PMO-12-1, PMO-2-w.						enter information- he suggested changing to an appendix for consistency. No action at this time. Deferred until next iteration and info is provided by vendor	
4.				3/24/21 – no comments		Andrea Cathey	PPMO/PQ A	Acknowledged	NA		
5.	4.2-4.5	9-11		Define Functional and non- functional in/out of scope Recommend defining Functional and Non-functional under section or referring to glossary for definition	r/c	Natasha Brown	DGO	Added to Acronyms/Glossary	04/01/2021	Please see blue comment 04/05/2021 Added reference to the glossary in sub-section 4.1 (applicable for all of Section 4) Accepted NB 4/5/21	

Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by	Recommendation	
MES		MES-PMO-TST-005		Detailed Level Test Plan Template			03/18/2021		04/01/2021		
<p>*Type: NC-Non-Compliance, R-Required, Q-Question, R/C-Recommendation/Cosmetic Recommendation: A-Accept, CA-Conditional Approval, R-Reject</p>											
Document Information			Reviewer(s) Section					Vendor Section			
No.	Section	Page No.	Identifier	Comment	Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date	
6.	5.4	14		<p>Recommend adding a column that states if test was Automatic, Manual, or both</p> <p>The comment could actually be a column added to 5.3 or 5.4, with the test type it would be good to know if the test is ran automated(automation tool) or manual (human process). If not here, where would that information be documented?</p>	R/C	Natasha Brown	DGO	Email to Natasha to clarify	04/01/2021	<p>Please see blue comment 04/05/2021</p> <p>Sections 5.3 and 5.4 are specific to test data and environment, not test case type.</p> <p>At the time this template will be completed by the vendor (planning) they are required to project a total number of test cases, but not specific details on each.</p> <p>We are capturing test case/step details and test type (manual/automated) at 2</p>	

Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by	Recommendation	
MES		MES-PMO-TST-005		Detailed Level Test Plan Template			03/18/2021		04/01/2021		
*Type: NC -Non-Compliance, R -Required, Q -Question, R/C -Recommendation/Cosmetic Recommendation: A -Accept, CA -Conditional Approval, R -Reject											
Document Information			Reviewer(s) Section					Vendor Section			
No.	Section	Page No.	Identifier	Comment	Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date	
										points in the test work flow process: Test Case Extract Test Metrics Accepted NB 4/5/21	
7.											
8.											



AMMP Plans, Guides, and Templates TOC

Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP)

Prepared for:

Alabama Medicaid Agency

Version 0.3

February 4, 2022

Revision History

Version	Effective Date	Revision Owner	Description of Change
0.3	02/04/2022	Sandy Plotzker	Renamed document. Removed 'TST' deliverables and templates. Added AMA-01 and updated description for PMO-2-w-02
0.2	11/30/2021	Sandy Plotzker	Added Contract Discovery Template
0.1	09/30/2021	Sandy Plotzker	Initial Submission

TABLE OF CONTENTS

1	Introduction	1
2	Deliverables	1
2.1	COM-3: Project Organization and Staffing.....	1
2.1.1	Sections Included	1
2.2	COM-3-01: Project Organization Chart.....	1
2.3	COM-6-A: Responsibility Assignment Matrix	2
2.3.1	Sections Included	2
2.4	COM-8: Meeting Protocol Reference Guide	2
2.4.1	Sections Included	2
2.5	COM-9: Corrective Action Plan	3
2.5.1	Sections Included	3
2.6	COM-10: Scope Change Management Plan	4
2.6.1	Sections Included	4
2.7	COM-11: Communication Management Plan	5
2.7.1	Sections Included	5
2.8	COM-11-01: Stakeholder Register.....	6
2.8.1	Sections Included	7
2.9	COM-15: Cleanup and Conversion Management Plan	7
2.9.1	Sections Included	7
2.10	COM-15-A: Cleanup and Conversion Reporting.....	7
2.10.1	Sections Included	8
2.11	COM-16 Certification Management Plan	8
2.11.1	Sections Included	8
2.12	COM-20-01 Executive Level Dashboard – User Guide	9
2.12.1	Sections Included	9
2.13	EA-d-c: MITA Business Services	10
2.13.1	Sections Included	10
2.14	EA-d-d: MITA Technical Services	11
2.14.1	Sections Included	11
2.15	EA-d-g: MITA Technical Capability Matrix	11
2.15.1	Sections Included	12
2.16	EA-e-b: MITA Data Management Strategy	13
2.16.1	Sections Included	14
2.17	EA-e-c: MITA Conceptual Data Model (CDM)	14

2.17.1	Sections Included	15
2.18	EA-e-d: MITA Logical Data Model.....	16
2.18.1	Sections Included	17
2.19	EA-e-f: MITA Information Capability Matrix.....	17
2.19.1	Sections Included	18
2.20	EA-f-1: MITA Concept of Operations	19
2.20.1	Sections Included	19
2.21	EA-j: Technical Requirements.....	20
2.21.1	Sections Included	20
2.22	OCM-2-b: OCM Kick-off Meeting	20
2.23	OCM-2-c1: OCM Strategic Plan.....	21
2.23.1	Sections Included	21
2.24	OCM-2-c2: OCM Change Readiness Assessments	22
2.24.1	Sections Included	22
2.25	OCM-2-c2-01: OCM Change Readiness Assessments Templates User Guide	22
2.25.1	Sections Included	22
2.26	OCM-2-d1: OCM Communication Plan.....	23
2.26.1	Sections Included	23
2.27	OCM-2-d2: OCM Communication Matrix	23
2.27.1	Sections Included	24
2.28	OCM-2-e1: OCM Training Plan.....	24
2.28.1	Sections Included	24
2.29	OCM-2-e2: OCM Training Matrix	25
2.29.1	Sections Included	25
2.30	OCM-2-g2: OCM Master Tracking Matrix	26
2.30.1	Sections Included	26
2.31	PMO-2-a: Detailed Initiation and Approach Plan	26
2.31.1	Sections Included	27
2.32	PMO-2-b: Onboarding Plan and Checklist.....	28
2.32.1	Sections Included	28
2.33	PMO-2-c1: Kick-off Meetings Protocol Guide	29
2.33.1	Sections Included	29
2.34	PMO-2-i: Risk Management Plan.....	29
2.34.1	Sections Included	30
2.35	PMO-2-i-02: Risk Questionnaire	31
2.35.1	Sections Included	31
2.36	PMO-2-j: Issue Management Plan	31

2.36.1	Sections Included	31
2.37	PMO-2-k: Quality Management Plan	32
2.37.1	Sections Included	33
2.38	PMO-2-k1: Quality Management and Artifact Deliverable	33
2.38.1	Sections Included	33
2.39	PMO-2-n-02: Action Items Protocol Reference Guide	33
2.39.1	Sections Included	34
2.40	PMO-2-n-03: Decisions Protocol Reference Guide	34
2.40.1	Sections Included	35
2.41	PMO-2-n-04: Invoice Protocols Reference Guide.....	35
2.41.1	Sections Included	35
2.42	PMO-2-n-05: Lessons Learned Protocol Reference Guide	36
2.42.1	Sections Included	36
2.43	PMO-2-o: Vendor Start-up Guide.....	37
2.43.1	Sections Included	37
2.44	PMO-2-o-01: Vendor Start-up Checklist	38
2.44.1	Sections Included	38
2.45	PMO-2-q: Integrated Master Schedule Management Plan	38
2.45.1	Sections Included	38
2.46	PMO-2-r: Configuration Management and Document Validation	39
2.46.1	Sections Included	39
2.47	PMO-2-x: Contract Monitoring Plan	40
2.47.1	Sections Included	40
2.48	PMO-2-x-02: Contract Monitoring Report Card	41
2.48.1	Sections Included	41
2.49	PMO-2-y: OCM Effectiveness Evaluation Plan.....	41
2.49.1	Sections Included	42
2.50	PMO-2-y-01: OCM Effectiveness Evaluation Plan Artifact	42
2.50.1	Sections Included	42
2.51	PMO-TST-001: Program Test Approach	42
2.51.1	Sections Included	42
2.52	REQ-2-a1: Detailed Approach to Requirements Gathering.....	44
2.52.1	Sections Included	44
2.53	REQ-2-b: Business Process Management Plan	45
2.53.1	Sections Included	46
2.54	REQ-2-c: Requirements Management Plan	47
2.54.1	Sections Included	47

3	Templates	48
3.1	AMA-01: AMA Attestation and Agreement Document Template	48
3.2	COM-8a: Meeting Agenda and Minutes Template.....	48
3.3	COM-9-1: Corrective Action Plan Template.....	48
3.3.1	Sections Included	48
3.4	COM-10-01: Project Change Request Template	49
3.5	COM-11-03: Communication Management Template	49
3.5.1	Sections Included	49
3.6	COM-12-1: Status Reporting Template Module.....	49
3.6.1	Sections Included	49
3.7	COM-15-01: Cleanup and Conversion Management Reporting Template.....	50
3.7.1	Sections Included	50
3.8	COM-15-02: Cleanup and Conversion Management Template	50
3.8.1	Sections Included	51
3.9	COM-16-1 Certification Support and Turnover Plan Template	51
3.10	OCM-2-2c: OCM Change Readiness Assessments Report Template	51
3.10.1	Sections Included	51
3.11	OCM-2-f1: OCM Implementation Plan Template	52
3.11.1	Sections Included	52
3.12	OCM-2-f2: OCM Implementation Checklist Template	53
3.13	OCM-2-g1: OCM Implementation Tracking Matrix Template	53
3.13.1	Sections Included	54
3.14	PMO-2-a-01: Detailed Project Initiation and Approach Template.....	54
3.14.1	Sections Included	54
3.15	PMO-2-c-01: Kickoff Presentation Template	54
3.16	PMO-2-i-01: Risk and Issues Submission Form Template	55
3.17	PMO-2-k-01: Quality Management and Artifact Deliverable Template.....	55
3.17.1	Sections Included	55
3.18	PMO-2-n-04-01: Module Vendor Invoice Tracker Template	55
3.19	PMO-2-n-04-02: Deliverable Verification File Template	55
3.20	PMO-2-n-04-03: Deliverable Acceptance File Template	55
3.21	PMO-2-q-02: Integrated Master Schedule Template	55
3.22	PMO-2-r-01: Configuration Management Template.....	56
3.22.1	Sections Included	56
3.23	PMO-2-w-01: Deliverable Template.....	56
3.23.1	Sections Included	56
3.24	PMO-2-w-02: Contract Discovery Template	56

3.25	PMO-2-x-01: Contract Monitoring Report Card Template	57
3.25.1	Sections Included	57
3.26	REQ-2-a3-1,2,3: [FA] AS IS and TO BE Requirements Template	57
3.26.1	Sections Included	58
3.27	REQ-2-a3-4: Requirements Traceability and Verification Matrix Template	58
3.27.1	Sections Included	58
3.28	REQ-2-a3-5,6,7: [FA] AS IS and TO BE Business Process Models Template	60
3.28.1	Sections Included	60
3.29	REQ-2-a3-8: Define Requirements Templates Business Requirements Document	60
3.29.1	Sections Included	61
Appendix A. Acronyms/Glossary		62

1 Introduction

This document contains a listing of and a brief description of the Program Wide Deliverables and Templates for the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP).

2 Deliverables

2.1 COM-3: Project Organization and Staffing

The purpose of this deliverable is to document the key and required positions for each vendor as part of the Modularity Program and share the processes and procedures used to determine and maintain the appropriate staffing for the project. The COM-3 plan supplements the overall Project Management Plan (PMP) and covers the staffing requirements for the program. The Project Organization and Staffing Plan is intended to be a living document. The COM-3-02: Project Organization and Staffing Details artifact contains the details of this area for each vendor. Each vendor will have their own artifact to maintain. The artifact is to be updated six (6) weeks after a new vendor starts or two (2) weeks after a vendor adds a team member or has other staff changes. The sections that require details to be completed in COM-3-02 will be indicated accordingly.

The scope of the COM-3: Project Organization and Staffing plan is specific to the Medicaid Enterprise Systems (MES) vendor contracts.

2.1.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose and Scope*
- 1.3 *Risk Management*
- 2 *Approach*
- 2.1 *Determine Project Objectives*
- 2.2 *Create Staffing Plan*
- 2.3 *Develop Effective Hiring and On-going Training*
- 2.4 *Review and Execute*
- 2.5 *Staffing Considerations*
- 2.5.1 *Backfill Current Positions or Staff New Position*
- 3 *Organizational Charts and Staff Requirements*
- 3.1 *Organization Chart*
- 3.2 *Staff Requirements*
- 3.3 *Project Staff Key Roles*
- 3.4 *Identify Staffing and People Needs*

2.2 COM-3-01: Project Organization Chart

This is document contains the Organization Chart for the PMO Service vendor.

2.3 COM-6-A: Responsibility Assignment Matrix

The Responsibility Assignment Matrix contains information by role who is responsible, approves, contributes, supports and is informed for each process/activity for the program

2.3.1 Sections Included

The following sections are included in this deliverable:

Phases

Processes / Activities

Accountable Party

For each role for each process indicate:

BLANK = no action for the activity

A = To whom "R" is Accountable, who must Approve

R = Responsible, owns/facilitates activity

A/R = Has both A and R responsibilities

C = To be Consulted or provides Contributions

S = Provides Support for activity

I = Informed of results, but need not be consulted

N/A = Not Applicable

2.4 COM-8: Meeting Protocol Reference Guide

This guide, COM-8: Meeting Protocols Reference Guide, addresses meeting processes and procedures. This deliverable will cover the necessary steps required to schedule, facilitate, scribe, create and distribute agendas/minutes, track action items, and obtain approval of meeting minutes. It will also provide guidance on the tools and templates used throughout the process. All Modules within the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) will use this reference guide. The modules that make up the AMMP are as follows; Program Management Office (PMO), Module, Electronic Visit Verification (MEVV), System Integrator (SI), Electronic Data Warehouse (EDW), and Claims Processing and Management Services (CPMS).

The purpose of a Meeting Protocols Reference Guide is to define guidelines for meeting facilitators, scribes, and attendees, so that meetings are efficient, have a clear purpose, meet objectives, and are productive.

2.4.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose and Scope*
- 1.3 *Meeting Expectations*
- 2 *Meeting Planning and Execution*
- 2.1 *Pre-Meeting Planning*
- 2.2 *Meeting Execution*
- 2.2.1 *Meeting Facilitation*
- 2.2.2 *Meeting Scribe*
- 2.2.3 *Meeting Participation*
- 2.3 *Post-Meeting Execution*
- 2.3.1 *Meeting Minutes*
- 2.3.2 *Action Item Follow-up*

- 2.4 *Roles and Responsibilities*
- 3 *Meeting and Minutes Workflow*
- 3.1 *Schedule Meeting*
- 3.2 *Facilitate Meeting*
- 3.3 *Complete Meeting Minutes*
- 3.4 *Quality Control of Meeting Minutes*
- 3.5 *Invitee/Attendee Review and Approval of Meeting Minutes*
- 3.6 *Metrics and Reporting of Meeting Minutes*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *Applicable Project, Federal, State, or Industry Standards*
- Appendix C. *MES Meeting Agenda and Minutes*
- Appendix D. *MES Meeting Minutes Protocols*
- Appendix E. *SharePoint Lists*
- Appendix F. *Meeting Documents Library in SharePoint*
- Appendix G. *CMS Meeting Minutes Workflow*

2.5 COM-9: Corrective Action Plan

This deliverable, COM-9: Corrective Action Plan (CAP), addresses Corrective Action Plan processes and procedures. This deliverable covers the necessary steps to request, develop, submit, approve, monitor, report, close and/or determine if liquidated damages will be assessed for non-compliance. It also provides guidance on the tools and templates used throughout the process. All MES program vendors - System Integrator (SI), Program Management Office (PMO), Organizational Change Management (OCM), Medicaid Enterprise Architecture (MEA), and Requirements and Business Process Management (RBPM)—will use this deliverable as a reference in standardizing Corrective Action Plans.

The Corrective Action Plan defines the end-to-end process and procedures for documenting and defining MES program deficiencies. This includes, but is not limited to the Agency requesting CAPs, Vendor developing/submitting CAPs, monitoring and reporting on CAPs and ultimately the resolution of the CAP either through closure or assessment of liquidated damages.

The scope of the COM-9: Corrective Action Plan is specific to the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) for each Vendor.

2.5.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose and Scope*
- 1.2 *Referenced Deliverables and Artifacts*
- 1.3 *Roles and Responsibilities*
- 1.4 *Corrective Action Plan Overview*
- 2 *Corrective Action Plan – Process and Procedures*
- 2.1 *Corrective Action Plan Workflow*
- 2.2 *MES PMO Request for a Corrective Action Plan*
- 2.3 *Vendor Development of a Corrective Action Plan*
- 2.4 *Vendor Submission of Corrective Action Plan*
- 2.5 *Collaborative Review of Corrective Action Plan*
- 2.6 *Approval to Execute Corrective Action Plan*
- 2.7 *Execute Corrective Action Plan*
- 2.8 *Approval to Close Corrective Action Plan*
- 2.9 *Liquidated Damages*
- Appendix A. *Acronyms/Glossary*

Appendix B. Applicable Project, Federal, State, or Industry Standards

2.6 COM-10: Scope Change Management Plan

The purpose of the Scope (Change) Management Plan is to define the standard processes for identifying, documenting, analyzing, approving/rejecting, and implementing changes to the baseline scope, schedule, contract, and if necessary, cost to the project. Scope management ensures:

- All scope changes are managed at the module level and coordinated across the entire MES program
- Project Change Requests are well written with supporting material available for proper decision making
- All significant changes are reviewed and approved prior to implementation
- The Change Control Board (CCB) and the Executive Oversight Committee (EOC) provide a governance structure for approval or rejection
- The PMO, EOC, and other project stakeholders and governance structures are notified of changes through the Scope Change Management process
- Conduct project, as well, as program level change request meetings
- Verification of change implementation

2.6.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose*
- 1.3 *Scope*
- 1.4 *Approach*
- 1.5 *Roles and Responsibilities*
- 2 *Change Control Establishment*
- 2.1 *Change Control Board (CCB)*
- 2.2 *Change Identification*
- 2.3 *Scope and Change Management Tracking*
- 2.4 *Scope and Change Management Process*
- 2.4.1 *PCR Development with Initial Analysis*
- 2.4.2 *PCR Submission*
- 2.4.3 *Module CCB Review*
- 2.4.4 *Module creates Impact Analysis*
- 2.4.5 *MES CCB Review*
- 2.4.6 *PCR Implementation / Verification*
- 2.4.7 *Change Requests Escalations*
- 2.5 *Business Process Impacts*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*
- Appendix C. Project Change Request Form*
- Appendix D. PCR Classification Method*
- Appendix E. Project Change Management List*
- Appendix F. Module CCB Members*

.....

2.7 COM-11: Communication Management Plan

Clear, timely and comprehensive communication throughout the Medicaid Enterprise System (MES) Program and Modular Projects is essential to the success of both design, development and implementation (DDI) efforts and ongoing operations. This overarching Communication Management Plan (CMP) addresses challenges that are magnified in modular projects, including:

- Stakeholder turnover
- Larger numbers of stakeholders with varying communication needs
- Diverse terminologies used across modules
- Coordination of consistent communication across all stakeholders and vendors
- Differing levels of government healthcare experience between vendors
- The need for modular vendors to protect their intellectual property from potential competitors working on the same modular solution

The Alabama Medicaid Enterprise System (MES) affects multiple departments and divisions within the Alabama Medicaid Agency (AMA), as well as diverse and varied groups external to the agency. These external organizations include other State agencies (e.g., OIT, ADPH) or Federal Agencies (e.g., CMS), special interest and advocacy groups, public advisory boards, commissions, councils and *interfacing vendors to the systems* (e.g., Gainwell). Refer to the AMA Org Chart.

The CMP provides a framework that serves as a guide linking project staff, sponsors and internal stakeholders via available communication methods. Communications with external stakeholders will be managed in coordination with the AMA MES through the Organizational Change Management (OCM) process. The plan ensures that the correct individuals get the required information they need in a timely manner throughout the lifecycle of the MES Program/Projects and helps ensure the successful outcome of the MES Program and modular projects.

The AMA MES CMP is a living document and is expected to change throughout the course of the project, according to communication needs and the effectiveness of communication vehicles.

The plan defines the approach and methodology used to create a detailed communication process and appropriate measurements and feedback mechanisms. The activities in this plan are mapped against common events, AMA MES milestones, and/or deliverables.

The CMP is intended to address the specific internal coordination challenges inherent in multi-vendor, multi-module projects. The plan lays the foundation for communications during subsequent phases of the AMA MES and serves as a model or template for ongoing communication efforts.

2.7.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Goals and Outcomes*
- 1.3 *Methodology*
- 1.4 *Document Maintenance*
- 1.5 *Audience*
- 2 *Communication Principles and Objectives*
- 2.1 *Communication Principles*
- 2.2 *Communication Objectives*
- 2.3 *Validation and Approval Process*
- 2.3.1 *Validation and Approval Steps*

- 3 *Stakeholders*
 - 3.1 *Relationship Building*
 - 3.2 *Identify and Group Stakeholders*
 - 3.3 *Stakeholder Matrix*
 - 3.4 *Mapped Stakeholder Matrix*
 - 3.5 *Stakeholder Information Needs*
 - 3.5.1 *Alabama Medicaid Executive Leadership*
 - 3.5.2 *MES Program Manager*
 - 3.5.3 *Alabama Medicaid Agency Functional Management and Operational Staff*
 - 3.5.4 *MES Director*
 - 3.5.5 *Module Vendor Project Team*
 - 3.5.6 *Legacy Vendor Project Team*
 - 3.5.7 *IV&V Project Team*
 - 3.5.8 *Executive Oversight Committee*
 - 3.5.9 *Change Control Board*
 - 3.5.10 *Business Review Board*
 - 3.5.11 *Enterprise Architecture Board*
 - 3.5.12 *Information Security Office (ISO)*
 - 3.5.13 *Medicaid IT PPMO*
- 4 *Roles and Responsibilities*
- 5 *Key Messages and Media Analysis*
 - 5.1 *Types of Media and Vehicles*
 - 5.1.1 *Face-to-Face*
 - 5.1.2 *Printed*
 - 5.1.3 *Electronic Communication Vehicles*
 - 5.2 *Key Messages*
 - 5.2.1 *Alabama Commitment Messages*
 - 5.2.2 *Capability Messages*
- 6 *Communication Schedule*
 - 6.1 *Mapped Communication Matrix*
 - 6.2 *Communication Event Description*
 - 6.2.1 *Meetings*
 - 6.2.2 *Status Reporting*
 - 6.2.3 *Presentations*
 - 6.2.4 *Interviews*
 - 6.3 *Communication Artifacts and Storage*
- 7 *Communication Standards*
 - 7.1 *Agency Distribution Lists*
 - 7.2 *Agency Policy for Handling Information*
 - 7.3 *Escalation Process*
- 8 *Collect Feedback*
 - 8.1 *Informal Evaluation Mechanisms*
 - 8.2 *Formal Evaluation Mechanisms*
 - 8.3 *Project Feedback Approach*
- 9 *Stakeholder Register Contents*
- 10 *OCM Communication Protocols*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *Alabama Medicaid Agency Organization Chart*
- Appendix C. *AMA MES Organization Chart*
- Appendix D. *Subsystem Function Process Owners*

2.8 COM-11-01: Stakeholder Register

The Stakeholder Register is a lister of the various AMMP stakeholders.

2.8.1 Sections Included

The contractor is to include the following information in their documentation associated with this deliverable:

Name
Organization
Title/Department
Email
Office Phone Number
Location

2.9 COM-15: Cleanup and Conversion Management Plan

During MES program vendor implementations, data will be migrated from the Legacy systems into new, modular systems. The migration of data will inherently involve cleanup and conversion activities to ensure data integrity, and transformation to the format native to the new system. This document provides information about how the Program Management Office (PMO) Services Vendor of the Agency's MES program will oversee data cleanup and conversion to ensure a successful migration.

The following topics are covered in this document:

- Anticipated data sources
- Approach to data cleanup and conversion
- Data cleanup and conversion planning
- Process development and execution
- Test plans
- Roles and responsibilities

2.9.1 Sections Included

The following sections are included in this deliverable:

1 *Introduction*
1.1 *Purpose and Scope*
1.2 *Referenced Deliverables and Artifacts*
2 *Data Cleanup and Conversion*
2.1 *Anticipated Data Sources*
2.2 *Approach*
2.3 *Planning*
2.4 *Process Development and Execution*
2.5 *Test Plans*
2.6 *Cleanup and Conversion Management Reporting*
3 *Roles and Responsibilities*

2.10 COM-15-A: Cleanup and Conversion Reporting

Per the Program Management Office (PMO) Services Request for Proposal , COM-15 Cleanup and Conversion Management Plan includes the Plan, Templates, Management and execution of Data Cleanup and Conversion. The specific verbiage from the Request for Proposal is as follows, "The PMO Vendor shall develop a data Cleanup and Conversion Management Plan. The plan shall define how the PMO Vendor shall be actively involved in managing and providing guidance for all data cleanup and

conversion activities. During the initial phase of the contract, the PMO Vendor shall be responsible for defining the requirements needed for data cleanup and conversion from the Medicaid Management Information System (MMIS) and all ancillary systems. The data cleanup and conversion requirements shall be included in the applicable Request for Proposal (RFP)/ Request for Bid (RFB) going forward. The PMO Vendor shall provide guidance and written recommendations regarding data sources, data modeling, data analysis, data cleanup and data conversion plans. The PMO Vendor shall also address written recommendations regarding the process, scheduling, and timelines for data cleanup and conversion, as well as identify issues and obstacles with suggested solutions. Due to the critical nature of the MMIS data, the PMO Vendor shall have experience in projects involving the data clean up and conversion from large complex systems. The data conversion strategy and plans will be deliverables for future RFPs/RFBs. However, the PMO Vendor shall manage all business and vendor activities and schedules related to data cleanup and conversion plans. The plan shall include at the minimum, the objectives, strategy, standards, methods, procedures, roles, responsibilities, data requirements, data mapping and designs, exception handling, risks & mitigation strategies, data conversion procedures and controls, data cleansing, conversion rollout, reports for conversion results, accuracy rates, and statistics and data conversion schedule. In addition, the PMO Vendor shall monitor, track, confirm and report on all results from test and production conversion runs and validate that results are accurately reported including full and interim conversion runs. The PMO Vendor shall produce a Data Clean-up report and a Data Conversion report within three (3) business days of each conversion run. The format and content of the Data Clean-up Report and the Data Conversion report will be defined after the start of the contract and must be approved by the Agency. The PMO Vendor shall facilitate and oversee that the vendors maximize their capability to convert data without manual cleanup as much as possible.”

2.10.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

2.11 COM-16 Certification Management Plan

The Alabama Medicaid Enterprise Systems (MES) Certification Support Management Plan (CSMP) outlines the processes each project or module will use to manage its certification phases. Each module vendor will develop their own Certification Management Plan to align with the CSMP. The Alabama Medicaid Agency seeks to certify its MES using the CMS Outcomes-Based Certification (OBC) or Streamlined Modular Certification (SMC) processes. CMS has not yet defined any specific differences between OBC and SMC, however it is understood the overall focus for certification is to determine outcomes, metrics and criteria that successfully demonstrate support for the business needs. The process used will be determined and approved, for each module, by CMS and AMA.

The Program Management Office (PMO) vendor will be responsible for tracking, monitoring, and validating the content, submitted by the module vendors, for the established certification process.

2.11.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*

- 1.4 *Roles and Responsibilities*
- 2 *Outcomes-Based Certification Overview*
- 2.1 *Standards*
- 2.2 *Program Certification Schedule*
- 3 *Planning - Structure of OBC/SMC Certifications*
- 3.1 *Enterprise Outcomes, Metrics, Criteria, and Reporting Schedule*
- 3.1.1 *Module 1 - EVV Outcomes, Metrics, Criteria, and Reporting Schedule*
- 3.1.2 *Module 2 - Enterprise Data Warehouse (EDW) Outcomes, Metrics, Criteria, and Reporting Schedule*
- 3.1.3 *Module 3 - Provider Management Outcomes, Metrics, Criteria, and Reporting Schedule*
- 3.1.4 *Module 4- Core Outcomes, Metrics, Criteria, and Reporting Schedule*
- 4 *Development*
- 5 *Implementation - Operational Readiness Review*
- 6 *Operations and Management - Certification Review (CR)*
- Appendix A. Acronyms/Glossary*
- Appendix B. EVV Certification Intake Form*

2.12 COM-20-01 Executive Level Dashboard – User Guide

This user guide, COM-20-01: Executive Level Dashboard - User Guide, is to simplify and enhance the end user's experience when using the Executive Dashboard. It provides a written guide, associated images, with language used to match to the intended audience expectations. The user guide is to help end users by giving them the means to quickly understand the Dashboard and its high-level functionality.

The purpose of this dashboard is for executive level stakeholders to gain a high-level view of the overall health of their Program of Projects, with drill through capabilities to more specific data that represents the health of specific Projects within the Alabama MES Modernization Program (AMMP). This allows executives to review Key Performance Indicators (KPIs)/Metrics easily and seamlessly from the Program down to the individual Project level. It is not intended for use as a comprehensive project management tool.

2.12.1 Sections Included

The following sections are included in this deliverable:

- 1 Introduction
- 1.1 Purpose and Scope
- 1.2 Overview
- 1.3 Referenced Deliverables and Artifacts
- 2 Dashboard
- 2.1 Performance Dashboard
- 2.1.1 Key Performance Indicators (Summary)
- 2.1.2 Program/Project Health Indicators
- 2.1.3 Program View (Drill Through)
- 2.1.4 Critical Issues and Critical Risks
- 2.1.5 Leadership and Status Summary
- 2.1.6 Project View – Performance Dashboard
- 3 Frequently Asked Questions

2.13 EA-d-c: MITA Business Services

A business service defines a standard interface and functionality for a business process that aligns the common factors of the State Medicaid Agency (SMA) design with the Medicaid Enterprise requirements. A Medicaid Information Technology Architecture (MITA) Business Service allows two (2) things:

1. **Modularity** – A new deployment replaces an individual service with a new business service without affecting the rest of the enterprise. For example, an enterprise replaces a service that is currently a wrapped Common Business Oriented Language (COBOL) application with a Commercial Off-the-Shelf (COTS) product or Oracle Java Platform, Enterprise Edition (J2EE) C++ program without changing any of the external interfaces
2. **Interoperability** – A system changes an external user of a service (e.g., delete, add, or modify external services or clients) without changing the service itself. For example, a new service is an application, or a client added to the enterprise that takes the output from an existing service as an input

The Technical Architecture (TA) defines business services for the MITA Framework as Service-Oriented Architecture (SOA) based services established to perform a specific Medicaid business need. A business service is implementation-neutral and does not specify platform, binding protocols, programming models, operating systems, underlying infrastructure technologies, or other execution details to deploy the function.

Business services provide business functionality derived from the MITA Business Process Model (BPM), as described in Part I, Chapter 4, Business Process Model, and the MITA Business Capability Matrix (BCM), as described in Part I, Chapter 5, Business Capability Matrix. Technical services, discussed in Part III, Chapter 4, Technical Services, provides underlying technical functionality (e.g., forms management, security, etc.).

2.13.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 2 *Business Service Details*
- 3 *Business Service Approach*
- 4 *Business Service Development*
- 5 *Business Service Solution Sets*
- 6 *Business Service Flow*
- 7 *Service Contract Development*
- 8 *Business Service Registry*
- 9 *Business Services*
- 9.1 *<Service Name>*
- 9.1.1 *Service Contract*
- 9.1.2 *Business Logic*
- 9.1.3 *Formal Interface Definition*
- 9.1.4 *Configuration Data*
- 9.1.5 *Constraints*
- 9.1.6 *Use Cases*
- 9.1.7 *Solution Set*
- 9.1.8 *Structure Diagram*
- 9.1.9 *Performance Standards*
- 9.1.10 *Test Scenarios and Test Cases*
- 9.1.11 *Map to MITA Data Models*
- Appendix A. *Acronyms/Glossary*

Appendix B. Applicable Project, Federal, State, or Industry Standards
Appendix C. MEA Glossary

2.14 EA-d-d: MITA Technical Services

Independence is an important characteristic of a technical service. A different service can easily replace an independent service, provided the new service meets the needs of the user. Services should also be location independent because, in today's IT environment, a service does not have to collocate with the users of that service.

Module vendors document how the service performs so other computers can use the service. The documentation includes the functions included in the service (e.g., expected output, error checking, accuracy, etc.) and describes how to obtain the service and how other systems may request the service. To achieve a high level of loose coupling, these services should not specify platform, binding protocols, programming models, operating systems, underlying infrastructure technologies, or other execution details to deploy the service.

2.14.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Scope*
- 1.2 *Referenced Deliverables*
- 2 *Technical Services*
- 2.1 *<Service Name>*
- 2.2 *Purpose*
- 2.3 *Business Logic*
- 2.4 *Constraints*
- 2.5 *Formal Interface Definition*
- 2.6 *Use Cases*
- 2.7 *Solution Set*
- 2.8 *Structure and Activity Diagrams*
- 2.9 *Performance Standards*
- 2.10 *Test Scenarios and Test Cases*
- 2.11 *Map to MITA Data Models*
- Appendix A. Acronyms*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*
- Appendix C. MEA Glossary*

2.15 EA-d-g: MITA Technical Capability Matrix

A technical capability describes a technical function at a specific Medicaid Information Technology (IT) Architecture (MITA) Maturity Level (MML). The Technical Architecture (TA) assigns technical capabilities to a maturity level based on the maturity level of the business usage they enable. Technical capabilities can affect multiple business processes in order to provide benefits to stakeholders. Whereas business capabilities define business services, the TA maps technical capabilities to technical services. Technical capabilities associate themselves with IT solutions or enablers.

The Technical Capability Matrix (TCM) consists of technical capabilities allocated to five (5) maturity levels for all technical functions. Each technical capability corresponds to technical functionality providing the technologies for one or more of the following:

- Enabling one or more business capability (e.g., forms management and workflow for automating provider enrollment)
- Realizing one or more MITA goals or objectives. For example, the technical capabilities that are part of a Service-Oriented Architecture (SOA) enable the goal “promote reusable components – modularity.” An Enterprise Service Bus (ESB) would be an example of such a technical capability
- Enabling the transition of a legacy system or process to the MITA Framework
- Alignment with the Enhanced Funding Requirements: Seven Conditions and Standards (a.k.a. Seven Standards and Conditions)

Health care IT systems are evolving along the continuum of technical capabilities. The MITA technical capabilities support the MITA goals and objectives and align with the Seven Standards and Conditions. The capability descriptions below provide guidance as the Medicaid Enterprise evolves.

1. **Level 1 Capabilities** – The State Medicaid Agency (SMA) uses predominantly manually intensive technical processes that do not use current industry standards.
2. **Level 2 Capabilities** – The SMA uses a mix of manually intensive processes and electronic transactions or functionality. Accessibility expands to include multiple types of delivery (e.g., browser, kiosk, voice response system, or mobile phone).
3. **Level 3 Capabilities** – The SMA utilizes an ESB to promote interoperability. Partners include one or more of the following: intrastate and interstate agencies, federal entities, and external health care stakeholders.
4. **Level 4 Capabilities** – The SMA promotes interoperability between interstate agencies, federal partners, Health Insurance Exchange (HIX), Health Information Exchange (HIE), and other external health care stakeholders.
5. **Level 5 Capabilities** – The SMA promotes Cloud Computing functionality, such as, real-time access to information.

The purpose of the TCM is to describe the boundaries and behavior of each MITA technical function in the context of the five (5) levels of MITA maturity. Business capabilities illustrate how a business process matures and improves over time. Information capabilities include data management strategies, data models, and data identified in the business capabilities that enable technical capabilities. Technical capabilities are enablers of business capabilities. Technical capabilities are enablers that support the business process at specific levels of maturity or technologies that promote MITA goals and objectives (e.g., flexibility, adaptability, and interoperability). There is no one-to-one match between business, information, and technical capabilities. The TCM is the primary tool for selecting the appropriate level of maturity for the TA.

The Agency plans to build the TCM in the iServer Enterprise Architecture Framework, and then use the TCM to track the MITA maturity of each MITA technical function through time. As the MITA maturity changes over time, the TCM will be updated to reflect those changes.

2.15.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*

1.3	<i>Referenced Deliverables and Artifacts</i>
2	<i>Business Relationship Management</i>
2.1	<i>AS IS</i>
2.2	<i>TO BE</i>
3	<i>Care Management</i>
3.1	<i>AS IS</i>
3.2	<i>TO BE</i>
4	<i>Contractor Management</i>
4.1	<i>AS IS</i>
4.2	<i>TO BE</i>
5	<i>Eligibility & Enrollment Management</i>
5.1	<i>AS IS</i>
5.2	<i>TO BE</i>
6	<i>Financial Management</i>
6.1	<i>AS IS</i>
6.2	<i>TO BE</i>
7	<i>Operations Management</i>
7.1	<i>AS IS</i>
7.2	<i>TO BE</i>
8	<i>Performance Management</i>
8.1	<i>AS IS</i>
8.2	<i>TO BE</i>
9	<i>Plan Management</i>
9.1	<i>AS IS</i>
9.2	<i>TO BE</i>
10	<i>Provider Management</i>
10.1	<i>AS IS</i>
10.2	<i>TO BE</i>
Appendix A.	<i>Acronyms</i>
Appendix B.	<i>Applicable Project, Federal, State, or Industry Standards</i>
Appendix C.	<i>MEA Glossary</i>

2.16 EA-e-b: MITA Data Management Strategy

The Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) will implement a modular architecture for the Medicaid Management Information System (MMIS) that replaces the existing monolithic system. The AMMP business outcome and goal will be to improve the efficiency of administering the Alabama Medicaid programs, using a combination of technology-based procurements, related services, and business process outsourcing. The Agency's vision for the future is that the improved MMIS will enable us to improve member health outcomes. To achieve this, the AMMP must have the capability to support informed and timely decision-making, both at the policy administration level and at point of care, while promoting service coordination, transparency, and accountability.

The AMMP will support the Agency in meeting the requirements for Federal Financial Participation (FFP) for the design, development, installation and enhancement of mechanized claims and encounter processing and information retrieval, as specified under 42 Code of Federal Regulations (CFR) 433.112, by implementing a modernized and modular system that meets the conditions specified by federal regulation.

The Alabama Medicaid Agency (Agency) will utilize the Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture Framework (MITA) 3.0 as supporting documentation for the AMMP.

As part of CMS MITA 3.0, a Data Management Strategy (DMS) is required under the Information Architecture section, and the DMS has become an artifact the Agency must produce as part of the MITA

Self-Assessment. The purpose of the DMS is to document the data management processes, techniques, and products needed by the Medicaid Enterprise to achieve optimal sharing of Medicaid Enterprise information.

The DMS provides a structure to guide development of enhanced internal and external data sharing. Data sharing helps make information more readily available, which improves the State Medicaid Agency's overall performance of its mission. The implementation of the DMS will provide the techniques, processes, and products to meet the need for timely, accurate information. It will also provide a vehicle for the State Medicaid Enterprise to better understand its data and how that data fits into the total pool of Medicaid information. The DMS addresses fundamental aspects to enable information-sharing opportunities and to position the State Medicaid Agency to operate in an environment of global information.

2.16.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *CMS Requirements and Purpose*
- 1.3 *Scope*
- 2 *Data Management Strategy*
- 2.1 *Data Governance and Stewardship*
- 2.2 *Enterprise Data Management*
- 2.3 *Document and Content Management*
- 2.4 *Data Warehousing*
- 2.5 *Data Architecture*
- 2.6 *Enterprise Data Models*
- 2.6.1 *Conceptual Data Model*
- 2.6.2 *Logical Data Model*
- 2.7 *Enterprise Metadata*
- 2.8 *Data Sharing Architecture*
- 2.8.1 *Data Sharing Services*
- 2.8.2 *Health Information Exchange*
- 2.8.3 *CMS Interoperability and Patient Access Final Rule*
- 2.9 *Data Transformation*
- 2.9.1 *Data Transformation Plan*
- 2.9.2 *Data Transformation Challenges*
- 3 *Initiatives and Projects Influencing Data Management Maturity*
- 4 *Data Management Strategy Summary*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

2.17 EA-e-c: MITA Conceptual Data Model (CDM)

The Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) will implement a modular architecture for the Medicaid Management Information System (MMIS) that replaces the existing monolithic system. The modular AMMP business outcome and goal will be to improve the efficiency of administering the Alabama Medicaid programs, using a combination of technology-based procurements, related services, and business process outsourcing. The Agency's vision for the future is that the improved MMIS will enable us to improve member health outcomes. To achieve this, the MES must have the capability to support informed and timely decision-making, both at the policy administration level and at point of care, while promoting service coordination, transparency, and accountability.

The AMMP will support the Agency in meeting the requirements for Federal Financial Participation (FFP) for the design, development, installation and enhancement of mechanized claims and encounter processing and information retrieval, as specified under 42 Code of Federal Regulations (CFR) 433.112, by implementing a modernized and modular system that meets the conditions specified by federal regulation.

The Alabama Medicaid Agency (AMA) will utilize the Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture Framework (MITA) 3.0 as supporting documentation during the MES program to implement a modular MMIS.

As part of CMS MITA 3.0, a Conceptual Data Model (CDM) is required under the Information Architecture section, and the CDM has become an artifact the AMA must produce as part of the MITA Self-Assessment.

The CDM is a tool to bridge the knowledge gap between Medicaid subject matter experts, IT architects, and designers. The model depicts the major business information objects in their relationships to each other, using business terminology. In addition, the CDM provides the basis for development of a Logical Data Model (LDM) – reviewed in MITA Part II, Chapter 4, Logical Data Model. It also provides an initial mechanism for ensuring the completeness of the business model and serves as a tool that enables the reengineering of Medicaid business processes. Using a shared data model, States will achieve the true plug-and-play capabilities of services and interoperability.

Key activities for the CDM development include the following:

- **Collaboration** – Participating in design discussions to review and receive input from stakeholders and industry organizations on desired or expected outcomes and areas of concern.
- **Definition** – Defining of parameters and scope of the conceptual data.
- **Model** – Creating the visual representation of the high-level data passing from external entities as well as between business processes within each business area.
- **Use** – Expanding CDM abstractions, visual representations, entities, and descriptions to include attribute data types and vocabulary necessary to develop a more detailed LDM.

2.17.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
 - 1.1 *CMS Requirements and Purpose*
 - 1.2 *Scope*
 - 1.3 *Referenced Deliverables and Artifacts*
- 2 *Conceptual Data Model*
 - 2.1 *Business Relationship Management Conceptual Data Model*
 - 2.1.1 *Conceptual Data Model Diagram*
 - 2.2 *Care Management Conceptual Data Model*
 - 2.2.1 *Conceptual Data Model Diagram*
 - 2.3 *Contractor Management Conceptual Data Model*
 - 2.3.1 *Conceptual Data Model Diagram*
 - 2.4 *Eligibility and Enrollment Management Conceptual Data Model*
 - 2.4.1 *Conceptual Data Model Diagram*
 - 2.5 *Financial Management Conceptual Data Model*

- 2.5.1 *Conceptual Data Model Diagram*
- 2.6 *Member Management Conceptual Data Model*
- 2.6.1 *Conceptual Data Model Diagram*
- 2.7 *Operations Management Conceptual Data Model*
- 2.7.1 *Conceptual Data Model Diagram*
- 2.8 *Performance Management Conceptual Data Model*
- 2.8.1 *Conceptual Data Model Diagram*
- 2.9 *Plan Management Conceptual Data Model*
- 2.9.1 *Conceptual Data Model Diagram*
- 2.10 *Provider Management Conceptual Data Model*
- 2.10.1 *Conceptual Data Model Diagram*
- 3 *Entities, Definitions, Sources, and Messages*
- 3.1 *Definitions*
- 3.2 *Entities and Sources*
- 3.3 *Messages*
- 4 *Conceptual Data Model Summary*
- Appendix A. *Acronyms*

2.18 EA-e-d: MITA Logical Data Model

The Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) will implement a modular architecture for the Medicaid Management Information System (MMIS) that replaces the existing monolithic system. The modular AMMP business outcome and goal will be to improve the efficiency of administering the Alabama Medicaid programs, using a combination of technology-based procurements, related services, and business process outsourcing. The Agency's vision for the future is that the improved MMIS will enable us to improve member health outcomes. To achieve this, the MES must have the capability to support informed and timely decision-making, both at the policy administration level and at point of care, while promoting service coordination, transparency, and accountability.

The AMMP will support the Agency in meeting the requirements for Federal Financial Participation (FFP) for the design, development, installation and enhancement of mechanized claims and encounter processing and information retrieval, as specified under 42 Code of Federal Regulations (CFR) 433.112, by implementing a modernized and modular system that meets the conditions specified by federal regulation.

The Alabama Medicaid Agency (AMA) will utilize the Centers for Medicare and Medicaid Services (CMS) MITA 3.0 as supporting documentation during the AMMP to implement a modular MMIS.

As part of CMS MITA 3.0, a Logical Data Model (LDM) is required under the Information Architecture section, and the Conceptual Data Model (CDM) has become an artifact the Agency must produce as part of the MITA Self-Assessment.

The LDM provides the mechanism for ensuring the completeness of the business model and serves as a tool that enables the reengineering of Medicaid business processes. Using a shared data model, the Agency will achieve true plug-and-play capabilities of services and interoperability.

The LDM provides the following:

- A focus on the data that comprises the organizational business processes rather than individual business processes
- Facilitation of business-focused data analysis
- Aid in understanding enterprise-wide standardized business rule definitions and business data usage as well as help in uncovering existing data defects
- A basis for performing data integration and harmonization

- Improved data quality

2.18.1 Sections Included

The following sections are included in this deliverable:

1	<i>Introduction</i>
1.1	<i>CMS Requirements and Purpose</i>
1.2	<i>Scope</i>
1.3	<i>Referenced Deliverables and Artifacts</i>
2	<i>Logical Data Model</i>
2.1	<i>Business Relationship Management Logical Data Model</i>
2.1.1	<i>Business Relationship Management Entity Relationship Diagram</i>
2.1.2	<i>Business Relationship Management Logical Data Model Details</i>
2.2	<i>Care Management Logical Data Model</i>
2.2.1	<i>Care Management Entity Relationship Diagram</i>
2.2.2	<i>Care Management Logical Data Model Details</i>
2.3	<i>Contractor Management Logical Data Model</i>
2.3.1	<i>Contractor Management Entity Relationship Diagram</i>
2.3.2	<i>Contractor Management Logical Data Model Details</i>
2.4	<i>Eligibility and Enrollment Management Logical Data Model</i>
2.4.1	<i>Eligibility and Enrollment Management Entity Relationship Diagram</i>
2.4.2	<i>Eligibility and Enrollment Logical Management Data Model Details</i>
2.5	<i>Financial Management Logical Data Model</i>
2.5.1	<i>Financial Management Entity Relationship Diagram</i>
2.5.2	<i>Financial Management Logical Data Model Details</i>
2.6	<i>Member Management Logical Data Model</i>
2.6.1	<i>Member Management Entity Relationship Diagram</i>
2.6.2	<i>Member Management Logical Data Model Details</i>
2.7	<i>Operations Management Logical Data Model</i>
2.7.1	<i>Operations Management Entity Relationship Diagram</i>
2.7.2	<i>Operations Management Logical Data Model Details</i>
2.8	<i>Performance Management Logical Data Model</i>
2.8.1	<i>Performance Management Entity Relationship Diagram</i>
2.8.2	<i>Performance Management Logical Data Model Details</i>
2.9	<i>Plan Management Logical Data Model</i>
2.9.1	<i>Plan Management Entity Relationship Diagram</i>
2.9.2	<i>Plan Management Logical Data Model Details</i>
2.10	<i>Provider Management Logical Data Model</i>
2.10.1	<i>Provider Management Entity Relationship Diagram</i>
2.10.2	<i>Provider Management Logical Data Model Details</i>
3	<i>Logical Data Model Summary</i>
Appendix A.	<i>Acronyms</i>

2.19 EA-e-f: MITA Information Capability Matrix

The Alabama Medicaid Agency (AMA) will utilize the Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) Framework 3.0 as supporting documentation during the MES program to implement a modular MMIS.

As part of CMS MITA 3.0, an Information Capability Matrix (ICM) is required. The full details of the MITA ICM can be found in MITA 3.0, Part 2, Chapter 6, Information Capability Matrix.

The purpose of the ICM is to describe the boundaries and behavior of each MITA business area in the context of the five (5) levels of the MITA Maturity Model (MMM) as described in MITA 3.0, Part 1, Chapter 3, Maturity Model, and in the MITA principles, goals, and objects (Front Matter, Chapter 6, Introduction to the MITA Framework). The ICM is one of the principal building blocks of the MITA Framework. Business and Technical Services use information enabled by the Information Architecture (IA) capabilities (see MITA 3.0, Part 3, Chapter 4, Technical Services). It is important for readers to see the ICM as the middle link between the Business Architecture (BA) and the Technical Architecture (TA). The ICM supports enabling technologies that align with Medicaid business processes and technologies. The ICM relates in purpose and format to the Business Capability Matrix (BCM) and the Technical Capability Matrix (TCM).

The ICM defines the information capabilities used in a business process and informs the identification of technical capabilities. The ICM includes four (4) primary components: Data Management Strategy (DMS), Conceptual Data Model (CDM), Logical Data Model (LDM), and Data Standards.

The ICM discusses the data identified in the business process that enables technical capabilities. The BCM discusses the business capabilities associated with a business process and the TCM discusses technical capabilities that enable business capabilities. There is no one-to-one match among business, information, and technical capabilities. This document focuses exclusively on information capabilities as expressed in the ICM.

2.19.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose*
- 1.3 *Scope*
- 2 *Information Capability Matrix*
- 2.1 *Business Relationship Management*
- 2.1.1 *AS IS*
- 2.1.2 *TO BE*
- 2.2 *Care Management*
- 2.2.1 *AS IS*
- 2.2.2 *TO BE*
- 2.3 *Contractor Management*
- 2.3.1 *AS IS*
- 2.3.2 *TO BE*
- 2.4 *Eligibility & Enrollment Management*
- 2.4.1 *AS IS*
- 2.4.2 *TO BE*
- 2.5 *Financial Management*
- 2.5.1 *AS IS*
- 2.5.2 *TO BE*
- 2.6 *Member Management*
- 2.6.1 *AS IS*
- 2.6.2 *TO BE*
- 2.7 *Operations Management*
- 2.7.1 *AS IS*
- 2.7.2 *TO BE*
- 2.8 *Performance Management*
- 2.8.1 *AS IS*
- 2.8.2 *TO BE*
- 2.9 *Plan Management*
- 2.9.1 *AS IS*

- 2.9.2 *TO BE*
- 2.10 *Provider Management*
- 2.10.1 *AS IS*
- 2.10.2 *TO BE*
- Appendix A. *Acronyms*

2.20 EA-f-1: MITA Concept of Operations

The document is the Medicaid Information Technology Architect (MITA) Concept of Operations (ConOps). The ConOps is based on information found in the Agency's Medicaid State Self-Assessment 2019.

The Centers for Medicare and Medicaid Services (CMS) defines the Medicaid Information Technology Architecture (MITA) as both a framework and an initiative. The MITA framework provides State Medicaid Agencies (SMAs) with a common structure for describing their Medicaid operations and for defining future state processes and technical transformations within their Medicaid programs. The following Concept of Operations (COO) report can be used by the Alabama Medicaid Agency to organize their current (AS IS) operations and define future (TO BE) vision and describe the impact of planned improvements on stakeholders, information exchanges, Medicaid operations, and health care outcomes.

AMA's COO is organized into the following sections:

- Concept of Operations Introduction
- Mission, Vision and Values of the Alabama State Medicaid Agency
- Alabama Medicaid Agency Stakeholders
- Medicaid Enterprise Information and Data
- MITA Drivers and Enablers
- Alabama Medicaid Agency AS IS Operations
- Alabama Medicaid Agency TO BE Environment
- Alabama Medicaid Agency MITA Business Improvements

2.20.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 2 *Report Overview*
- 2.1 *MITA Business Process Model*
- 3 *Concept of Operations Introduction*
- 3.1 *Medicaid Mission and Goals*
- 3.2 *MITA Mission, Goals and Objectives*
- 4 *Mission, Vision, and Values of the Alabama State Medicaid Agency*
- 5 *Alabama Medicaid Agency Stakeholders*
- 5.1 *Alabama Medicaid Agency Organizational Units*
- 5.2 *Alabama Medicaid Agency MITA Process AS IS and TO BE Responsibilities*
- 5.3 *Alabama Transformation of Stakeholder Roles*
- 6 *Medicaid Enterprise Information and Data*
- 7 *MITA Drivers and Enablers*
- 7.1 *Alabama Medicaid Drivers and Enablers*
- 7.1.1 *Alabama Coordinated Health Network (ACHN)*
- 7.1.2 *Integrated Care Networks (ICN)*
- 7.1.3 *Centralized Alabama Recipient Eligibility System (CARES)*
- 8 *Alabama Medicaid Agency AS IS Operations*
- 8.1 *Technical Aspects of the Alabama AS IS Environment*

- 8.1.1 *Eligibility is in Transition*
- 8.1.2 *No Enterprise Service Bus (ESB), Rules Engine, or Service-Oriented Architecture*
- 8.1.3 *Standards Management and Enterprise Architecture*
- 8.1.4 *Connectivity Model*
- 8.1.5 *Document Management and Workflow*
- 8.1.6 *Identity and Access Management*
- 9 *Alabama Medicaid Agency TO BE Environment*
- 9.1 *Technical Aspects of the Alabama TO BE Environment*
- 9.1.1 *Single System Eligibility*
- 9.1.2 *ESB, Rules Engine, and SOA*
- 9.1.3 *Standards Management and Enterprise Architecture*
- 9.1.4 *Connectivity Model*
- 9.1.5 *Document Management and Workflow*
- 9.1.6 *Identity and Access Management (IAM)*
- 10 *Alabama Medicaid Agency MITA Business Improvements*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *Applicable Project, Federal, State, or Industry Standards*
- Appendix C. *MEA Terminology*

2.21 EA-j: Technical Requirements

The Technical Requirements deliverable contains the set of technical requirements to define the enterprise-wide infrastructure of Medicaid. The Program Management Office (PMO) Services Vendor shall oversee and evaluate the technical requirements during all phases of the program. The PMO Services Vendor shall work with the System Integrator (SI) and other vendors to develop, validate and update technical requirements to ensure the Medicaid Management Information System (MMIS) and the Medicaid enterprise technical needs are met.

Technical requirements, in the context of software development and systems engineering, are the factors required to deliver a desired function or behavior from a system to satisfy a user's standards and needs. Technical requirements can refer to systems like software, electronic hardware devices or software-driven electronic devices. The technical requirements will reside in the Requirements Traceability Matrix (RTM) with all other requirements for MES.

2.21.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 2 *Technical Requirements*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *Applicable Project, Federal, State, or Industry Standards*
- Appendix C. *MEA Glossary*

2.22 OCM-2-b: OCM Kick-off Meeting

This is a PowerPoint presentation that contains the slides used during the Project Kick-off meeting.

2.23 OCM-2-c1: OCM Strategic Plan

The MES PMO Services Vendor responsibilities include supporting the effective execution of OCM activities with stakeholders and impacted Agency team. The OCM team is responsible for developing an OCM approach and strategy to transition Alabama Medicaid Agency stakeholders from the current state to the future state. Effective change management must match the unique characteristics and attributes of the modularity change and the people who are impacted by the change. The AMMP change initiative is large and complex and requires a significant OCM effort to fully realize the intended benefits.

The OCM strategy defines the OCM planning which will be used throughout AMMP. This strategy will be applied to AMMP, as well as all the projects and vendors which are contracted to provide modules for the system. This strategy provides the framework for how the OCM team will prepare the business areas for upcoming changes and ensure that the system is adopted. The strategy defines how OCM will assist the program with delivering the project objectives and outcomes.

2.23.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *OCM Definition and Scope*
- 1.3 *AMA Vision and Mission*
- 1.4 *OCM Goals*
- 1.5 *OCM Process*
- 2 *Stakeholder and Impact Identification and Tools*
- 2.1 *Phase 1 – Preparing for Change*
- 2.1.1 *Stakeholder Identification and Interviews*
- 2.1.2 *OCM Impact Identification*
- 2.1.3 *Prosci® Change Impact Index*
- 2.1.4 *Prosci® Organizational Attributes Assessment*
- 2.1.5 *Individual User Change Readiness Assessment*
- 2.1.6 *Change Management Competency Assessment*
- 2.1.7 *Sponsor Evaluation*
- 2.2 *Phase 2 – Managing Change*
- 2.3 *Phase 3 – Reinforcing Change*
- 3 *Governance and Reporting Framework*
- 3.1 *Organization*
- 3.2 *Program Governance*
- 3.3 *Program Sponsor Coalition and Reporting Framework*
- 3.4 *Change Champions*
- 3.5 *OCM Team Responsibility Assignment Matrix*
- 4 *OCM Survey Process*
- 4.1 *Create the Survey*
- 4.1.1 *Survey Best Practices*
- 4.1.2 *Survey Opening and Closing Messages*
- 4.1.3 *Survey Questions*
- 4.1.4 *Survey Timeframe*
- 4.1.5 *Testing the Survey*
- 4.2 *Sending the Survey*
- 4.3 *Survey Analysis and Reporting*
- 4.3.1 *SurveyMonkey Report Generation*
- 4.3.2 *Survey Reporting*
- 5 *OCM Effectiveness Evaluations*
- 6 *Business Transition Plan and Artifacts*

- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

2.24 OCM-2-c2: OCM Change Readiness Assessments

This deliverable contains the questions and descriptions used for the various OCM Change Readiness Assessments.

2.24.1 Sections Included

The following assessments are included in this deliverable:

- Sponsor Evaluation*
- PCT Assessment*
- Change Impact Assessment*
- Organizational Attributes Assessment*
- Managers Assessment*
- Stakeholder User Assessment*

2.25 OCM-2-c2-01: OCM Change Readiness Assessments Templates User Guide

The Medicaid Enterprise System (MES) responsibilities include OCM. The OCM Team is responsible for developing an OCM approach and strategy to transition Alabama Medicaid Agency stakeholders from the current state to the new future state. Effective change management must match the unique characteristics and attributes of the MES change and the people who are impacted by the change. The Medicaid Program change initiative is large and complex and requires a significant OCM effort to fully realize the intended benefits. It is critical to assess change readiness regularly so any needed adjustments to OCM techniques can be made early.

This OCM Change Readiness Templates User Guide defines the process for using the change readiness templates to assess stakeholder preparedness throughout the project lifecycle, to ensure the business areas and cohorts are ready for upcoming changes.

2.25.1 Sections Included

The following sections are included in this deliverable:

- 1 Introduction*
 - 1.1 Referenced Deliverables and Artifacts*
 - 1.2 OCM Process and Evaluations*
- 2 OCM Assessments*
 - 2.1 Sponsor Evaluation*
 - 2.1.1 Primary Sponsor Questions*
 - 2.1.2 Deputy Commissioner Questions*
 - 2.1.3 Sponsor Evaluation Spreadsheet*
 - 2.2 Project Change Triangle (PCT)[™] Assessments*
 - 2.2.1 Purpose*
 - 2.3 Change Impact Assessment and Organizational Attributes*
 - 2.3.1 FPO Questions*
 - 2.3.2 Change Impact Assessment*
 - 2.3.3 Organizational Attributes Assessment*
 - 2.4 Stakeholder User Assessments*

2.5	<i>FPO Managers Assessments</i>
3	<i>OCM Assessment Reporting</i>
Appendix A.	<i>Acronyms/Glossary</i>
Appendix B.	<i>Applicable Project, Federal, State, or Industry Standards</i>

2.26 OCM-2-d1: OCM Communication Plan

The AMA has a team of Medicaid business and technical professionals performing PMO activities in concert with Agency subject matter experts (SMEs). The MES OCM team is responsible for developing an OCM approach and strategy to transition AMA stakeholders from the current state to the new future state. Effective organizational change management must match the unique characteristics and attributes of the MES change and the people who are impacted by the change. The MES program change initiative is large and complex and that will require a significant OCM effort to fully realize the intended benefits. Some modules and projects will require more change management than others. The OCM-2-d1: OCM Communication Plan provides a framework for the OCM communications.

This document describes the OCM communications planning which will be used throughout AMMP. This plan will be applied to the AMMP, as well as all the other vendors which are contracted to provide modules for the system. This approach provides the framework for how the OCM team will prepare the business areas for upcoming changes and ensure that the modular system is adopted. The plan sets the stage for how OCM will assist the program with delivering the program objectives and defines the methodology for achieving these outcomes via communications.

2.26.1 Sections Included

The following sections are included in this deliverable:

1	<i>Introduction</i>
1.1	<i>Referenced Deliverables and Artifacts</i>
1.2	<i>Purpose</i>
1.3	<i>Goals and Outcomes</i>
1.4	<i>Methodology</i>
1.5	<i>OCM Communication Principles and Objectives</i>
1.5.1	<i>Principles and Best Practices</i>
1.5.2	<i>Objectives</i>
1.6	<i>Validation and Approval Process</i>
2	<i>Stakeholder Categorization</i>
3	<i>Roles and Responsibilities</i>
4	<i>Media Analysis</i>
5	<i>OCM Communication Tracking</i>
Appendix A.	<i>Acronyms/Glossary</i>
Appendix B.	<i>Applicable Project, Federal, State, or Industry Standards</i>

2.27 OCM-2-d2: OCM Communication Matrix

The OCM Communication Matrix contain color-coded three sets of worksheets created to track the OCM communication activities and details of each. The sets include:

- Worksheet set 1 – Key Messages, Readiness Assessments, Newsletter, Lessons Learned
 - These dark worksheets contain key messages, summary information about the readiness assessments performed, and links to the actual assessments, newsletter planning and approval details, and OCM-specific lessons learned

- Worksheet set 2 – Survey Summary and Survey Details
 - These worksheets are where OCM track's high-level details about focus groups and surveys that have been sent, and detailed results and follow-up actions
- Worksheet set 3 – Modularity SharePoint site
 - These worksheets, the content and status of the SharePoint site is documented. Each page within the site has a separate worksheet

2.27.1 Sections Included

The following sections are included in this deliverable:

- *Worksheet set 1*
 - *Key Messages*
 - *Media*
 - *Assessments*
 - *Newsletter*
 - *Lessons Learned*
- *Worksheet set 2*
 - *Survey Summary*
 - *Survey Detail*
- *Worksheet set 3*
 - *SP Links*
 - *SP Pages*
 - *FAQs*

2.28 OCM-2-e1: OCM Training Plan

The MES PMO Services Vendor responsibilities include OCM. The OCM team is responsible for developing an OCM approach and strategy to train and transition Alabama Medicaid Agency stakeholders from the current state to the new future state. Effective change management must match the unique characteristics and attributes of the modularity change and the people who are impacted by the change. The AMMP change initiative is large and complex and requires a significant OCM effort to fully realize the intended benefits. Some modules and projects will require more training and change management than others. The OCM-2-e1: OCM Training Plan provides a framework for the OCM training planning.

This document describes the OCM training plan which will be used throughout the AMMP. This strategy will be applied to each module of the system. This plan provides the framework for how the OCM team will prepare the business areas for upcoming process changes and work with the vendor system trainers to ensure that the users know how to do their work in the new system. The plan defines how OCM will assist the program with delivering the training objectives and outcomes.

2.28.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose*
- 1.3 *Recurrence*
- 1.4 *OCM Process*
- 2 *OCM Training Development Methodology*
- 2.1 *Analysis Phase*

2.2	<i>Design Phase</i>
2.3	<i>Development Phase</i>
2.4	<i>Implementation Phase</i>
2.5	<i>Evaluation Phase</i>
2.6	<i>Assumptions and Constraints</i>
2.7	<i>Key Decisions</i>
3	<i>OCM Training Roles and Responsibilities</i>
4	<i>Training Needs Assessment</i>
5	<i>Training Systems</i>
5.1	<i>Training Environment</i>
5.2	<i>Simulations</i>
5.3	<i>Sandbox</i>
5.4	<i>Training Facilities</i>
5.5	<i>System and Facilities Support</i>
6	<i>Training Structure</i>
6.1	<i>OCM Business Process Training vs. System Training</i>
6.2	<i>Instructor-Led Training vs. Technology Driven Training</i>
6.3	<i>Training Audiences</i>
7	<i>Training Development</i>
7.1	<i>End-User Training</i>
7.2	<i>Train-the-Trainer</i>
7.3	<i>Refresher Training</i>
8	<i>Curriculum Development</i>
8.1	<i>Curriculum Map</i>
8.2	<i>Training Prerequisites</i>
8.3	<i>Specialized and Remedial Training</i>
8.4	<i>Ad-Hoc Training</i>
8.5	<i>Coaching, Question and Answer Sessions</i>
9	<i>Training Materials</i>
9.1	<i>Training Materials and Schedule of Materials Development</i>
9.2	<i>Materials Quality Control and Testing</i>
10	<i>Training Activity Tracking</i>
10.1	<i>Detailed Training Activities</i>
11	<i>Training Surveys</i>
11.1	<i>Evaluation Reporting</i>
Appendix A.	<i>Acronyms/Glossary</i>
Appendix B.	<i>Applicable Project, Federal, State, or Industry Standards</i>

2.29 OCM-2-e2: OCM Training Matrix

The OCM-2-e2: OCM Training Matrix is used by the Organizational Change Management (OCM) team and Change Champions to track the preparation of the business areas for the modular implementation. A separate but similar tracking matrix will be developed for each module, as per OCM-2-f1: OCM Implementation or Vendor Implementation Plan. These matrices will be used for tracing and monitoring the OCM training needs analysis, design, development, implementation and evaluation throughout the lifecycle of the program and projects, to ensure each identified need is addressed in training (formal or informal).

2.29.1 Sections Included

The following sections are included in this deliverable:

- Training Needs Assessment*
- OCM Training Media*
- Mock Training Curriculum*

OCM Training Rollout
Vendor Training Evaluation
Training Delivery
Assumptions and Constraints
Training Surveys

2.30 OCM-2-g2: OCM Master Tracking Matrix

The OCM-2-g2: OCM Master Tracking Matrix is used by the OCM team to track the preparation of the business areas for AMMP. A separate but similar tracking matrix will be developed for each module, as per OCM-2-g1: OCM Implementation or Vendor Tracking Matrix. These matrices will be used for tracing and monitoring the Organizational Change Management (OCM) significant differences throughout the lifecycle of the program and projects, to ensure each difference is addressed in training (formal or informal) and/or OCM communications.

2.30.1 Sections Included

The following sections are included in this deliverable:

Master ID
Module
Impacted Group / Cohort
Number of Users in Group
Description of Difference
Difference Type
Impact Rating
KPI
Multiple Modules?
Documentation
Status
Comments
Estimated % Adoption without OCM
Creation Date
Modified Date
Functional Area Assignments
Functional Area
Acronym
RBPM BA
OCM
"FPO
(backup)"
Agency Program Areas (Subsystems)
Functional Area Stakeholders
Change Champion
BPM status
BPM mtg date
Sign Diff Status
Additional Notes
Note Details/References

2.31 PMO-2-a: Detailed Initiation and Approach Plan

The scope of the PMO-2-a: Detailed Initiation and Approach Plan is specific to the Medicaid Enterprise Systems (MES) vendor contract and NTT DATA's PMO contract with Alabama Medicaid Agency as

outlined in the State of Alabama request for proposal (RFP) 2019-PMO-01 PMO Services. The purpose of this deliverable is to develop a detailed initiation and approach for the Program Management Office with a focus on multi-vendor projects. It defines the approach to be used by the Program Management Office to guide program activities, project execution, and program and project control across multiple vendors.

2.31.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose and Scope*
- 1.3 *Intended Audience*
- 2 *Program Description Overview*
- 2.1 *Justification for Establishing the Program*
- 2.2 *Vision and Strategic Alignment*
- 2.3 *Authority*
- 2.4 *Program Scope*
- 2.4.1 *Scope Statement*
- 2.4.2 *Scope Assumptions and Constraints*
- 2.4.3 *Constraint Recommendations*
- 2.5 *Modularity Roadmap*
- 2.5.1 *Roadmap Overview*
- 2.5.2 *Phases and Major Milestones*
- 2.6 *Program Approach*
- 3 *Program Governance*
- 3.1 *Governance Committees*
- 3.1.1 *MES Executive Oversight Committee (EOC)*
- 3.1.2 *MES Change Control Board (CCB)*
- 3.1.3 *MES Business Review Board (BRB)*
- 3.1.4 *MES Enterprise Architecture Board (EAB)*
- 3.2 *Program Reporting*
- 4 *Integrated Plans, Controls and Processes*
- 4.1 *Integrated Master Schedule Management Plan*
- 4.1.1 *Individual Project Schedules*
- 4.1.2 *Scope and Change Management*
- 4.1.3 *Risk and Issue Management*
- 4.2 *Requirements Strategy*
- 4.3 *Staff Management*
- 4.4 *Financial Management*
- 4.5 *Performance Metrics and Reporting*
- 4.6 *Quality Management*
- 4.7 *Project Quality Assurance (PQA) Collaboration*
- 4.8 *Certification (Compliance) Management Strategy*
- 4.9 *RASCI Charts*
- 4.10 *Test Strategy*
- 5 *Stakeholders*
- 5.1 *Organizational Change Management Strategy*
- 5.2 *Communication Management Plan*
- 6 *Program Management Common Processes*

2.32 PMO-2-b: Onboarding Plan and Checklist

The PMO-2-b: Onboarding/Off boarding Plan and Checklist describes the procedures performed to assist new project team members that are joining the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) program. It includes general information for security, network sign-on, office logistics, Medicaid email, training, and SharePoint, as well as an onboarding checklist. New project team members should be fully productive within three business days of the start date whenever the Onboarding Coordinator (Appendix C) is given a one-week notice of the start date.

This information is applicable for every new vendor project team member but does not cover their specific vendor processes and tools. New team members that are also new to their vendor company should use this Onboarding Plan and Checklist to supplement their company-specific onboarding activities. There is also a Vendor Startup Guide which provides information of how an entire Module Vendor is integrated into the Program. For further details please refer to PMO-2-o: Vendor Startup Guide for more information.

2.32.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 2 *Onboarding*
- 2.1 *MES Program Site and Logistics*
- 2.1.1 *Office Location*
- 2.1.2 *Parking*
- 2.1.3 *Office Hours*
- 2.1.4 *Building Access and Security Information*
- 2.1.5 *Dress Code*
- 2.1.6 *Wi-Fi and Internet Access*
- 2.1.7 *Office Equipment*
- 2.1.8 *Office Supplies*
- 2.1.9 *Phone List*
- 2.1.10 *Welcome to Montgomery*
- 2.1.11 *Emergency Procedures*
- 2.1.12 *Working Off-Site*
- 2.1.13 *Out of Office Notifications*
- 2.1.14 *Lost and Found*
- 2.1.15 *COVID-19*
- 2.2 *Alabama Medicaid Account Requirements*
- 2.2.1 *Medicaid Email*
- 2.2.2 *Online Meetings and Instant Messaging*
- 2.2.3 *On-Site Meeting Room Reservations*
- 2.2.4 *Alabama Medicaid Agency Password*
- 2.2.5 *Alabama Medicaid Agency Required Training*
- 2.2.6 *Network Storage*
- 2.2.7 *SharePoint Site*
- 3 *AMMP Program Organization*
- 3.1 *AMMP Organization Chart*
- 3.2 *PMO Organization Chart*
- 4 *Onboarding Checklists*
- 4.1 *Onboarding Coordinator Checklist*
- 4.2 *MES New Project Team Member Checklist*
- 5 *Offboarding*
- 5.1 *Project Team Member Transition Plan and Checklist*
- 5.2 *Offboarding Team Member Checklist*

- 5.3 *Offboarding Coordinator Checklist*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *Applicable Project, Federal, State, or Industry Standards*
- Appendix C. *Onboarding Roles*

2.33 PMO-2-c1: Kick-off Meetings Protocol Guide

The Program Management Office (PMO) Services Vendor is responsible for scheduling, developing and coordinating all Kick-off meetings for the Alabama Medicaid Enterprise System (MES) Modularity Program (AMMP). The PMO Services Vendor is responsible for an initial kick-off for each module of AMMP. A kick-off meeting is a meeting between the project team and the project stakeholders, who can either be internal or external. The PMO Services Project Manager for the module will schedule the Kick-off, in collaboration with the module vendor. The purpose of a Kick-off meeting is to lay the foundation for a successful project. The meeting is an opportunity to get the right people together, introduced to each other, and discuss everything that will guide the project to success. The Organizational Change Management (OCM) Team will provide support and help develop the Kick-off presentations for each phase of the program and various projects.

The purpose of the Phase Level Kick-off will be to inform the business area of the phase, timeline, project contact list, tasks, and the actions required of the project's impact business areas. The PMO Services Vendor and the Alabama Medicaid Agency shall work together to define the Kick-off schedule and the contents.

2.33.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 2 *Project Phases that Require a Kick-off*
- 2.1 *Procurement*
- 2.2 *Beginning of Contract*
- 2.3 *OCM Specific Kick-offs*
- 2.4 *Design, Develop, and Implement*
- 2.5 *Testing*
- 2.6 *Post Implementation/Lessons Learned*
- 3 *Kick-off Meeting Workflow and Expectations*
- 3.1 *Kick-off Assessment Meetings*
- 3.2 *Kick-off Meeting Expectation Sessions*
- 3.3 *Development and Approval of Agenda and Supporting Materials*
- 3.4 *OCM Kick-off Meeting Preparation Recommendation*
- 3.5 *Kick-off Meeting Dry-Run*
- 4 *Kick-off Meeting Facilitation*
- 4.1 *Tips and OCM Best Practices*
- 4.2 *Best Practices for Kick-off Day*
- 4.3 *Closedown*
- Appendix A. *Acronyms/Glossary and Football Terminology Guide*
- Appendix B. *Applicable Project, Federal, State, or Industry Standards*

2.34 PMO-2-i: Risk Management Plan

The Alabama Medicaid Agency (AMA) established a Program Management Office (PMO) to provide Program Management, Requirements and Business Process Management (RBPM), Enterprise

Architecture (EA) and Organizational Change Management (OCM) services for the modular Medicaid Management Information System (MMIS) implementation project.

The PMO developed a Program Management Plan that provides an overview of the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) and contains the templates, tools, and processes the PMO uses to manage the project schedule, budget and quality. This Risk Management Plan is one component of the Project Management Plan (PMP).

The purpose of Risk Management is to systematically identify, analyze, monitor, and respond to risk. This Risk Management Plan introduces the concepts of risk management, describes the components of the PMO's methodology and explains why the program team manages risks this way. The plan also lists roles and responsibilities in administering the various risk management processes. Finally, it provides a detailed description of the risk management processes that the PMO uses during the AMMP phases. There are five projects in the AMMP: Modular Electronic Visit Verification (MEVV); System Integrator (SI); Enterprise Data Warehouse (EDW); Claims Processing and Management Services (CPMS) and Project Management Office (PMO). All AMMP projects (MEVV, SI, EDW, CPMS, PMO) will use this deliverable as a reference in standardizing Risk Management.

2.34.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose*
- 1.3 *Goals and Objective*
- 2 *Definition of Risk*
- 2.1 *Key Success Factors*
- 3 *Risk Management Scope*
- 3.1 *Categories*
- 3.2 *Roles and Responsibilities*
- 4 *Risk Management Methodology*
- 4.1 *Risk Identification*
- 4.1.1 *Introduction*
- 4.1.2 *Initial Risk Identification*
- 4.1.3 *Ongoing Risk Identification*
- 4.1.4 *SMART Risks*
- 4.2 *Risk Quantitative and Qualitative Analysis*
- 4.2.1 *Introduction*
- 4.2.2 *Risk Analysis Approach*
- 4.2.3 *Risk Assessment*
- 4.2.4 *Risk Strategy*
- 4.2.5 *Risk Identification Approach*
- 4.2.6 *Risk Validation*
- 4.3 *Risk Monitoring*
- 4.3.1 *Risk Tracking Tool*
- 4.3.2 *Introduction*
- 4.3.3 *Updating Risks Information*
- 4.3.4 *Risk Monitoring Activities*
- 4.3.5 *Mitigation*
- 4.3.6 *Action Plan*
- 4.3.7 *Risk Reporting*
- 4.4 *Resolution*
- 4.4.1 *Introduction*
- 4.4.2 *Resolution Approach*

<i>Appendix A.</i>	<i>Acronyms/Glossary</i>
<i>Appendix B.</i>	<i>Risk Questionnaire (PMO-2-i-02)</i>
<i>Appendix C.</i>	<i>Risks and Issues Submission Form (PMO-2-i-01)</i>
<i>Appendix D.</i>	<i>Applicable Project, Federal, State, or Industry Standards</i>
<i>Appendix E.</i>	<i>Meeting Participants</i>

2.35 PMO-2-i-02: Risk Questionnaire

The Risk Assessment Questionnaire is used to help identify the risks as checkpoint milestones. This questionnaire does not take away from risks being identified at any time, this just allows for a more focused effort on identifying risks.

Risk Categories align with what you will find in the Risk Management Plan, along with the risk ratings of: Very Low; Low; Moderate; High; and, Very High

To complete the questionnaire, for each characteristic, choose the phrase that best depicts your project at the time of assessment. The completed questionnaire will identify the project's risk factors. The results from the completed questionnaire should be used as guidelines. There may be other factors that will lower or raise the risk level. For instance, a large project carries with it an inherently higher risk. This risk may be reduced if an experienced project manager leads the project. Having many high-risk characteristics does not necessarily mean the project will fail. However, it does mean that a plan must be put into place to address each potential high-risk factor.

2.35.1 Sections Included

The following sections are included in this deliverable:

1. *General Information*
2. *Purpose*
3. *Rating Scale*
4. *Risk Categories and Assessment Questionnaire*
5. *High Risk and Very High – Risk Response or Mitigation Actions by Category*

2.36 PMO-2-j: Issue Management Plan

The document provides an overview of the MES Program and contains the templates, tools, and processes the PMO uses to manage the project schedule, budget, and quality. This Issue Management Plan is one component of the Project Management Plan (PMP).

The purpose of Issue Management is to outline the issue management approach, methodology, and tools used to identify, analyze, escalate, communicate, resolve, monitor, control and report the issues that could impact the MES Program. The Issue Management Plan ensures a defined, documented, repeatable and measurable process exists for successful issue management. There are five modules in the MES Program: Modular Electronic Visit Verification (MEVV); System Integrator (SI); Enterprise Data Warehouse (EDW); Medicaid Management Information System - Core (MMIS Core); and Project Management Office (PMO). All of the MES program modules (MEVV, SI, EDS, MMIS Core, PMO) will use this deliverable as a reference in standardizing Issue Management.

2.36.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*

1.1	<i>Referenced Deliverables and Artifacts</i>
1.2	<i>Purpose</i>
1.3	<i>Goals and Objectives</i>
2	<i>Issues Management Scope</i>
3	<i>Definition of Issue</i>
3.1	<i>Categories</i>
3.2	<i>Roles and Responsibilities</i>
4	<i>Issue Management Methodology</i>
4.1	<i>Issue Identification</i>
4.2	<i>Issue Analysis and Assessment</i>
4.3	<i>Impact Assessment</i>
4.4	<i>Issue Score-Criticality</i>
4.5	<i>Issue Monitoring and Tracking</i>
4.6	<i>Issue Meetings</i>
4.7	<i>Issue Categories</i>
4.7.1	<i>Module</i>
4.7.2	<i>Pillar</i>
4.7.3	<i>Enterprise Impact</i>
4.7.4	<i>Date Identified and Assigned Date</i>
4.7.5	<i>Due Date</i>
4.7.6	<i>Issue Status</i>
4.7.7	<i>Issue Owner</i>
4.8	<i>Issue Escalation</i>
4.9	<i>Issue Resolution</i>
4.10	<i>Issue Reporting</i>
Appendix A.	<i>Acronyms/Glossary</i>
Appendix B.	<i>Applicable Project, Federal, State and or Industry Standards</i>
Appendix C.	<i>Meeting Participants</i>
Appendix D.	<i>Risk and Issue Submission Form</i>

2.37 PMO-2-k: Quality Management Plan

Quality Management (QM) is critical to the success of MES. It must support all the program's participants including the various module vendors. One person is not responsible for quality. Quality is realized only when everyone in the organization is committed to delivering quality for the Program. The term "quality" refers to process, activity, product, and governance. The Quality Management Plan describes the methodologies, tools, standards, tasks/activities, reports, templates, deliverables, and schedule for conducting the QA assessments/reviews.

The Quality Assurance Quality Control (QAQC) effort is driven to prudently apply quality checks and balances with the understanding that poor quality directly relates to increased costs associated with rework and non-standardized processes. With this understanding, the QAQC effort is committed to supporting MES by advancing the key indicators in the Medicaid Information Technology Architecture (MITA) categories including, but not limited to:

- Timeliness of Process
- Data Access and Accuracy
- Effort to Perform, Efficiency
- Cost Effectiveness
- Utility or Value to Stakeholders

The plan provides the approach and processes the AMMP PMO uses or plans to use within the AMMP to proactively monitor, measure, and report on the following areas:

- Quality of work being performed as it relates to requirements and deliverables

- Compliance to approved policy, process(es), and/or procedure(s)
- Status of corrective actions

The AMMP QMP is built around Continual Improvement (CI). A well-established and disciplined quality management framework:

- Drastically reduces the risk of failure or unacceptable implementation delays
- Implements effective processes to support arrangements for good governance and accountability
- Reduces issues and risks
- Promotes understanding of the root cause of a defect or issue
- Supports end-to-end requirements traceability as detailed in REQ-2-c: Requirements Management Plan
- Provides thorough documented evidence throughout the life of the project

2.37.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Overview*
- 1.3 *Purpose*
- 2 *Scope*
- 2.1 *Overall Quality Objectives*
- 3 *Roles and Responsibilities*
- 4 *Quality Strategy*
- 4.1 *Quality Assurance*
- 4.2 *Quality Control*
- 4.3 *Integrating Quality-Continuous Improvement*
- 4.4 *Quality Management Activities*
- 4.5 *Quality Key Performance Indicators (KPI)*
- 4.6 *Lessons Learned*
- 4.7 *Tools*
- 4.8 *Quality Schedule*

2.38 PMO-2-k1: Quality Management and Artifact Deliverable

The purpose of this artifact is to provide guidelines and checklist for Meeting Minutes, Deliverables and Schedules to ensure each passes the QC quality checks.

2.38.1 Sections Included

The checklist included:

- Meeting Minutes Checklist*
- Deliverable-Artifact Checklist*
- Schedule Checklist*

2.39 PMO-2-n-02: Action Items Protocol Reference Guide

This guide, Action Items Protocol Reference Guide, addresses processes and procedures for Identifying, Classifying, Monitoring, Controlling, Execution, Closure, and Reporting, of Action Items. This guide will

also provide details on the tools and metrics used throughout the process. All of the MES program responsible areas (Cohorts, SI, PMO, OCM, EA, RBPM) will use this guide as a reference in standardizing action item protocols.

The purpose of this guide is to define a consistent process for the end-to-end life cycle of all Action Items.

2.39.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose and Scope*
- 1.2 *Goals and Objectives*
- 1.3 *Action Item Definition and Expectations*
- 1.3.1 *Action Item Definition*
- 1.3.2 *Action Item Expectations*
- 2 *Action Item Life Cycle (Why, who, what, when)*
- 2.1 *Identification*
- 2.2 *Classification*
- 2.3 *Monitor/Control*
- 2.4 *Execution*
- 2.5 *Closure*
- 2.6 *Escalation*
- 3 *Action Item Procedure*
- 3.1 *Identifying an Action Item*
- 3.2 *Classifying an Action Item*
- 3.3 *Monitoring and Controlling an Action Item*
- 3.4 *Executing an Action Item*
- 3.5 *Closing an Action Item*
- 4 *Metrics*
- 5 *Reporting*
- 5.1 *Action Item Weekly Progress Report*
- 5.2 *Bi-Weekly Status Report*
- Appendix A. *Acronyms*
- Appendix B. *Action Item SharePoint List*

2.40 PMO-2-n-03: Decisions Protocol Reference Guide

The purpose of this guide is to define a consistent process for the end-to-end life cycle of all Decisions. The scope of the Decisions Protocol Reference Guide is specific to the Medicaid Enterprise Systems (MES) vendor contracts and NTT DATA's PMO contract with the Alabama Medicaid Agency.

The goal and objectives for the Decisions Protocol Reference Guide are as follows:

- Clearly define what a Decision is and what it is not
- Set high-level and detailed expectations for Decision processes/procedures
- Define the processes for Identifying, Classifying, Monitoring/Controlling, and Approval/Rejection of Decisions
- Provide details of the metrics to be gathered
- Clarify the reporting expectations for all Decisions

2.40.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose and Scope*
- 1.2 *Goals and Objectives*
- 1.3 *Decision Definition and Expectations*
- 1.3.1 *Decision Definition*
- 1.3.2 *Decision Expectations*
- 2 *Decision Life Cycle*
- 2.1 *Identification*
- 2.2 *Classification*
- 2.3 *Monitor/Control*
- 2.4 *Approved/Rejected*
- 2.5 *Escalation*
- 3 *Decision Procedure*
- 3.1 *Identifying a Decision*
- 3.2 *Classifying a Decision*
- 3.3 *Monitoring and Controlling a Decision*
- 3.5 *Approving or Rejecting a Decision*
- 3.4 *Escalating a Decision*
- 4 *Metrics*
- 5 *Reporting*
- 5.1 *Decision Weekly Progress Report*
- 5.2 *Status Report*
- Appendix A. *Acronyms*
- Appendix B. *Decision SharePoint List*

2.41 PMO-2-n-04: Invoice Protocols Reference Guide

Module Vendor invoices are bound by contractual agreements and therefore must be in alignment with the contract parameters. This Invoice Protocols Reference Guide outlines the steps used to identify, review, approve, and submit an invoice for payment to Medicaid.

This Invoice Protocols Reference Guide promotes an understanding of the Agency's invoice payment processes as they relate to organizational financial planning, payment, and reporting.

This document provides clear step-by-step procedures to ensure that deliverables, services, and activities are invoiced and paid, per contract. The scope of the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) encompasses the following projects; Program Management Office (PMO), Modular Electronic Visit Verification (MEVV), System Integrator (SI), Enterprise Data Warehouse (EDW), Provider, Claims Processing Management Services (CPMS). Each of these projects will use this guide as a reference in standardizing the AMMP invoicing process.

2.41.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Invoicing Expectations*

- 3 *Invoice Planning and Execution*
- 3.1 *Module Vendor Invoice Setup*
- 3.2 *Invoice Creation*
- 3.3 *PMO Vendor Verification*
- 3.4 *Agency Validation Review*
- 3.5 *Agency Deliverable Acceptance Form (DAF) Approval*
- 3.6 *Vendor Invoice Submission*
- 3.7 *Invoice Tracker Updates*
- Appendix A. *Acronyms*
- Appendix B. *Module Vendor Invoice Tracker*
- Appendix C. *Deliverable Verification file*
- Appendix D. *Deliverable Acceptance File (DAF)*
- Appendix E. *Invoice request specifications*

2.42 PMO-2-n-05: Lessons Learned Protocol Reference Guide

Lessons Learned (LL) provide an opportunity to adjust project strategies and practices early so that known benefits can be applied and known pitfalls can be avoided. This Lessons Learned Protocol Reference Guide outlines the activities used to review previously identified Lessons Learned, discover new Lessons Learned, apply corrective action early and document and disseminate the information.

This guide promotes an understanding of the importance of Lessons Learned and how they can be uncovered, analyzed, documented, and used to support current and future project activities. Lessons Learned discovery and application is not a one-time activity. Effective Project Managers (PM) understand the importance of discovering and integrating Lessons Learned into the entire project life cycle.

This document provides a common understanding of the benefits Lessons Learned provide. These benefits include:

- Improved integrated project team productivity and performance
- Reproduced efficiencies that improve product quality or project processes
- Enhanced deliverable quality
- Elimination of deficient practices
- Completed tasks on or ahead of schedule, and within or under budget
- Continuous process improvement
- Improved group understanding and application of the Lessons Learned

2.42.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Goals and Objectives*
- 1.3 *Work Products*
- 1.4 *Roles and Responsibility*
- 2 *Lessons Learned Procedure*
- 2.1 *Reviewing AMMP Lessons Learned*
- 2.2 *Continuous Uncovering of Lessons Learned*
- 2.3 *Documenting Lessons Learned*
- 2.4 *Analyzing Lessons Learned*
- 2.5 *Formulating Action Plan(s)*
- 2.6 *Disseminating Lessons Learned*
- 2.7 *AMMP PMO Review*

- 2.8 *Archive of Lessons Learned*
- 3 *Lessons Learned Lifecycle*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *AMMP Lessons Learned Tracker*
- Appendix C. *SharePoint and File naming convention*
- Appendix D. *Scheduled Tasks*

2.43 PMO-2-o: Vendor Start-up Guide

The PMO-2-o: Vendor Start Up Guide describes the Program Management Office processes and procedures required by the new vendors brought on-board the AMMP program. This includes the program structure as well as descriptions and locations of various documentation, templates, and any other information needed by a new vendor starting with the AMMP program. If additional information is needed, that is not within this document, please reach out to your PMO Service Vendor – Project PM. This PM can be found within COM-6-A: Responsibility Assignment Matrix, Project Stakeholder Registry sheet.

2.43.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *History*
- 1.3 *Overview of State’s Current System Environment*
- 1.4 *Summary Justification of Replacing the System*
- 2 *Program Structure*
- 2.1 *Program Governance*
- 2.2 *Program Pillars*
- 2.3 *Program Sponsor*
- 2.4 *Program Stakeholders*
- 2.4.1 *Centers for Medicare & Medicaid Services*
- 2.4.2 *State of Alabama – Legislature*
- 2.4.3 *Social Security Administration (SSA)*
- 2.4.4 *Internal Revenue Service (IRS)*
- 2.5 *Modularity Roadmap*
- 3 *Vendor Start Up Guide*
- 4 *Program Documentation*
- 4.1 *Program Management Plans*
- 4.1.1 *Onboarding Individuals and/or Vendors*
- 4.1.2 *Meeting Protocols and Reference Guide*
- 4.1.3 *Communication Management Plan*
- 4.1.4 *Organizational Change Management Plan*
- 4.1.5 *Schedule Management Plan*
- 4.1.6 *Risk and Issue Management Plan*
- 4.1.7 *Configuration and Document Validation Plan*
- 4.1.8 *Requirements Management Plan*
- 4.1.9 *Contract Monitoring Plan*
- 4.1.10 *Invoice Protocols Reference Guide*
- 4.1.11 *Quality Management Plan*
- 4.1.12 *Data Governance Office Vendor Compliance Requirements*
- 4.1.13 *Data Governance Office Data Governance Framework*
- 4.1.14 *Information Security Office – Risk Management Strategy*
- 4.1.15 *Information Security Office – Medicaid Enterprise Security Policy – Full Set*
- 4.2 *Vendor Templates*

- 5 *Vendor Tools*
- 5.1 *SharePoint Toolkit*
- 5.2 *Document Repository and Content Management Tool*
- 5.3 *Requirements, Business Process Modeling and Enterprise Architecture Tool*
- 5.4 *Data Governance Office Tools*
- 5.5 *Information Security Office Tools*

2.44 PMO-2-o-01: Vendor Start-up Checklist

This document contains the Vendor Startup Checklist for the Onboarding Coordinator.

2.44.1 Sections Included

The checklist contains the following areas:

- Action*
- Guidance for each Action*
- When each Action should be performed*
- Who is responsible for the Action*

2.45 PMO-2-q: Integrated Master Schedule Management Plan

This Integrated Master Schedule Management Plan is a component of the overall AMMP Program Management Plan. This document contains the details for Project Schedule Management, Integrated Master Project Schedule Management, and the Program/Integrated Schedule Specifications.

The purpose of this document is to define the schedule development and management approach and establish the process for collecting, using, and communicating schedule information (e.g., schedule status, forecasts, upcoming activities) at both the project and program level. It will also define the specifications required to incorporate a detailed module schedule into the Integrated Master Schedule.

The AMMP PMO Master Scheduler will review the Integrated Master Schedule Management Plan every six months or as needed to address project conditions, client input or contract changes.

This document will be subject to formal change control after approval by the Agency. Subsequent changes to this document will be requested, approved, and implemented in accordance with the change management processes defined in the Scope Change Management Plan. Changes to this document will be recorded in the Revision History table.

2.45.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced deliverables*
- 1.2 *Purpose*
- 1.3 *Scope*
- 1.4 *Roles and Responsibilities*
- 2 *Schedule Management Plan*
- 2.1 *Schedule Development*
- 2.2 *The Work Breakdown Structure*
- 3 *Integrated Master Plan*
- 3.1 *Master, Intermediate and Detailed Schedules*

- 3.2 *Default View*
- 3.3 *External Dependencies*
- 3.4 *Baseline Execution Index*
- 3.5 *Schedule Performance Index*
- 3.6 *Task Naming Standards*
- 3.7 *Task Owner*
- 3.8 *Key Milestones, Executive Dashboard, and Deliverables*
- 3.8.1 *Key Milestones*
- 3.8.2 *Executive Dashboard*
- 3.8.3 *Deliverables*
- 3.9 *File Name and Versioning*
- 3.10 *Schedule Development*
- 3.11 *Schedule Checklist*
- 3.12 *Schedule Baseline*
- 3.13 *Schedule Status Updates*
- 3.14 *Schedule Performance Assessment Methodology*
- 3.15 *Collecting Status via Status Sheet*
- 3.16 *Rescheduling Uncompleted Work*
- 3.17 *Schedule Metrics*
- 3.18 *Schedule Dashboard*
- 3.19 *Schedule Risk Assessment*
- 3.20 *Critical Path Analysis*
- 4 *Schedule Specifications and Integrated Master Schedule Specifications*
- 4.1 *Decentralized Master Project*
- 4.2 *Master Project Analysis*
- 4.3 *Subproject Management*
- 4.4 *Integrated Master Schedule Management*
- Appendix A. *Acronyms/Glossary*
- Appendix B. *Applicable Project, Federal, State, or Industry Standards*
- Appendix C. *MES Schedule Template*

2.46 PMO-2-r: Configuration Management and Document Validation

The PMO-2-r Configuration Management and Document Validation document describes the processes required to ensure that documentation configuration changes occur within an identifiable and controlled environment.

The artifacts described in this deliverable (DEL), PMO-2-r Configuration Management and Document Validation; support the modular nature of the AMMP and its multi-vendor participation. The PMO must receipt and track deliverables and artifacts from each vendor and provide traceability throughout the review-and-approval process. The PMO-2-r Configuration Management and Document Validation document works in concert with the quality processes to ensure that each vendor's submissions meet the Agency's expectations and needs.

2.46.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Roles and Responsibilities*
- 1.3 *Plan Maintenance*
- 1.4 *Storage and Updates*
- 2 *Deliverable Process*

- 2.1 *Deliverable Workflow*
- 2.2 *Deliverable Storage*
- 2.3 *Iteration Updates*
- 2.4 *Meeting Documents*
- 2.5 *Access and Security*
- 2.6 *Document Backup, Retention, Archiving, and Audits*
- 2.6.1 *Backups*
- 2.6.2 *Retention, Archiving, Audits, and Transference*
- 3 *Standards and Conventions*
- 3.1 *Naming Standards*
- 3.2 *Versioning Standards*
- 4 *Change Request Management*
- 5 *Multi-Vendor Considerations*
- 6 *Corrective Action*

2.47 PMO-2-x: Contract Monitoring Plan

The purpose of the Contract Monitoring Plan is to detail the approach, methodology and evaluation techniques the project uses to monitor vendor contract performance throughout the life of a Vendor's contract/project. The contract monitoring plan establishes approved practices and reporting mechanisms to compare project progress in defined focus areas to their planned trajectory. The contract monitoring plan identifies specific activities required for decomposition of the project's expectations. Decomposition of the project expectations is done in order to align each vendor contract to Agency goals to define obtainable measurements. Each measure is further decomposed into specific performance metrics.

The PMO Vendor recommends methodologies for measurement, metric standards, and measures for the project. With this foundation, the PMO Vendor works closely with the Agency MES team to identify the measures that best represent the status of the project based on desired outcomes. Continuous monitoring, evaluation and feedback provides transparency to critical performance information that will assist the PMO Vendor and the MES management team in creating action plans to address deficiencies. By identifying expected outcomes and translating them into realistic, understandable statistical models, contract monitoring can be used to make frequent, minor adjustments to project processes to ensure adherence to approved project plans and constraints, while tracking progress to successful execution of the project.

The benefit of a contract monitoring plan is to find insight into what is working well (or not) and find potential areas for focus to improve. The plan supports the flexibility to meet specific and changing project needs and communicates performance to stakeholders with increased transparency.

2.47.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose*
- 1.3 *Scope*
- 2 *Contract Monitoring Approach*
- 2.1 *Objectives and Standards*
- 2.2 *Methodology*
- 2.2.1 *Develop Performance Framework*
- 2.2.2 *Define Performance Measures*
- 2.2.3 *Determine Methods & Tools*
- 2.2.4 *Implement Measurement Reporting*
- 2.2.5 *Turnover*

- 2.3 *Roles and Responsibilities*
- 3 *Data Collection and Analysis*
- 3.1 *Data Collection*
- 3.2 *Analysis*
- 3.3 *Reporting*

2.48 PMO-2-x-02: Contract Monitoring Report Card

The PMO Vendor has created a program wide Contract Monitoring plan (PMO-2-x), which will be used for each vendor/module. The Contract Monitoring Plan contains the processes and procedures that are used by the PMO Vendor and Agency to monitor each vendor's contract that is part of the MES Program. The PMO Vendor works with the Agency to identify the performance metrics, within each Module Contract Monitoring Matrix, and defines the method that shall be used to verify that each vendor's performance meets the requirements defined in the RFP/RFB. After the PMO Vendor defines the performance metrics, they work with the Agency to develop a set of report cards (PMO-2-x1). There will be one report cards for each vendor/contract and a report card that consolidates the information from all vendor/contracts (Program Wide). This Contract Monitoring Matrix is developed ~4 months before each Vendor is onboarded. We will leverage existing Contract Monitoring Matrix for consistency, but also tailor it for the Vendor as they will have differing SLA/KPIs. As part of the Vendor Start-up activities, the Module specific Contract Monitoring Matrix is reviewed with the Vendor during startup.

2.48.1 Sections Included

The following sections are included:

Introduction - Overview of the Contract Monitoring Plan, processes and Table of Contents

Review History - History of changes implemented for document

Deliverable Comment Log - Comments documented by reviewers and how they were addressed

Report Card - Visual representation of Contract Monitoring Metrics, represented in Health Indicator fashion.

Metric Matrix - Definition of all Contract Monitoring metrics to be gathered for the modules (Updated as needed)

NNN-# - Individual excel sheet of the actual metrics gathered and their visual representation

2.49 PMO-2-y: OCM Effectiveness Evaluation Plan

The MES PMO Vendor responsibilities include OCM. The OCM team is responsible for developing an OCM approach and strategy to transition Alabama Medicaid Agency stakeholders from the current state to the new future state. Effective change management must match the unique characteristics and attributes of the modularity change and the people who are impacted by the change. The AMMP change initiative is large and complex and requires a significant OCM effort to fully realize the intended benefits. It is critical to assess OCM effectiveness regularly so any needed adjustments can be made as they are identified.

This OCM Effectiveness Evaluation Plan defines the plan for assessing OCM efficacy throughout the program and individual projects' lifecycle, to ensure the business areas and stakeholders are prepared for upcoming changes. Specifically, this plan will outline the methods for assessing, gathering, reporting, and when deficiencies are uncovered, how we will improve our level of Organizational Change Management through specific corrective actions.

2.49.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *OCM Process and Evaluations*
- 2 *OCM Effectiveness Evaluation Methods of Measurement*
- 2.1 *FPO Managers Assessments*
- 2.2 *Stakeholder User Assessments*
- 2.3 *Project Change Triangle (PCT)™ Assessments*
- 2.3.1 *Leadership/Sponsorship*
- 2.3.2 *Program/Project Management*
- 2.3.3 *Organizational Change Management*
- 2.3.4 *PCT Scoring and Interpretation*
- 3 *OCM Effectiveness Evaluation Report and PCT™ Progress*
- 3.1 *OCM Effectiveness Evaluation Report*
- 3.2 *PCT™ Progress*
- 3.3 *Score Interpretation*
- 3.3.1 *Scoring FPO Manager Assessments*
- 3.3.2 *Scoring Stakeholder User Assessments*
- 3.4 *Scoring PCT Assessments*
- 4 *OCM Effectiveness Responsibility Assignment Matrix*
- 5 *Schedule and Plan for Conducting OCM Effectiveness Evaluations*

2.50 PMO-2-y-01: OCM Effectiveness Evaluation Plan Artifact

This artifact contains the questions included for surveys of various stakeholders.

2.50.1 Sections Included

Currently, the following are included in this artifact:

- Functional Process Owner (FPO) Managers Survey*
- Team Member User Survey*
- Project Change Triangle (PCT) Survey*

2.51 PMO-TST-001: Program Test Approach

The purpose of this document is to provide a high-level description of the Enterprise-level Test Strategy (ETS) for the AMMP multi-vendor, multi-technology, complex business process arena. This approach will be used to achieve testing objectives, defined Test Objectives.

At this early stage of the AMMP, there are many key factors and variables as-yet unknown. This first iteration is authored based on discussion and Question and Answer sessions from other states also in progress of implementing a modular approach to their respective MMIS systems. Research conducted for similarly sized, comparable complexity technology projects contributed to this strategy for the AMMP.

2.51.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*

- 1.1 *Purpose*
- 1.2 *Assumptions and Constraints*
- 1.3 *Scope*
- 1.4 *Referenced Deliverables and Artifacts*
- 2 *Alabama Medicaid Move to Modular*
- 2.1 *Exhibit 1 Alabama Medicaid Modular Diagram*
- 3 *AMMP ETS Teams and Resources*
- 3.1 *Alabama Department of Information Systems & Technology (IST) Organization*
- 3.2 *AMMP Organization*
- 3.3 *Exhibit 2 AMMP Org Chart*
- 3.4 *AMMP Enterprise Test Organization*
- 3.5 *Exhibit 3 AMMP Enterprise Test Organization*
- 3.6 *AMMP ETS - Test Resources and Types Summary*
- 3.7 *Exhibit 4 AMMP Identified Test Resources and Resource Types*
- 4 *AMMP Test Objectives*
- 5 *AMMP Test Approach*
- 5.1 *Standardization*
- 5.2 *Collaboration*
- 5.3 *Engagement and Buy-In*
- 5.3.1 *Approval to Proceed*
- 5.3.2 *AMMP ETS Kick Offs*
- 5.4 *AMMP ETS Key Performance Indicators (KPIs)*
- 5.5 *Exhibit 5 AMMP ETS KPIs*
- 6 *Alabama TCOE Support*
- 6.1 *Vision*
- 6.2 *Mission*
- 7 *AMMP Enterprise Test Strategy (ETS)*
- 8 *AMMP ETS Test Information*
- 8.1 *AMMP ETS Test Life Cycle Phases*
- 8.2 *Exhibit 6 STLC Diagram*
- 8.3 *AMMP ETS Software Development Life Cycle Phases*
- 8.4 *Exhibit 7 SDLC Diagram*
- 8.5 *SDLC VS. STLC*
- 8.6 *Exhibit 8 SDLC VS. STLC Diagram*
- 9 *AMMP ETS Testing Process Flow*
- 9.1 *Exhibit 9 AMMP ETS Testing Process Flow Diagram*
- 9.2 *Conventional Test Stages and Test Types*
- 9.3 *Exhibit 10 AMMP Test Stages and Test Types*
- 9.4 *AMMP ETS Work Process Flow*
- 9.5 *AMMP ETS Work Process Flow Diagram*
- 10 *AMMP ETS STLC Phases Details*
- 10.1 *Exhibit 11 STLC Phases Information Reference Table*
- 10.2 *Requirements Analysis Phase*
- 10.2.1 *Description*
- 10.2.2 *Tasks/Activities*
- 10.2.3 *Documentation*
- 10.2.4 *Communication*
- 10.3 *Test Planning Phase*
- 10.3.1 *Description*
- 10.3.2 *Tasks/Activities*
- 10.3.3 *Documentation*
- 10.3.4 *Communication*
- 10.4 *Test Design Phase*
- 10.4.1 *Description*
- 10.4.2 *Tasks/Activities*
- 10.5 *Exhibit 12 AMMP ETS Test Design Components*

- 10.5.1 *Documentation*
- 10.5.2 *Communication*
- 10.6 *Environment Setup Phase*
 - 10.6.1 *Description*
 - 10.6.2 *Tasks/Activities*
 - 10.6.3 *Documentation*
 - 10.6.4 *Communication*
- 10.7 *Test Execution Phase*
 - 10.7.1 *Description*
 - 10.7.2 *Tasks/Activities*
 - 10.7.3 *Documentation*
 - 10.7.4 *Communication*
- 10.8 *Test Closure Phase*
 - 10.8.1 *Description*
 - 10.8.2 *Tasks/Activities*
 - 10.8.3 *Documentation*
 - 10.8.4 *Communication*
- 11 *Solution Models and Testing Focus*
 - 11.1 *Exhibit 13 AMMP Solution Models and Component Types*
 - 11.2 *AMMP ETS Cloud Based Solutions Test Considerations*
 - 11.3 *AMMP Module Vendor Solution Discovery*
- 12 *AMMP Test Expectations for Module Vendors*
- 13 *AMMP ETS Test Timeline*
 - 13.1 *Exhibit 14 AMMP ETS Test Timeline*
- 14 *AMMP ETS Deliverables Table*
- 15 *End-to-End Testing*
 - 15.1 *Partners*
- 16 *Continuous Quality Improvement*
- 17 *Communication and Status Reporting*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*
- Appendix C. AMMP ETS Test Process Flow Diagram*
- Appendix D. AMMP ETS Test Deliverables Table*
- Appendix E. AMMP ETS Work Process Flow*

2.52 REQ-2-a1: Detailed Approach to Requirements Gathering

This document describes the approach to gathering requirements for the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP). The goal is to develop program requirements that are accurate, clear, consistent, complete, traceable, and conform to the business needs of the Alabama Medicaid Agency (AMA) enterprise. This will be accomplished by evaluating the current system, which is referred to in this document as the Alabama Medicaid Management Information System (AMMIS) or the AS IS system. Then the future state environment will be determined and documented, which is referred to as the TO BE system. The Requirements and Business Process Management (RBPM) team will collaborate with the Agency stakeholders for each functional area in the requirements gathering processes.

2.52.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 2 *Principles and Objectives*
- 3 *Research*

4	<i>Stakeholders</i>
5	<i>Visioning Sessions</i>
6	<i>Business Processes</i>
7	<i>AMMIS Requirements</i>
8	<i>Transitional Requirements</i>
9	<i>Business Rules</i>
10	<i>Requirement Writing</i>
11	<i>Requirements Review</i>
12	<i>Requirement Elements</i>
13	<i>Use Cases</i>
14	<i>Roadmaps</i>
15	<i>Requirement Prioritization</i>
16	<i>Requirement Approval</i>
17	<i>Updates to Requirements</i>
18	<i>Communication</i>
19	<i>Status Reporting</i>
20	<i>Schedule</i>
20.1	<i>Milestones</i>
21	<i>Deliverables</i>
1	<i>Introduction</i>
1.1	<i>Referenced Deliverables and Artifacts</i>
2	<i>Principles and Objectives</i>
3	<i>Research</i>
4	<i>Stakeholders</i>
5	<i>Visioning Sessions</i>
6	<i>Business Processes</i>
7	<i>AMMIS Requirements</i>
8	<i>Transitional Requirements</i>
9	<i>Business Rules</i>
10	<i>Requirement Writing</i>
11	<i>Requirements Review</i>
12	<i>Requirement Elements</i>
13	<i>Use Cases</i>
14	<i>Roadmaps</i>
15	<i>Requirement Prioritization</i>
16	<i>Requirement Approval</i>
17	<i>Updates to Requirements</i>
18	<i>Communication</i>
19	<i>Status Reporting</i>
20	<i>Schedule</i>
20.1	<i>Milestones</i>
21	<i>Deliverables</i>

2.53 REQ-2-b: Business Process Management Plan

The Business Process Management (BPM) Plan is used to define the BPM process, methodology and framework, and tools that will be utilized to meet the program goals of managing business processes, gathering and documenting requirements, and maintaining and reviewing the BPM. It translates the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP) team’s vision of business improvement into action plans and aligns required BPM capabilities with the approach that will be taken in improving business processes.

Business Process Management involves identifying and defining the business processes that make the business operate, finding ways to create efficiency in the processes, and continuously reviewing the processes for areas of improvement. The Business Management Plan will expand on the processes used

to ensure that Alabama Medicaid processes are streamlined, and automation is implemented where possible.

The purpose of the BPM plan is to provide insight into the process to be used to define the AS IS environment, determine the TO BE environment, and describe the process to move from the AS IS to the TO BE environment.

The scope of the BPM plan is to define the approach to be used to transition the Agency from the current (AS IS) to the future (TO BE) environment, with the objective of moving the requirements to a higher Medicaid Information Technology Architecture (MITA) maturity level. Items that are out of scope will be prioritized as future requirements. The scope assumes that Agency stakeholders will be able to actively participate in the business process management activities.

2.53.1 Sections Included

The following sections are included in this deliverable:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose and Scope*
- 1.3 *Goals*
- 2 *Methodology and Framework*
- 2.1 *Design*
- 2.2 *Model*
- 2.3 *Execute*
- 2.4 *Monitor*
- 2.5 *Optimize*
- 2.6 *Benefits of Business Process Management*
- 3 *Roles and Responsibilities*
- 4 *Business Process Analysis*
- 5 *Gap Analysis*
- 6 *Requirements Gathering Process*
- 6.1 *Process Modeling Tool*
- 7 *Maintenance and Review*
- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *Purpose and Scope*
- 1.3 *Goals*
- 2 *Methodology and Framework*
- 2.1 *Design*
- 2.2 *Model*
- 2.3 *Execute*
- 2.4 *Monitor*
- 2.5 *Optimize*
- 2.6 *Benefits of Business Process Management*
- 3 *Roles and Responsibilities*
- 4 *Business Process Analysis*
- 5 *Gap Analysis*
- 6 *Requirements Gathering Process*
- 6.1 *Process Modeling Tool*
- 7 *Maintenance and Review*

2.54 REQ-2-c: Requirements Management Plan

The Requirements Management Plan (RMP) is a sub-plan of the PMO-2-n: Project Management Plan (PMP). A successful requirements management process is essential to ensure an effective Alabama Medicaid Modernization Project (AMMP) effort. The RMP defines expectations for managing requirements for a fully functional Alabama modular system. The RMP will document activities that ensure timely and appropriate development, generation, collection, and dissemination of the requirements. The RMP defines requirement sources, baselining, additions, changes, and deletions, as well as prioritizations.

The RMP is a critical component of ensuring that the product developed or modernized provides the functionality and capabilities required to support the organization's operations activities. The plan documents the management processes for the business and technical aspects of managing requirements.

2.54.1 Sections Included

The following sections are included in this deliverable:

1	<i>Introduction</i>
2	<i>Referenced Deliverables and Artifacts</i>
3	<i>Overview</i>
4	<i>Requirements Management Process</i>
5	<i>Requirement Gathering Process</i>
5.1	<i>Research</i>
5.2	<i>Identification of Stakeholder</i>
5.3	<i>Stakeholder Requirements Management Roles and Responsibilities</i>
5.4	<i>Visioning Session</i>
6	<i>Analysis</i>
6.1	<i>Current State</i>
6.2	<i>Market Research</i>
6.3	<i>Future State</i>
7	<i>Requirement Documenting Process</i>
7.1	<i>Documenting Methodology</i>
7.2	<i>Guide to Write Requirements</i>
7.3	<i>Validation Checklist for Requirements</i>
8	<i>Prioritization Methodology</i>
9	<i>Requirement Classification</i>
10	<i>Requirement Numbering Convention</i>
11	<i>Requirement Status</i>
12	<i>Requirement Traceability</i>
13	<i>Requirement Validation Process</i>
13.1	<i>Reviewing and Approval</i>
13.2	<i>Testing</i>
13.3	<i>Certification</i>
14	<i>Requirements Management Tool</i>
14.1	<i>Goals</i>
15	<i>Ongoing Maintenance</i>
15.1	<i>Requirements Maintenance</i>
15.2	<i>Module Vendor Weekly Maintenance</i>
15.3	<i>Deliverable Maintenance</i>
16	<i>Change Management</i>
16.1	<i>Baseline Requirement</i>
16.2	<i>Requirement Change Request</i>
16.3	<i>Quantifiable Metrics and Measures</i>
17	<i>Metrics and Measurement</i>

17.1	<i>Metrics and Measures</i>
18	<i>Assumptions</i>
19	<i>Artifacts</i>
20	<i>Deliverables</i>
21	<i>Communication</i>
22	<i>Schedule</i>
Appendix A.	<i>Acronyms/Glossary</i>
Appendix B.	<i>Applicable Project, Federal, State, or Industry Standards</i>
Appendix C.	<i>iServer Requirements Management Tool</i>
Appendix D.	<i>Requirement Process Flows</i>
Appendix E.	<i>iServer RTM Upload for Modules</i>
Appendix F.	<i>Requirement Numbering Convention Abbreviation Definitions</i>

3 Templates

3.1 AMA-01: AMA Attestation and Agreement Document Template

The Attestation and Agreement Document is intended to document the understanding and compliance by the provided accountable parties, in regard to the requirements set forth within each artifact. AMA considers this attestation and agreement document to be the attestation for the submission of each of the artifacts listed.

3.2 COM-8a: Meeting Agenda and Minutes Template

This is the template used for meeting agendas and minutes.

3.3 COM-9-1: Corrective Action Plan Template

Corrective Action Plans are used by Alabama Medicaid to formally identify and correct issues related to Design, Develop, Implement (DDI) or Operations. The MES PMO (Program Management Office) closely monitors the timely and adequate performance of all vendors during each phase of their Statement of Work. The MES PMO uses Corrective Action Plans (CAPs) for performance deficiencies. The Agency will monitor all CAPs from all Module vendors. CAP requests must be finalized and submitted to the Agency within five (5) days of a request for the plan and approved within five (5) days of the initial submission. The CAP shall be discussed in depth during status meetings. If the Module Vendor fails to produce the CAP or to successfully execute the CAP, liquidated damages shall be assessed as defined in each module vendors Request for Bid (RFB) / Request for Proposal (RFP).

This purpose of this template is to provide all MES Program vendors a consistent method for developing Corrective Action Plans.

3.3.1 Sections Included

The following sections are included in this template:

1	<i>Introduction</i>
1.1	<i>Purpose</i>
1.2	<i>Scope</i>
1.3	<i>Referenced Deliverables and Artifacts</i>
1.4	<i>Roles and Responsibilities</i>
2	<i>Corrective Action Plan</i>
2.1	<i>Overview</i>

- 2.2 *CAP Team*
- 2.3 *References*
- 3 *Root Cause Analysis*
- 4 *Correct Action Plan*
- 4.1 *Schedule of Events*
- 4.2 *Risk Mitigation*
- 4.3 *Preventative Action*
- 4.4 *Contingency Plan*
- 4.5 *Measures of Success*
- 4.6 *Closure*
- 4.7 *Communication*
- 4.8 *Monitoring and Reporting*

3.4 COM-10-01: Project Change Request Template

This template contains the Project Change Request Form.

3.5 COM-11-03: Communication Management Template

The Module Vendor's Communication Plan will document the detailed communication activities during the Module Vendor's implementation. The Agency's expectation is that each Module Vendor include the specific details for their own plan as defined in the Module Vendor's Request for Bid/Request for Proposal (RFB/RFP). The plan will also need to follow the guidelines established in the Medicaid Enterprise Systems (MES) Program COM-11: Communication Management Plan.

3.5.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Communications*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.6 COM-12-1: Status Reporting Template Module

This is the template for the Module Vendor's Project Status Report.

3.6.1 Sections Included

The following sections are included in this template:

- 1 *AMMP – Module Project Status Report*
- 1.1 *Overall Project Health*
- 1.2 *Project Highlights*
- 1.3 *Project Schedule*

- 1.4 *Corrective Action Plans*
- 1.5 *Issues*
- 1.6 *Risks*
- 1.7 *Scope*
- 1.8 *Decisions*
- 1.9 *Deliverables*
- 1.9.1 *Deliverables Summary*
- 1.9.2 *Deliverables In-Progress*
- 1.10 *Tools*
- 1.11 *Human Resources*
- 1.12 *Metrics*
- 1.12.1 *Schedule*
- 1.12.2 *Meeting Minutes*
- 1.12.3 *Risks*
- 1.12.4 *Issues*
- 1.12.5 *Action Items*
- 1.12.6 *Decisions*
- 1.13 *Communications*
- 1.14 *Action Items*
- Appendix A. Acronyms/Glossary*
- Appendix B. Project Health Color Coding Definitions*

3.7 COM-15-01: Cleanup and Conversion Management Reporting Template

This Cleanup and Conversion Management Reporting document provides the template for documentation of the results from each cleanup and conversion process execution. The information to populate this report are provided by the vendor responsible for the process

3.7.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 2 *Process Results Report*
- 2.1 *Process Information*
- 2.2 *Statistics*
- 2.3 *Exceptions*
- 2.4 *Exception Remediation Approach*
- 2.4.1 *[Exception Type]*
- 2.5 *Gap Analysis*
- 2.6 *Lessons Learned*
- Appendix A. Acronyms*
- Appendix B. Deliverable Comment Log*

3.8 COM-15-02: Cleanup and Conversion Management Template

The Module Vendor's Data Conversion Plan will document the detailed data cleanup and conversion activities during the Module Vendor's implementation. The Agency's expectation is that each Module Vendor include the specific details for their own plan as defined in the Module Vendor's Request for Bid/Request for Proposal (RFB/RFP). The plan will also need to follow the guidelines established in the Medicaid Enterprise Systems (MES) Program COM-15: Cleanup and Conversion Management Plan.

3.8.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Data Cleanup and Conversion*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.9 COM-16-1 Certification Support and Turnover Plan Template

The Module Vendors Certification Support & Turnover Plan will document the detailed certification activities during the Module Vendors implementation. The Agency's expectation is that each Module Vendor include the specific details for their own plan as defined in the Module Vendor's Request for Bid and Request for Proposal (RFB/RFP). The plan will also need to follow the guidelines established in the MES Program COM-16: Certification Support Management Plan.

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Certification Management and Turnover*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.10 OCM-2-2c: OCM Change Readiness Assessments Report Template

The Alabama Medicaid Agency (AMA) has elected to use the Prosci® methodology for Organizational Change Management (OCM) of its modularity initiative. Prosci® provides sponsor, stakeholder, and organizational readiness assessments for measuring change readiness. These assessments take the form of spreadsheets which can be customized for the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP).

The purpose of the Organizational Change Readiness Assessment is to understand the primary objectives and goals for the executive leadership of the AMMP. This baseline will allow the OCM team to track towards successful progress for those goals. An additional purpose of the assessment is to enable the Agency sponsor coalition's support of the change process by finding their strengths that should be leveraged or challenges to which special tactics can be applied.

3.10.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*

- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Change Readiness Assessment Meeting*
- 2.1 *Interview Summary*
- 3 *Sponsor Evaluation*
- 3.1 *Engagement*
- 3.2 *Coalition Building*
- 3.3 *Communication*
- 4 *Summary Recommendation*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.11 OCM-2-f1: OCM Implementation Plan Template

The Alabama Medicaid Agency (AMA) is updating their Medicaid Enterprise Systems (MES). The updated MES is modular and the name for the program is Alabama MES Modernization Program (AMMP). This transformation will modernize the information systems that fall under the MES umbrella, including the modernization of the Alabama Medicaid Management Information System (AMMIS), Electronic Visit Verification (EVV), and the Eligibility & Enrollment (E&E) system known as the Centralized Alabama Recipient Eligibility System (CARES). The program also includes the implementation of a new modular solution for EVV, and modules such as Provider Management and Enterprise Data Warehouse (EDW) for reporting. A Program Management Office (PMO) was established and a PMO Services Vendor was brought on to provide Program Management, Requirements and Business Process Management (RBPM), Enterprise Architecture (EA) and Organizational Change Management (OCM) services for the AMMP. The AMA has a team of Medicaid business and technical professionals performing PMO activities in concert with Agency subject matter experts (SMEs).

The PMO Services Vendor responsibilities include OCM. The OCM team is responsible for developing an OCM approach and strategy to transition the <insert applicable module> stakeholders from the current state to the modular future state. The <module> solution will be implemented and operated by a vendor.

The <module> change initiative is large and complex and requires a significant OCM effort to fully realize the intended benefits. Effective change management must match the unique characteristics and attributes of the <module> change and the people who are impacted by the change.

This OCM <module> Implementation Plan defines the OCM planning which will be used throughout the <module> implementation. This plan provides the framework for how the OCM team will prepare the stakeholders for the upcoming changes and ensure that the new <module> system is adopted. The plan defines how OCM will assist with delivering the <module> project objectives and outcomes.

3.11.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Referenced Deliverables and Artifacts*
- 1.2 *OCM Definition and Scope*
- 1.3 *OCM Vision*
- 1.4 *OCM Process*
- 2 *Stakeholder and Impact Identification and Tools*
- 2.1 *Stakeholder Identification and Interviews*
- 2.2 *Roles and Responsibilities*
- 2.3 *Stakeholder Responsibility Assignment Matrix (RACSI Chart)*
- 2.4 *OCM Team and Stakeholder Resource Utilization Estimates and Actuals*

- 3 *Governance and Reporting Framework*
- 3.1 *Governance*
- 3.2 *OCM Organization*
- 3.3 *OCM Team Responsibility Assignment Matrix (RASCI)*
- 3.4 *Reporting Framework*
- 3.5 *Change Champions*
- 4 *OCM Impact Identification*
- 5 *Business Transition Plan and Artifacts*
- 5.1 *Updated Business Processes and Flows Approach*
- 5.2 *Transition Plan*
- 5.3 *Current State*
- 5.4 *Future State*
- 5.5 *Transition Roadmap of Business Processes*
- 5.6 *Impacts with severity rating*
- 5.7 *Training Plan*
- 5.7.1 *Training Schedule*
- 5.7.2 *Documentation Updates or Creation*
- 5.7.3 *Knowledge Transfer Plan*
- 5.8 *Communication Plan*
- 5.9 *Production Turnover documents*
- 5.9.1 *Policy Standards and Regulation Updates*
- 5.9.2 *Service Level Agreements*
- 5.9.3 *Business Production Responsibility Assignment Matrix*
- 5.9.4 *Production Monitoring Metrics*
- 5.9.5 *Updated Business Processes*
- 5.9.6 *Business Process Flow*
- 6 *OCM Effectiveness*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.12 OCM-2-f2: OCM Implementation Checklist Template

The checklist / roadmap in this artifact tracks the major activities needed for successful adoption of the module.

The tasks are split among the phases of Organizational Change Management (Prepare, Manage, Reinforce).

3.13 OCM-2-g1: OCM Implementation Tracking Matrix Template

The OCM-2-g2: OCM Master Tracking Matrix is used by the OCM team to track the preparation of the business areas for the modular implementation. The OCM-2-g1 tracking matrix was developed for the Modular Electronic Visit Verification (EVV) Implementation. These matrices will be used for tracking and monitoring the Organizational Change Management (OCM) significant differences throughout the lifecycle of the program and projects to ensure each difference is addressed in training (formal or informal) and/or OCM communications.

This matrix is completed by the OCM team in consultation with the stakeholders from each Medicaid Enterprise Systems (MES) functional business area. The impacts are validated with the Change Champions. Progress on this tracking matrix is reported and discussed in OCM status meetings.

3.13.1 Sections Included

The following fields are included in this template:

- Master ID*
- Impacted Group / Module*
- Number of Users in Group*
- Description of Difference*
- Difference Type*
- Impact Rating*
- KPI (Yes / No)*
- Vendor Name(s)*
- Multiple Cohorts*
- Documentation*
- OCM Communication Method(s)*
- Dates of Communication*
- Name(s) User Material Updated*
- Change Champion Reviewer/Approval Status*
- Comments*
- Estimated % Adoption Without OCM*
- Creation Date*
- Modified Date*

3.14 PMO-2-a-01: Detailed Project Initiation and Approach Template

The Detailed Project Initiation and Approach Plan provides the activities that will occur during the start of the project and the approach or methods that will be used for managing (i.e., planning, monitoring, and controlling) the project. The Agency's expectation is that each Module Vendor include the specific details for their own plan as defined in the Module Vendor's Request for Bid/Request for Proposal (RFB/RFP). The plan will also need to follow the guidelines established in the Medicaid Enterprise Systems (MES) Program PMO-2-a: Detailed Initiation and Approach Plan.

During MES program vendor implementations, the Module Vendor's Detailed Project Initiation and Approach Plan should reflect the approach and strategies the vendor team will use to achieve the desired objectives throughout the Module Vendor's implementation.

3.14.1 Sections Included

The following fields are included in this template:

- 1 *Introduction*
 - 1.1 *Purpose*
 - 1.2 *Scope*
 - 1.3 *Referenced Deliverables and Artifacts*
 - 1.4 *Roles and Responsibilities*
- 2 *Detailed Project Initiation and Approach*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.15 PMO-2-c-01: Kickoff Presentation Template

PowerPoint template of slides to be used for kickoff meetings.

3.16 PMO-2-i-01: Risk and Issues Submission Form Template

Template to be completed when submitting Risks or Issues.

3.17 PMO-2-k-01: Quality Management and Artifact Deliverable Template

The purpose of this template is to provide guidelines and checklist for Meeting Minutes, Deliverables and Schedules to ensure each passes the QC quality checks.

3.17.1 Sections Included

The checklist included:

Meeting Minutes Checklist
Deliverable-Artifact Checklist
Schedule Checklist

3.18 PMO-2-n-04-01: Module Vendor Invoice Tracker Template

During the Module Vendor on-boarding activities, it is the responsibility of the PMO Vendor to create an invoice tracker specific for each vendor. The tracker will include all invoiceable items through the life of the project. Once the Module Vendor is on-boarded and their invoice tracker populated with the deliverables / services / activities, by the PMO Vendor, the PMO Vendor will review each line item in the Module Vendor invoice tracker with the Module Vendor and MES Invoice Coordinator for concurrence and approval. The invoice tracker will be used as the mechanism to track and monitor the invoiceable items.

3.19 PMO-2-n-04-02: Deliverable Verification File Template

To support end to end Invoice protocols, the Vendor will create a “Deliverable Verification file” to document the evidence for the PMO and Agency “Verification and Validation” activities. The “Deliverable Verification file” template (PMO-2-n-04-02), contains two spreadsheets: one for “Deliverables” and another for “Activities”. Not all vendors will use both but are available for vendors as needed.

3.20 PMO-2-n-04-03: Deliverable Acceptance File Template

After the Agency’s Validation Review has validated the “Deliverable Verification file”, the Vendor will create a “Deliverable Acceptance Form” and load to the Module Vendor SharePoint. The DAF is then provided to the Agency, specifically the MES Associated Director, for approval and signature. If the Agency agrees with the DAF, they will provide back a signed DAF to the Module Vendor Invoice coordinator. The Module Vendor Invoice coordinator will store the signed DAF in SharePoint, with the “Deliverable Verification file”, for historical tracking purposes.

3.21 PMO-2-q-02: Integrated Master Schedule Template

The MES PMO has developed an MES Schedule Template that each module will use for their DDI. The MES PMO will provide the Module vendor with the template as well as facilitate a review of the template and Integrated Master Schedule Management Plan.

3.22 PMO-2-r-01: Configuration Management Template

Configuration Management is the process for systematically handling changes to a system in a way that it maintains integrity over time. The Module Vendor's Configuration Management Plan (CMP) will address configuration activities and adequate configuration management throughout the Module Vendor's implementation. The Agency's expectation is that each Module Vendor include the specific details for their own plan as defined in the Module Vendor's Request For Bid/Request For Proposal (RFB/RFP). The plan will also need to follow the guidelines established in the MES Program PMO-2-r: Configuration Management and Document Validation Plan.

3.22.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Configuration Management*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.23 PMO-2-w-01: Deliverable Template

The purpose of this template is to provide a standard format for all vendor deliverables created in MS Word.

3.23.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Purpose*
- 1.2 *Scope*
- 1.3 *Referenced Deliverables and Artifacts*
- 1.4 *Roles and Responsibilities*
- 2 *Section 2*
- 2.1 *Heading 2 Title*
- 2.2 *Heading 2 Title*
- 3 *Section 3*
- Appendix A. Acronyms/Glossary*
- Appendix B. Applicable Project, Federal, State, or Industry Standards*

3.24 PMO-2-w-02: Contract Discovery Template

The Contractor will participate in Contract Discovery sessions to ensure the project team clearly understands the scope of the project, including the Contractor's underlying drivers and proposed solutions. The focus is to increase the likelihood of project success by ensuring the project team understands the objectives of the project. The focus is to increase the likelihood of project success by ensuring the project team understands the objectives of the project. A discovery phase provides a context

for the many decisions that happen daily during the project. The Contractor Discovery Sessions will begin two (2) weeks after the Project Kick-off Meetings.

The Contractor must use the Contract Discovery Template, which is located in the Procurement Library, to document any questions or concerns related to the contract. The Agency must receive the Contractor's version of the Contract Discovery document three (3) business days before the first contract discovery session. The Agency will also develop a Contract Discovery document that contains the questions and concerns identified by the MES team. The Agency will provide their contract discovery document to the Contractor three (3) business days before the first contract discovery session. The Contractor document and the MES document will be merged to provide the agenda for the Contract Discovery sessions. This process will ensure everyone on the project understands the contract and identifies concerns/blockers/risk that need to be addressed.

These sessions will be used to discuss differences between the solicitation documents and the proposal submitted by the Contractor. The sessions will walk through each area of the contract to ensure both sides have the same understanding of what is required for the contract to be a success. During the sessions, all relevant stakeholders will review AMMP plans and guides, deliverable templates, invoicing process, and other topics critical to the success of the project

3.25 PMO-2-x-01: Contract Monitoring Report Card Template

The PMO Vendor has created a program wide Contract Monitoring plan (PMO-2-x), which will be used for each vendor/module. The Contract Monitoring Plan contains the processes and procedures that are used by the PMO Vendor and Agency to monitor each vendor's contract that is part of the MES Program. The PMO Vendor works with the Agency to identify the performance metrics, within each Module Contract Monitoring Matrix, and defines the method that shall be used to verify that each vendor's performance meets the requirements defined in the RFP/RFB. After the PMO Vendor defines the performance metrics, they work with the Agency to develop a set of report cards (PMO-2-x1). There will be one report cards for each vendor/contract and a report card that consolidates the information from all vendor/contracts (Program Wide). This Contract Monitoring Matrix is developed ~4 months before each Vendor is onboarded. We will leverage existing Contract Monitoring Matrix for consistency, but also tailor it for the Vendor as they will have differing SLA/KPIs. As part of the Vendor Start-up activities, the Module specific Contract Monitoring Matrix is reviewed with the Vendor during startup.

3.25.1 Sections Included

The following sections are included in this template:

Introduction - Overview of the Contract Monitoring Plan, processes and Table of Contents

Review History - History of changes implemented for document

Deliverable Comment Log - Comments documented by reviewers and how they were addressed

Report Card - Visual representation of Contract Monitoring Metrics, represented in Health Indicator fashion.

Metric Matrix - Definition of all Contract Monitoring metrics to be gathered for the modules (Updated as needed)

NNN-# - Individual excel sheet of the actual metrics gathered and their visual representation

3.26 REQ-2-a3-1,2,3: [FA] AS IS and TO BE Requirements Template

This template details the AS IS and TO BE requirements, gap analysis, and roadmap for the requirements identified for the [functional area (FA)] business area in the [module name] module.

3.26.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Referenced Deliverables*
- 2 *Business Area Overview*
- 3 *Requirements*
- 3.1 *Business Rules*
- 3.2 *AS IS Requirements*
- 3.3 *TO BE Requirements*
- 4 *Gap Analysis Goals and Objectives*
- 4.1 *Requirement Gap Descriptions*
- 5 *Requirements Roadmap*
- Appendix A. Acronyms/Glossary*

3.27 REQ-2-a3-4: Requirements Traceability and Verification Matrix Template

This template is meant to trace requirements to ensure that all requirements are met and verified.

3.27.1 Sections Included

The matrix includes the following information:

- Field*
- Master ID*
- Requirement ID*
- Requirement Description*
- AS IS Requirement?*
- Link to AS IS ID*
- Date Written*
- Requirement Type*
- Requirement Category*
- Sub-Category*
- Requirement Status*
- Requirement Source*
- Requirement Priority*
- Rank*
- Transitional Requirement?*
- Transitional Linking ID*
- Training?*
- BPM*
- Legacy System Change?*
- Functional Area*
- Secondary Functional Area(s)*
- Functional Process Owner*
- Functional Process Co-Owner*
- Functional Process Owner Role/Description*
- Approved Date - Functional Process Owner*
- Functional Process Owner Name*
- Formal Date Approved*
- Date Updated*
- Requirement Comments*

Change Request ID
Issue ID
Risk ID
Vendor ID
Vendor Name(s)
Primary Vendor
Vendor Status
Multiple Modules?
Module Change?
EVV
EVV Solution Indicator
EVV Status
EDW
EDW Solution Indicator
EDW Status
CPMS
CPMS Solution Indicator
CPMS Status
PROV
PROV Solution Indicator
PROV Status
SI
SI Solution Indicator
SI Status
Requirement Attribute
EVV Change Order #
EDW Change Order #
CPMS Change Order #
PROV Change Order #
SI Change Order #
EVV Defect #
EDW Defect #
CPMS Defect #
PROV Defect #
SI Defect #
EVV - Test Case ID
EVV - No TC Reason
EDW - Test Case ID
EDW - No TC Reason
CPMS - Test Case ID
CPMS - No TC Reason
PROV - Test Case ID
PROV - No TC Reason
SI - Test Case ID
SI - No TC Reason
Phase
Use Case(s)
EVV Procurement?
EDW Procurement?
CPMS Procurement?
PROV Procurement?
SI Procurement?
EVV Implementation Date
EDW Implementation Date
CPMS Implementation Date
PROV Implementation Date

SI Implementation Date
CMS State Plan
AIMS Rule
MECT ID
MITA BA
MITA BP
KPI
SLA
Performance Penalty
Certification Status - EVV
Certification Status - EDW
Certification Status - CPMS
Certification Status - PROV
Certification Status - SI
Date Certified - EVV
Date Certified - EDW
Date Certified - CPMS
Date Certified - PROV
Date Certified - SI
Date Archived
Procurement Library
Artifact for Procurement Library

3.28 REQ-2-a3-5,6,7: [FA] AS IS and TO BE Business Process Models Template

This document details the AS IS and TO BE business process model diagrams, gap analysis, and roadmap for the business processes identified for the [functional area (FA)] business process in the [module name] module.

3.28.1 Sections Included

The following sections are included in this template:

- 1 *Introduction*
- 1.1 *Referenced Deliverables*
- 2 *Business Area Overview*
- 3 *Requirements*
- 3.1 *Business Rules*
- 3.2 *AS IS Requirements*
- 3.3 *TO BE Requirements*
- 4 *Gap Analysis Goals and Objectives*
- 4.1 *Requirement Gap Descriptions*
- 5 *Requirements Roadmap*
- Appendix A. Acronyms/Glossary*

3.29 REQ-2-a3-8: Define Requirements Templates Business Requirements Document

As part of the Alabama Medicaid Enterprise Systems Modernization Program (AMMP), the Program Management Office (PMO) shall create and deliver a Business Requirements Document for each module. The purpose of this document is to provide the template which will be used by the MES Business

Analysts (BAs) to produce the BRD. The template will also be used as a guide for future vendors on the project. The template describes the layout and contents of each section that should be included in the BRD.

3.29.1 Sections Included

The following sections are included in this template:

<i>Purpose</i>	<i>1</i>
<i>1</i>	<i>Introduction</i>
<i>2</i>	<i>Project Scope</i>
<i>3</i>	<i>Project Stakeholders</i>
<i>4</i>	<i>Testing</i>
<i>5</i>	<i>Training</i>
<i>6</i>	<i>[Module] Business Summary</i>
<i>6.1</i>	<i>[Module] Business Goals</i>
<i>6.2</i>	<i>[Module] Business Objectives</i>
<i>6.3</i>	<i>[Module] Business Problem Statement</i>
<i>6.4</i>	<i>[Module] Business Project Description</i>
<i>6.5</i>	<i>[Module] Data Flow Diagram</i>
<i>7</i>	<i>[Functional Area 1] Business Summary</i>
<i>7.1</i>	<i>[Functional Area 1] Business Owners</i>
<i>7.2</i>	<i>[Functional Area 1] Business Goals</i>
<i>7.3</i>	<i>[Functional Area 1] Business Objectives</i>
<i>7.4</i>	<i>[Functional Area 1] Business Problem Statement</i>
<i>7.5</i>	<i>[Functional Area 1] Business Project Description</i>
<i>7.6</i>	<i>[Functional Area 1] Business Assumptions and Dependencies</i>
<i>7.6.1</i>	<i>Assumptions</i>
<i>7.6.2</i>	<i>Dependencies</i>
<i>7.7</i>	<i>[Functional Area 1] Business Rules</i>
<i>7.8</i>	<i>[Functional Area 1] AS IS and TO BE Business Processes Flow Charting and Diagrams</i>
<i>7.8.1</i>	<i>[Functional Area 1] AS IS</i>
<i>7.8.2</i>	<i>[Functional Area 1] TO BE</i>
<i>7.9</i>	<i>[Functional Area 1] Deliverable Requirements</i>
<i>7.10</i>	<i>[Functional Area 1] External Impact</i>
<i>7.11</i>	<i>[Functional Area 1] Critical Success Factors</i>
	<i>Appendix A. Acronyms/Glossary</i>
	<i>Appendix B. Applicable Project, Federal, State, or Industry Standards</i>
	<i>Appendix C. Use Case</i>
	<i>Appendix D. Data Model</i>
	<i>Appendix E. Data Dictionary</i>

Appendix A. Acronyms/Glossary

For a complete list of Acronyms and Glossary of Terms, please reference the [MES Acronyms and Glossary](#).

State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)

Pricing Schedule A
Total Evaluated Price

Corporation or
Other Legal Entity

TOTAL FIRM AND FIXED CONTRACT PRICE	TOTAL EVALUATED PRICE
\$ -	\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
Total Contract		Total Contract - Schedule B - Deliverables	\$ -	\$ -
		Total Year 1 - Deliverables	\$ -	\$ -
	1	TCOE Kick-Off Presentation		\$ -
	1	TCOE Overview Presentation - System Integrator		\$ -
	1	TCOE Overview Presentation- Enterprise Data Services		\$ -
	1	Module Testing - SI Testing Kick off		\$ -
	1	Resource Management Plan		\$ -
	1	TCOE Project Schedule - add to all the year		\$ -
	1	AMMP Testing Strategy		\$ -
	1	TCOE Module Test Oversight Plan		\$ -
	1	TCOE Testing Quality Management Plan		\$ -
	1	End-to-End Test Plan - SI		\$ -
	1	User Acceptance Testing (UAT) Plan - SI		\$ -
	1	System Intergration Testing (SIT) - SI		\$ -
	1	Turnover Management Plan		\$ -
	1	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 2 - Deliverables	\$ -	\$ -
	2	TCOE Overview Presentation- Claims Processing Management		\$ -
	2	Module Testing - CARES Testing Kick off		\$ -
	2	Module Testing - EDS Testing Kick off		\$ -
	2	Resource Management Plan		\$ -
	2	TCOE Project Schedule		\$ -
	2	AMMP Testing Strategy		\$ -
	2	TCOE Module Test Oversight Plan		\$ -
	2	TCOE Testing Quality Management Plan		\$ -
	2	End-to-End Test Plan - CARES		\$ -
	2	End-to-End Test Plan - EDS		\$ -
	2	User Acceptance Testing (UAT) Plan - CARES		\$ -
	2	User Acceptance Testing (UAT) Plan - EDS		\$ -
	2	System Intergration Testing (SIT) - CARES		\$ -
	2	System Intergration Testing (SIT) - EDS		\$ -
	2	Turnover Management Plan		\$ -
	2	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 3 - Deliverables	\$ -	\$ -
	3	TCOE Overview Presentation- Provider		\$ -
	3	Module Testing - MEVV Testing Kick off		\$ -
	3	Resource Management Plan		\$ -
	3	TCOE Project Schedule		\$ -
	3	AMMP Testing Strategy		\$ -
	3	TCOE Module Test Oversight Plan		\$ -
	3	TCOE Testing Quality Management Plan		\$ -
	3	End-to-End Test Plan - MEVV		\$ -
	3	User Acceptance Testing (UAT) Plan - MEVV		\$ -
	3	System Intergration Testing (SIT) - MEVV		\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
	3	Turnover Management Plan		\$ -
	3	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 4 - Deliverables	\$ -	\$ -
	4	Module Testing - CPMS Testing Kick off		\$ -
	4	Module Testing - Provider Testing Kick off		\$ -
	4	Resource Management Plan		\$ -
	4	TCOE Project Schedule		\$ -
	4	AMMP Testing Strategy		\$ -
	4	TCOE Module Test Oversight Plan		\$ -
	4	TCOE Testing Quality Management Plan		\$ -
	4	End-to-End Test Plan - CPMS		\$ -
	4	End-to-End Test Plan - Provider		\$ -
	4	User Acceptance Testing (UAT) Plan - CPMS		\$ -
	4	User Acceptance Testing (UAT) Plan - Provider		\$ -
	4	System Intergration Testing (SIT) - CPMS		\$ -
	4	System Intergration Testing (SIT) - Provider		\$ -
	4	Turnover Management Plan		\$ -
	4	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 5 - Deliverables	\$ -	\$ -
	5	Resource Management Plan		\$ -
	5	TCOE Project Schedule		\$ -
	5	AMMP Testing Strategy		\$ -
	5	TCOE Module Test Oversight Plan		\$ -
	5	TCOE Testing Quality Management Plan		\$ -
	5	Contract Turnover- Kickoff		\$ -
	5	Turnover Management Plan		\$ -
	5	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -

TOTAL EVALUATED PRICE	\$ -
------------------------------	------

TOTAL FIRM AND FIXED CONTRACT PRICE \$ -

Signature: _____

Date: _____

0

**State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)**

**Pricing Schedule B
Staff Hourly Rates**

Vendor Name: 0

Job Title	Year 1	Year 2	Year 3	Year 4	Year 5
Enterprise Services Lead					
Project Administrative Support					
Module Services Lead					
Test Technical Engineers					
Tester Specialist					
Project Analyst					
Quality Assurance Analyst					

Signature: _____

Date: _____

State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)

Pricing Schedule A
Total Evaluated Price

Corporation or
Other Legal Entity

TOTAL FIRM AND FIXED CONTRACT PRICE	TOTAL EVALUATED PRICE
\$ -	\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
Total Contract		Total Contract - Schedule B - Deliverables	\$ -	\$ -
		Total Year 1 - Deliverables	\$ -	\$ -
	1	TCOE Kick-Off Presentation		\$ -
	1	TCOE Overview Presentation - System Integrator		\$ -
	1	TCOE Overview Presentation- Enterprise Data Services		\$ -
	1	Module Testing - SI Testing Kick off		\$ -
	1	Resource Management Plan		\$ -
	1	TCOE Project Schedule		\$ -
	1	AMMP Testing Strategy		\$ -
	1	TCOE Module Test Oversight Plan		\$ -
	1	TCOE Testing Quality Management Plan		\$ -
	1	End-to-End Test Plan - SI		\$ -
	1	User Acceptance Testing (UAT) Plan - SI		\$ -
	1	System Integration Testing (SIT) Plan - SI		\$ -
	1	Turnover Management Plan		\$ -
	1	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 2 - Deliverables	\$ -	\$ -
	2	TCOE Overview Presentation- Claims Processing Management		\$ -
	2	Module Testing - CARES Testing Kick off		\$ -
	2	Module Testing - EDS Testing Kick off		\$ -
	2	Resource Management Plan		\$ -
	2	TCOE Project Schedule		\$ -
	2	AMMP Testing Strategy		\$ -
	2	TCOE Module Test Oversight Plan		\$ -
	2	TCOE Testing Quality Management Plan		\$ -
	2	End-to-End Test Plan - CARES		\$ -
	2	End-to-End Test Plan - EDS		\$ -
	2	User Acceptance Testing (UAT) Plan - CARES		\$ -
	2	User Acceptance Testing (UAT) Plan - EDS		\$ -
	2	System Intergration Testing (SIT) Plan - CARES		\$ -
	2	System Intergration Testing (SIT) Plan - EDS		\$ -
	2	Turnover Management Plan		\$ -
	2	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 3 - Deliverables	\$ -	\$ -
	3	TCOE Overview Presentation- Provider		\$ -
	3	Module Testing - MEVV Testing Kick off		\$ -
	3	Resource Management Plan		\$ -
	3	TCOE Project Schedule		\$ -
	3	AMMP Testing Strategy		\$ -
	3	TCOE Module Test Oversight Plan		\$ -
	3	TCOE Testing Quality Management Plan		\$ -
	3	End-to-End Test Plan - MEVV		\$ -
	3	User Acceptance Testing (UAT) Plan - MEVV		\$ -
	3	System Intergration Testing (SIT) Plan - MEVV		\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
	3	Turnover Management Plan		\$ -
	3	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 4 - Deliverables	\$ -	\$ -
	4	Module Testing - CPMS Testing Kick off		\$ -
	4	Module Testing - Provider Testing Kick off		\$ -
	4	Resource Management Plan		\$ -
	4	TCOE Project Schedule		\$ -
	4	AMMP Testing Strategy		\$ -
	4	TCOE Module Test Oversight Plan		\$ -
	4	TCOE Testing Quality Management Plan		\$ -
	4	End-to-End Test Plan - CPMS		\$ -
	4	End-to-End Test Plan - Provider		\$ -
	4	User Acceptance Testing (UAT) Plan - CPMS		\$ -
	4	User Acceptance Testing (UAT) Plan - Provider		\$ -
	4	System Intergration Testing (SIT) Plan - CPMS		\$ -
	4	System Intergration Testing (SIT) Plan - Provider		\$ -
	4	Turnover Management Plan		\$ -
	4	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 5 - Deliverables	\$ -	\$ -
	5	Resource Management Plan		\$ -
	5	TCOE Project Schedule		\$ -
	5	AMMP Testing Strategy		\$ -
	5	TCOE Module Test Oversight Plan		\$ -
	5	TCOE Testing Quality Management Plan		\$ -
	5	Contract Turnover- Kickoff		\$ -
	5	Turnover Management Plan		\$ -
	5	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -

TOTAL EVALUATED PRICE	\$ -
------------------------------	------

TOTAL FIRM AND FIXED CONTRACT PRICE \$ -

Signature: _____

Date: _____

0

State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)

Pricing Schedule A
Total Evaluated Price

Corporation or
Other Legal Entity

TOTAL FIRM AND FIXED CONTRACT PRICE	TOTAL EVALUATED PRICE
\$ -	\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
Total Contract		Total Contract - Schedule B - Deliverables	\$ -	\$ -
		Total Year 1 - Deliverables	\$ -	\$ -
	1	TCOE Kick-Off Presentation		\$ -
	1	TCOE Overview Presentation - System Integrator		\$ -
	1	TCOE Overview Presentation- Enterprise Data Services		\$ -
	1	Module Testing - SI Testing Kick off		\$ -
	1	Resource Management Plan		\$ -
	1	TCOE Project Schedule		\$ -
	1	AMMP Testing Strategy		\$ -
	1	TCOE Module Test Oversight Plan		\$ -
	1	TCOE Testing Quality Management Plan		\$ -
	1	End-to-End Test Plan - SI		\$ -
	1	User Acceptance Testing (UAT) Plan - SI		\$ -
	1	System Integration Testing (SIT) Plan - SI		\$ -
	1	Turnover Management Plan		\$ -
	1	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 2 - Deliverables	\$ -	\$ -
	2	TCOE Overview Presentation- Claims Processing Management		\$ -
	2	Module Testing - CARES Testing Kick off		\$ -
	2	Module Testing - EDS Testing Kick off		\$ -
	2	Resource Management Plan		\$ -
	2	TCOE Project Schedule		\$ -
	2	AMMP Testing Strategy		\$ -
	2	TCOE Module Test Oversight Plan		\$ -
	2	TCOE Testing Quality Management Plan		\$ -
	2	End-to-End Test Plan - CARES		\$ -
	2	End-to-End Test Plan - EDS		\$ -
	2	User Acceptance Testing (UAT) Plan - CARES		\$ -
	2	User Acceptance Testing (UAT) Plan - EDS		\$ -
	2	System Intergration Testing (SIT) Plan - CARES		\$ -
	2	System Intergration Testing (SIT) Plan - EDS		\$ -
	2	Turnover Management Plan		\$ -
	2	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 3 - Deliverables	\$ -	\$ -
	3	TCOE Overview Presentation- Provider		\$ -
	3	Module Testing - MEVV Testing Kick off		\$ -
	3	Resource Management Plan		\$ -
	3	TCOE Project Schedule		\$ -
	3	AMMP Testing Strategy		\$ -
	3	TCOE Module Test Oversight Plan		\$ -
	3	TCOE Testing Quality Management Plan		\$ -
	3	End-to-End Test Plan - MEVV		\$ -
	3	User Acceptance Testing (UAT) Plan - MEVV		\$ -
	3	System Intergration Testing (SIT) Plan - MEVV		\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
	3	Turnover Management Plan		\$ -
	3	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 4 - Deliverables	\$ -	\$ -
	4	Module Testing - CPMS Testing Kick off		\$ -
	4	Module Testing - Provider Testing Kick off		\$ -
	4	Resource Management Plan		\$ -
	4	TCOE Project Schedule		\$ -
	4	AMMP Testing Strategy		\$ -
	4	TCOE Module Test Oversight Plan		\$ -
	4	TCOE Testing Quality Management Plan		\$ -
	4	End-to-End Test Plan - CPMS		\$ -
	4	End-to-End Test Plan - Provider		\$ -
	4	User Acceptance Testing (UAT) Plan - CPMS		\$ -
	4	User Acceptance Testing (UAT) Plan - Provider		\$ -
	4	System Intergration Testing (SIT) Plan - CPMS		\$ -
	4	System Intergration Testing (SIT) Plan - Provider		\$ -
	4	Turnover Management Plan		\$ -
	4	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 5 - Deliverables	\$ -	\$ -
	5	Resource Management Plan		\$ -
	5	TCOE Project Schedule		\$ -
	5	AMMP Testing Strategy		\$ -
	5	TCOE Module Test Oversight Plan		\$ -
	5	TCOE Testing Quality Management Plan		\$ -
	5	Contract Turnover- Kickoff		\$ -
	5	Turnover Management Plan		\$ -
	5	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -

TOTAL EVALUATED PRICE	\$ -
------------------------------	------

TOTAL FIRM AND FIXED CONTRACT PRICE \$ -

Signature: _____

Date: _____

0

**State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)**

**Pricing Schedule B
Staff Hourly Rates**

Vendor Name: 0

Job Title	Year 1	Year 2	Year 3	Year 4	Year 5
Enterprise Services Lead					
Project Administrative Support					
Module Services Lead					
Test Technical Engineers					
Tester Specialist					
Project Analyst					
Quality Assurance Analyst					

Signature: _____

Date: _____

State of Alabama Alabama Medicaid Agency - AMMP Testing Center of Excellence (TCOE) - RRM
RFP Number: 2022-TCOE-01
INSERT VENDOR / ORGANIZATION NAME HERE
Instructions to Vendors
<p>1 Vendors must enter on the name of the corporation or other legal entity as entered on the Bid Transmittal Letter, in the green shaded cells.</p> <p>2 Download and save a copy of this workbook as "TCOE_RFP_AMMP_Requirement_Response_Matrix_(RRM)_VENDOR NAME", inserting your organization's name in place of VENDOR NAME.</p> <p>2 Requirements have been pre-loaded and numbered to align with the Agency's requirement management software, and cross referenced to the applicable RFP Narrative Section.</p> <p>3 Vendors are to make selections of pre-populated answers for columns F and G on the "Requirement Response Matrix" Tab within this excel workbook, in accordance with the instructions below and as informed by the RFP narrative document.</p> <p>4 Print out "Requirement Response Matrix" Tab (all pages), and must be signed and dated and returned with the bid submission.</p>
Response Matrix Categorical Legend (Columns E - G):
Column E - Proposal Location (Tab, Section, Page #)
Reference the section in the vendor's proposal that reference this requirement
Column F - Vendor Experience
E1 - Have performed this in previous engagements with define procedures
E2 - Have performed this in previous engagements without define procedures
E3 - Have not performed this in previous engagements
Column G - Deliverables or Documentation
D1 - Currently exists will be customized for this engagement
D2 - Currently exists will require minor configuration for this engagement
D3 - Does not currently exist will need to be created for this engagement
Column H - Vendor Comments
Additional comments that vendor would like to include - Optional

INSERT VENDOR / ORGANIZATION NAME HERE

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
1	Introduction		The Contractor shall monitor, support and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects				
2	Introduction		The Contractor shall coordinate with each module Contractor for testing needs across multiple AMMP projects, platforms, solutions and methodologies				
3	Introduction		The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End and UAT life cycles and report progress to the Agency.				
4	Introduction		The Contractor shall ensure all critical bugs and defects are resolved by the module Contractors before promotion to production unless approved by the Agency.				
5	Contract StartUp	Contract Startup	The Contractor shall follow established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r) for document development, review and formal submission to the Agency for approval				
6	Contract StartUp	Contract Startup	The Contractor shall follow established quality management process as stated in the Quality Management Process (PMO-2-k) and Quality Management and Artifact Deliverable (PMO-2-k1) for document standards, guidelines, checklist and quality review process prior submission to the Agency.				
7	Contract StartUp	Contract Startup	The Contractor shall review and follow established AMMP program processes, plans and protocols through out the term of the contract. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
8	Contract StartUp	Contract Startup	The Contractor shall provide recommendation and comments for all existing AMMP program test plans, test extract and artifacts to the Agency following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
9	Contract StartUp	AMMP Attestation	The Contractor will sign and submit the AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and they agree to follow them within the four (4) weeks from contract start date.				
10	Contract StartUp	Project Kick-Offs	The Contractor shall follow the Kick-off Meetings Protocol Guide (PMO-2-c1) and work with the Agency and the MES PMO to conduct a kick-off meeting within two (2) weeks of the contract start date and shall use the program kick-off template.				
11	Contract StartUp	Project Kick-Offs	The Contractor shall be responsible for developing content for the TCOE kick-off meeting and providing it to the MES PMO.				
12	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and present an overview of the TCOE to each new module contractor or project joining the AMMP.				
13	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and participate in a kick-off meeting prior to each module's testing phase.				
14	Contract StartUp	Contract Discovery Sessions	The Contractor shall document any contract or RFP questions using the AMMP Contract Discovery Template (PMO-2-w-02) and submit to the Agency a minimum of three (3) days before the first session date				
15	Contract StartUp	Contract Discovery Sessions	The Contractor shall participate in a series of Discovery Session meetings scheduled by the Agency to begin within two (2)weeks from the last TCOE Kick-off session				
16	Contract StartUp	PMO status and touchpoints	The Contractor shall follow established program meeting protocol as stated in the Meeting Protocol Reference Guide (COM-8) for meeting invites, agendas and meeting minutes.				
17	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence and schedule a bi-weekly TCOE, EQP, PMO Touchpoints to begin within the first month after contract start up for the term of the contract.				
18	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence, schedule and facilitate a TCOE Monthly PMO Status report to begin within the first month after contract start up for the term of the contract.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
19	Contract StartUp	PMO status and touchpoints	The Contract shall use the AMMP Status Report Template (COM-12-1) for TCOE monthly status reporting. The Contractor shall work with the PMO and the Agency to define the content of the status reports.				
20	Contract StartUp	PMO status and touchpoints	The contractor shall create Meetings minutes following the processes defined within the AMMP COM-8 Meeting Protocol Guide				
21	Contract StartUp	PMO status and touchpoints	The Contractor shall, within three (3) business days of receipt of a request from the State/Federal government or Agency, make all requested data available to the requestor in the format, media type, and quantities designated, at no additional charge.				
22	Contract StartUp	AMMP Governance	The contractor shall have representation on the governance boards as well as workgroups that support these boards for the term of the contract.				
23	Contract StartUp	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Program Wide Integrated Master Schedule Template (PMO-2-p-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.				
24	Contract StartUp	Project Schedule	The Contractor shall be responsible for contributing to and reviewing each module contractor's project schedule specifically related to testing activities. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
25	Contract StartUp	Project Schedule	The contractor shall submit weekly (on Friday) schedule update to the Agency utilizing the Agency approved documentation storage solution (e.g., SharePoint)				
26	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the AMMP-COM-6-A Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
27	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
28	Contractor Specification	Physical Location	The Contractor shall ensure one personnel designated as TCOE lead shall be present onsite at the Alabama Medicaid Agency office location. The Agency reserves the right to request additional personnel onsite as needed to support UAT and end-to-end testing efforts at no additional cost to the Agency				
29	Contractor Specification	Physical Location	The Contractor's staffing solution will only include staff performing AMMP work to be located within the continental United States (CONUS).				
30	Contractor Specification	Resource Management and Scheduling	The Contractor shall develop and submit Resource Management Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the Resource Management Plan every 6 months though the term of the contract.				
31	Contractor Specification	Resource Management and Scheduling	The Contractor's shall have all personnel and ancillary personnel adhere to all applicable policies, procedures and training requirement throughout the term of the contract				
32	Contractor Specification	Resource Management and Scheduling	The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform Agency contract services, in alignment with the project roadmap activities for term of the contract.				
33	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite equipped with hardwired broadband internet connection either through DSL, cable or fiber to home (FIOS or FiberOptic) with minimum internet speed of 10 mbps download and 5 mbps upload contracted speed.				
34	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite work in an environment that is private and free of distractions and be able to devote full attention to your job during work hours.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
35	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Enterprise Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract. 1. Services Lead(s) 2. Project administrative support(s)				
36	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Module Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract: 1. Project Lead(s) 2. Test Technical engineer(s) 3. Tester Specialist(s) 4. Project and quality assurance analyst(s)				
37	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel available during Agency normal business hours 8:00 am to 5:00pm CST, Monday through Friday excluding state holidays and emergency closures.				
38	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel as needed during non-business hours for scheduled releases, emergency and off cycle test-related activities subject to occur throughout the term of the contract				
39	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall utilize the Agency approved documentation storage solution (e.g., SharePoint) to maintain system related business, technical, and operational documentation.				
40	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall ensure all documentation is readily available online and electronically, maintained, retained, archived, and restored in accordance with Agency policies.				
41	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall maintain a complete and accurate version control of all changes made to previously approved documentation. Version Control records will cover the complete life cycle of the documentation from inception to retirement.				
42	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall use products or tools that are compatible with Microsoft Windows 10, Microsoft Office 365 and Microsoft Project 2016 or later that is still supported by Microsoft				
43	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall submit a deliverable definition template to the Agency for review and approval at least 10 days prior starting work on a deliverable when a template is not provided by AMMP				
44	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall align with, utilize, and cooperate with the PMO electronic workflow/management, tracking, routing, and archiving system for documentation that will record all activities associated with the creation and maintenance for all documentation.				
45	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval.				
46	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall schedule a meeting for all applicable reviewers within 3 days to review deliverables not approved at the end of the defined DMT review cycle.				
47	Enterprise Services	Data	The Contractor shall comply with all applicable data governance, privacy office and information security requirements as defined by federal and state policies and regulations.				
48	Enterprise Services	Hardware	The Contractor shall remain compliant with security requirements for Agency and Contractor-provided hardware used to perform AMMP work for the term of the contract.				
49	Enterprise Services	Hardware	The Contractor shall possess all necessary technology, software, hardware, and equipment, to facilitate project work, activities, and meetings via a remote/offsite location, as required by the Agency.				
50	Enterprise Services	Hardware	The Contractor shall be compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers that are connected to the onsite Medicaid network.				
51	Enterprise Services	Hardware	The Contractor shall install virus protection software that is compliant to Agency, state and federal security and confidentiality regulations. The contractor shall keep all virus protection software updated at all times. The Contractor shall also install security patches which are relevant to the operating system and any other system software. The Contractor shall use full disk encryption protection.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
52	Enterprise Services	AMMP Testing Strategy	The Contractor shall develop and submit AMMP Testing Strategy to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Testing Strategy every 6 months though the term of the contract.				
53	Enterprise Services	AMMP Testing Strategy	The Contractor shall review and comment on each module Contractor's Test Evaluation and Management Plan (TEMP) to verify that the module contractor follows the AMMP Test Strategy. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
54	Enterprise Services	TCOE Module Test Oversight Plan	The Contractor shall develop and submit AMMP Module Test Oversight Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Module Test Oversight Plan every 6 months though the term of the contract.				
55	Enterprise Services	Testing Requirement	The Contractor shall participate, provide input and develop testing requirements and specification for each of the AMMP module RFP/RFB that aligns with the TCOE strategy, methodology and plans.				
56	Enterprise Services	Defect Identification	The Contractor shall be required to follow the AMMP processes for Change, Defect and Release Management for the term of the contract.				
57	Module Services	Module Services	The Contractor shall review all AMMP test and certification related deliverables, artifact and materials submitted by module Contractor and provide comments following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
58	Module Services	Module Services	The Contractor shall participate in all test planning activities for AMMP through out the term of the contract.				
59	Module Services	Module Services	The Contractor shall monitor all module Contractor testing activities and artifacts are aligned to the approved AMMP Test Strategy and is adhering to the module Contractor Test Evaluation and Management Plan (TEMP) planned activities. The contractor shall report each module's testing activities that includes SIT, End-to-End and UAT progress and finding in the PMO Status and Touchpoint meetings.				
60	Module Services	Module Services	The Contractor shall identify and monitor each module contractors test activities which include but not limited to testing, test cases, test deployment for risk, issues and impact across project in alignment with the AMMP Testing Strategy.				
61	Module Services	Module Test Planning	The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase				
62	Module Services	Module Oversight	The Contractor shall identify and report inconsistencies, abnormalities, gaps, failure to adhere to processes and incompliance to AMMP Testing Strategy by the module contractors in the bi-weekly touchpoints				
63	Module Services	Module Oversight	The Contractor shall participate in module contractor's meetings such as but not limited to; requirement validation, software configuration and testing.				
64	Module Services	Module Oversight	The Contractor shall review module contractor's End-to-End testing activities, test cases and test scenarios are align with module End-to-End test plan and all End-to-End testing is complete prior CMS Operational Rediness Review (ORR). The Contractor shall provide results and recommendation to the Agency once End-to-End testing is completed in the final Test Phase Acceptance (TPA) package.				
65	Module Services	Module Oversight	The Contractor shall develop and submit End-to-End Test Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The End-to-End Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the End-to-End Test Plan every 6 months though the term of the contract for each AMMP module.				
66	Module Services	Module Oversight	The Contractor shall develop and submit System Integration Testing (SIT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The SIT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the SIT Test Plan every 6 months though the term of the contract for each AMMP module				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
67	Module Services	Module Oversight	The Contractor shall develop and submit User Acceptance Testing (UAT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The UAT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the UAT Test Plan every 6 months through the term of the contract for each AMMP module				
68	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall review the RTM to validate test cases associated with the requirement fully. The Contractor shall report to the EQP and PMO team bi-weekly on the RTM for term of the contract.				
69	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall update on the weekly basis test related information from SIT, End-to-End and UAT activities conducted by the module vendor in the Agency Requirement Management Tool through out the term of the contract				
70	Module Services	Test Case Extract and TPA	The Contractor shall review and monitor activities in the Test Phase Acceptance (TPA) package submitted weekly by module Contractor and provide comments through out the term of the contract.				
71	Module Services	Test Case Extract and TPA	The Contractor shall review the final version of the TPA for completeness and timely submission which is at the end of the testing phase or at the time defined by the Agency for each module				
72	Module Services	Test Case Extract and TPA	The Contractor shall coordinate with the each project team to ensure documented requirements are validated before the product or solution is released to the production environment. The contractor shall provide a written report of the findings and recommendation to the EQP and PMO at the time defined by the Agency for each module.				
73	Common Process	Security	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all modules.				
74	Common Process	Security	The Contractor shall meet the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.				
75	Common Process	Security	The Contractor shall ensure that solution meets the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.				
76	Common Process	Security	The Contractor Solution shall maintain compliance with the Medicaid Enterprise Security Policy, based on federal standards such as NIST Special Publication 800-53 and subject to changes and updates as the agency Information Security Program matures, or as legislation, regulations, policies, publications, or practices change. Medicaid shall reserve the right to revoke contractor's access to information that it shares with the contractor in the event an audit finds the contractor has not met the security requirements specified in the Medicaid Enterprise Security Policy.				
77	Common Process	Security	The Contractor shall retain full responsibility for all maintenance and configuration changes to the solution(s) necessary to maintain Federal security and regulatory compliance.				
78	Common Process	Security	The SI Contractor's solution shall ensure all data exchanges are restricted to the continental United States (CONUS).				
79	Common Process	Security	The Contractor shall comply and report on how the solution is ADA 508 compliant, following compliance standards defined by Section 508 of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80, which requires agencies to provide software and website accessibility to people with disabilities.				
80	Common Process	Security	The Contractor shall retain and make accessible, according to 42 CFR 431.17 and State requirements, data entered into, maintained, or generated by the modified system, as directed by the Agency.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
81	Common Process	Medicaid Enterprise Security	The Contractor shall include in standards and practices of the TCOE compliance with the AMMP program defined architecture, standards, processes and procedures implemented for the policies defined by the Agency ISO.				
82	Common Process	Medicaid Enterprise Security	The Contractor shall also work with the Agency to identify methods that will be used to monitor and ensure the Agency defined policies are followed across the module Contractors for AMMP testing and test management practices.				
83	Common Process	Statement of Concern and Corrective Action Plan	The Contractor shall respond to the written statement of concern within three (3) business days and submit the response to the PMO. The PMO shall provide a written response to the Contractor within five (5) business days of their submission. All concern(s) identified by the PMO must be resolved within ten (10) business days of identification or the Contractor must receive PMO approval to delay or bypass the concern.				
84	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall submit a Corrective Action Plan (CAP) within five (5) business upon request to the Agency for review and approval. If the CAP is not approved by Medicaid a meeting will be scheduled to discuss and finalize the CAP.				
85	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall begin execution of the CAP within five (5) days of Medicaid approval. If the contractor fails to successfully execute the CAP, liquidated damages may be assessed				
86	Common Process	Communications Management Plan	The Contractor shall provide input and collaborate with module contractor to develop a module specific Communication Management Plan. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
87	Common Process	Quality Management Plan	The Contractor shall develop and submit TCOE Testing Quality Management Plan for AMMP testing and oversight to the Agency for review and approval within six (6) weeks from contract start date. The contractor shall update the TCOE Testing Quality Management Plan every 6 months through the term of the contract.				
88	Common Process	End of Contract Turnover	The Contractor shall develop and submit Turnover Management Plan to the Agency for review and approval within six (6) months from contract start date. The contractor shall update the Turnover Management Plan annually through the term of the contract.				
89	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of the contract start date of the incoming Contractor, hold the turnover kick-off meeting with the Agency, PMO, MES Contractors, and the incoming Contractor.				
90	Common Process	End of Contract Turnover	The Contractor shall update and submit, for Agency review and approval, the Turnover Management Plan, one quarter prior to the beginning of the Turnover and Closeout Phase, to be updated quarterly, thereafter				
91	Common Process	End of Contract Turnover	The Contractor shall, along with the PMO and incoming Contractor, within four (4) weeks of new contract start, hold a meeting with the Agency to walkthrough the Turnover Management Plan Deliverable and receive Agency approval. Comments and issues will be resolved during the meeting with the Agency, if possible. Any outstanding comments and issues must be handled through remediation to the plan within five (5) calendar days.				
92	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of new contract start, facilitate an initial meeting (to occur after discovery sessions have completed) with the new Contractor, PMO, and the Agency to review the Agency approved Turnover Management Plan, updated Turnover and Closeout Phase schedule and plan the initial kickoff meeting with all MES Contractors				
93	Common Process	End of Contract Turnover	The Contractor shall collaborate with the new Contractor, and the PMO to develop and submit the Turnover and Closeout Phase schedule for review and approval by the Agency in alignment with the following timeframes: 1. Initial submittal within 6 weeks of the new Contract execution date 2. Agency review and approval to be completed within 8 weeks of completion of the discovery sessions 3. Weekly updates thereafter until the end of the contract.				
94	Common Process	End of Contract Turnover	The Contractor shall submit, for Agency review and approval, the Turnover Management Status Report and Schedule on a weekly basis throughout the Turnover and Closeout phase				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
95	Common Process	End of Contract Turnover	The Contractor shall designate key points of contacts for turnover planning and activities in accordance with the Turnover Management Plan.				
96	Common Process	End of Contract Turnover	The Contractor shall, if requested, allow the Agency or Agency specified resource, to work side-by-side to facilitate knowledge transfer.				
97	Common Process	End of Contract Turnover	The Contractor shall provide and assign staffing resources to successfully complete the Turnover Management Plan and activities according to the approved Turnover Schedule.				
98	Common Process	End of Contract Turnover	The Contractor shall turnover, in a format approved by the Agency, all records, data, manuals, training materials, plans, and deliverables to the Agency in accordance with the Agency approved Turnover Management Plan and Turnover and Closeout Phase schedule.				
99	Common Process	End of Contract Turnover	The Contractor shall generate and provide all Agency requested, documentation and data for inclusion into a procurement library within sixty (60) business days of the Agency's request as part of the turnover and closeout activities.				
100	Common Process	End of Contract Turnover	The Contractor shall return all documents, which refers to any outstanding documentation after the completion of turnover activities with the incoming contractor, to Medicaid within three (3) business days following expiration or termination of the contract. This includes but is not limited to: 1. Final records 2. Checklists 3. Data dumps				
101	Common Process	End of Contract Turnover	The Contractor shall upon the expiration of the Contract term or the termination date, remove/delete and sanitize all Medicaid data from all Contractor storage devices and media in accordance with the Medicaid Enterprise Security Policy and submit an attestation of those actions to the Agency upon the expiration of the Contract term or the termination date.				
102	Common Process	End of Contract Turnover	The contractor shall maintain all software and production data files used in the performance of the contract for at least one hundred twenty (120) calendar days after the expiration or termination of the contract and shall maintain such at a readily accessible place and shall make them available to the Agency on demand in the format and media requested.				
103	Common Process	End of Contract Turnover	The Contractor shall provide a Turnover Status Report for Agency review during the turnover period. The Turnover Status Report shall contain, at a minimum: 1. Overall turnover status 2. Turnover deliverables, milestones, key activities accomplished 3. Current blockers, concerns, or constraints 4. Status of Critical issues and/or risks 5. Upcoming Activities 6. Key decisions made or needed 7. Current Transition Checklist 8. Current status of Turnover Acceptance Criteria				
Signed By: _____ Date: _____							

AMMP Testing Center of Excellence (TCOE) Request for Proposal (RFP)

Document Name:		Alabama Medicaid TCOE RFP
Vendor Name:		

Comment Number	Page #	Section #	Text	Vendor Comment	Agency Response	
1						
2						
3						
4						
5						
6						
7						
8						
9						

**TESTING CENTER OF EXCELLENCE (TCOE) REQUEST FOR
PROPOSAL (RFP) MANDATORY VENDOR CONFERENCE
NOTIFICATION**

INTENT TO ATTEND MANDATORY VENDOR CONFERENCE NOTIFICATION

This form acknowledges that _____(company name) intends to attend the Mandatory Vendor Conference for the TCOE RFP. This conference is **mandatory** for all Vendors that will be submitting a response to the RFP. This completed form must be emailed to **TCOERFP@MEDICAID.ALABAMA.GOV** by 5:00 p.m. CT on Wednesday, May 4, 2022.

NOTE:

Vendors who require clarification and/or interpretation of any sections of the RFP are allowed to ask verbal questions that must also be submitted in writing during the mandatory conference.

VENDOR NAME

REPRESENTATIVES' NAMES (List all attending. The Agency must be notified in advance of changes in representation).

COMPANY ADDRESS

Phone: _____

Fax: _____

Email: _____

Date: _____

Item No	Iteration/ Review	Source/Dept	Software/Tool Name	Purpose
1	1st	Data Governance	Talend Collibra	Enterprise Governance Tool
2	1st	Data Governance	Syncsort Trillium DQ (Data Quality)	Enterprise Governance Tool
3	1st	Security Team	Tenable Security Center Continuous View	Enterprise Security Tool - Vulnerability management platform
4	1st	Security Team	MicroFocus WebInspect	Enterprise Security Tool - Application vulnerability scanner

5	1st	Security Team	Source Code Analysis tool	Enterprise Security Tool - Source code scans on Medicaid applications for secure coding practices, code operability/functionality, syntax errors, code quality
6	1st	Security Team	Fortinet Fortigate	Enterprise Security Tool - Firewall access control, next gen application control, intrusion detection/prevention, web filtering
7	1st	Security Team	BigIP F5	Enterprise Security Tool - Reverse Proxy virtual appliance that acts as a Load Balancer and Web Application Firewall
8	1st	Security Team	Telos Xacta	Enterprise Security Tool - Governance, Risk, & Compliance management platform
9	1st	Security Team	Fortinet FortiAnalyzer	Enterprise Security Tool - Security Analysis platform

10	1st	Security Team	Security Event & Incident Management platform	Enterprise Security Tool - Multiple components – new components are added as needed
11	1st	PMO Team	Microsoft SharePoint	Project Software - Content Management
12	1st	PMO Team	Cisco WebEx	Project Software - Web Conferencing
13	1st	PMO Team	Microsoft Power BI	Project Software - Executive Dashboard
14	1st	PMO Team	TBD	Project Software - MITA Management Tool

15	1st	PMO Team	iServer	Project Software - Requirement Management Tool
16	1st	PMO Team	iServer	Project Software – Business Process Models
17	1st	PMO Team	Microsoft SharePoint	Project Software - Risk Management Tool
18	1st	PMO Team	iServer	Information Architecture Tool

19	1st	PMO Team	iServer	Project Software - Process Modeling Tool
20	1st	PMO Team	Microsoft SharePoint	Project Software - Issue Management Tool
21	1st	PMO Team	MS Project Online	Project Software - Project scheduling tool
22	2nd			
23	2nd			

24	2nd			
25	2nd			

Description

The Medicaid Data Governance Team will use this tool to identify data errors, issues, or inconsistencies. This tool will display analysis results and produce reports. The Modular EVV contractor will be required to correct any data or issues found during this analysis.

The Modular EVV contractor will export all requested EVV data and provide access to the DGO team. The Medicaid Data Governance Team will use this tool to import the data, analyze the data, and transfer the data to Collibra. The Modular EVV contractor will be required to correct any data or issues found during this analysis.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This hardware appliance is not required for a SaaS vendor (external) system. It will be used to support Medicaid owned/controlled environments both on-premises and cloud.

The Modular EVV contractor will enter all required security artifacts, deliverables, complete required checklists, and complete required security forms in this tool. This tool must be used by all vendors/contractors to support the Medicaid Enterprise

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This tool will be used to store and maintain all Modular EVV documents, diagrams, and deliverables. The contractor will be required to use this tool.

This tool is the preferred web conferencing software for the Modular EVV contractor. Skype may also be used as a secondary choice.

This tool will be used to produce the Executive Dashboard for the Modular EVV project. The contractor will enter data, provide data files, and maintain data for the dashboard.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

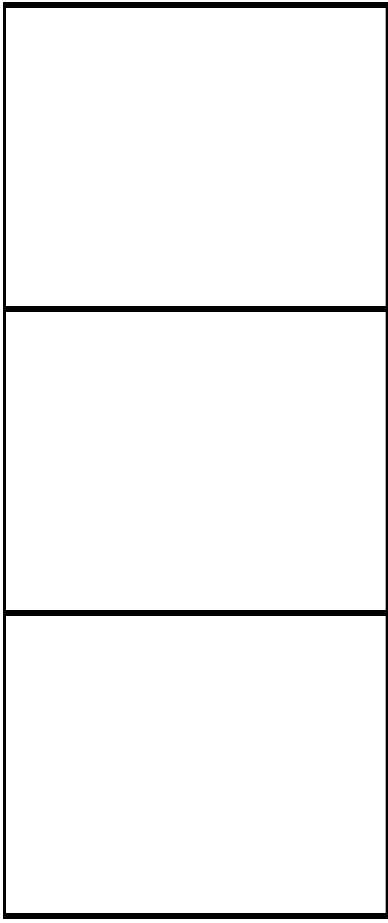
Medicaid will use the electronic Risk Management Tool as provided by the PMO Services Vendor.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid will use an issue management and an action item as provided by the PMO Services Vendor.

Medicaid will use MS Project Online as provided by the PMO Services Vendor.



Item No	Iteration/ Review	Source/Dept	Software/Tool Name	Purpose
1	1st	Data Governance	Talend Collibra	Enterprise Governance Tool
2	1st	Data Governance	Syncsort Trillium DQ (Data Quality)	Enterprise Governance Tool
3	1st	Security Team	Tenable Security Center Continuous View	Enterprise Security Tool - Vulnerability management platform
4	1st	Security Team	MicroFocus WebInspect	Enterprise Security Tool - Application vulnerability scanner

5	1st	Security Team	Source Code Analysis tool	Enterprise Security Tool - Source code scans on Medicaid applications for secure coding practices, code operability/functionality, syntax errors, code quality
6	1st	Security Team	Fortinet Fortigate	Enterprise Security Tool - Firewall access control, next gen application control, intrusion detection/prevention, web filtering
7	1st	Security Team	BigIP F5	Enterprise Security Tool - Reverse Proxy virtual appliance that acts as a Load Balancer and Web Application Firewall
8	1st	Security Team	Telos Xacta	Enterprise Security Tool - Governance, Risk, & Compliance management platform
9	1st	Security Team	Fortinet FortiAnalyzer	Enterprise Security Tool - Security Analysis platform

10	1st	Security Team	Security Event & Incident Management platform	Enterprise Security Tool - Multiple components – new components are added as needed
11	1st	PMO Team	Microsoft SharePoint	Project Software - Content Management
12	1st	PMO Team	Cisco WebEx	Project Software - Web Conferencing
13	1st	PMO Team	Microsoft Power BI	Project Software - Executive Dashboard
14	1st	PMO Team	TBD	Project Software - MITA Management Tool

15	1st	PMO Team	iServer	Project Software - Requirement Management Tool
16	1st	PMO Team	iServer	Project Software – Business Process Models
17	1st	PMO Team	Microsoft SharePoint	Project Software - Risk Management Tool
18	1st	PMO Team	iServer	Information Architecture Tool

19	1st	PMO Team	iServer	Project Software - Process Modeling Tool
20	1st	PMO Team	Microsoft SharePoint	Project Software - Issue Management Tool
21	1st	PMO Team	MS Project Online	Project Software - Project scheduling tool
22	2nd	PMO Services	Deliverable Management Tool	Contractor Deliverable Management and Approval

Description

The Medicaid Data Governance Team will use this tool to identify data errors, issues, or inconsistencies. This tool will display analysis results and produce reports. The Modular EVV contractor will be required to correct any data or issues found during this analysis.

The Modular EVV contractor will export all requested EVV data and provide access to the DGO team. The Medicaid Data Governance Team will use this tool to import the data, analyze the data, and transfer the data to Collibra. The Modular EVV contractor will be required to correct any data or issues found during this analysis.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This hardware appliance is not required for a SaaS vendor (external) system. It will be used to support Medicaid owned/controlled environments both on-premises and cloud.

The Modular EVV contractor will enter all required security artifacts, deliverables, complete required checklists, and complete required security forms in this tool. This tool must be used by all vendors/contractors to support the Medicaid Enterprise

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This tool will be used to store and maintain all Modular EVV documents, diagrams, and deliverables. The contractor will be required to use this tool.

This tool is the preferred web conferencing software for the Modular EVV contractor. Skype may also be used as a secondary choice.

This tool will be used to produce the Executive Dashboard for the Modular EVV project. The contractor will enter data, provide data files, and maintain data for the dashboard.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid will use the electronic Risk Management Tool as provided by the PMO Services Vendor.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid will use an issue management and an action item as provided by the PMO Services Vendor.

Medicaid will use MS Project Online as provided by the PMO Services Vendor.

Tool to assist with review and approval of documents and send system generated emails notifying users of Deliverable Packages to review and approve.

Contractor License
Requirements to use the Tool:
Microsoft 365 E3, E5, F3

Item No	Iteration/ Review	Source/Dept	Software/Tool Name	Purpose
1	1st	Data Governance	Talend Collibra	Enterprise Governance Tool
2	1st	Data Governance	Syncsort Trillium DQ (Data Quality)	Enterprise Governance Tool
3	1st	Security Team	Tenable Security Center Continuous View	Enterprise Security Tool - Vulnerability management platform
4	1st	Security Team	MicroFocus WebInspect	Enterprise Security Tool - Application vulnerability scanner

5	1st	Security Team	Source Code Analysis tool	Enterprise Security Tool - Source code scans on Medicaid applications for secure coding practices, code operability/functionality, syntax errors, code quality
6	1st	Security Team	Fortinet Fortigate	Enterprise Security Tool - Firewall access control, next gen application control, intrusion detection/prevention, web filtering
7	1st	Security Team	BigIP F5	Enterprise Security Tool - Reverse Proxy virtual appliance that acts as a Load Balancer and Web Application Firewall
8	1st	Security Team	Telos Xacta	Enterprise Security Tool - Governance, Risk, & Compliance management platform
9	1st	Security Team	Fortinet FortiAnalyzer	Enterprise Security Tool - Security Analysis platform

10	1st	Security Team	Security Event & Incident Management platform	Enterprise Security Tool - Multiple components – new components are added as needed
11	1st	PMO Team	Microsoft SharePoint	Project Software - Content Management
12	1st	PMO Team	Cisco WebEx	Project Software - Web Conferencing
13	1st	PMO Team	Microsoft Power BI	Project Software - Executive Dashboard
14	1st	PMO Team	TBD	Project Software - MITA Management Tool

15	1st	PMO Team	iServer	Project Software - Requirement Management Tool
16	1st	PMO Team	iServer	Project Software – Business Process Models
17	1st	PMO Team	Microsoft SharePoint	Project Software - Risk Management Tool
18	1st	PMO Team	iServer	Information Architecture Tool

19	1st	PMO Team	iServer	Project Software - Process Modeling Tool
20	1st	PMO Team	Microsoft SharePoint	Project Software - Issue Management Tool
21	1st	PMO Team	MS Project Online	Project Software - Project scheduling tool
22	2nd	PMO Services	Deliverable Management Tool	Contractor Deliverable Management and Approval

Description

The Medicaid Data Governance Team will use this tool to identify data errors, issues, or inconsistencies. This tool will display analysis results and produce reports. The Modular EVV contractor will be required to correct any data or issues found during this analysis.

The Modular EVV contractor will export all requested EVV data and provide access to the DGO team. The Medicaid Data Governance Team will use this tool to import the data, analyze the data, and transfer the data to Collibra. The Modular EVV contractor will be required to correct any data or issues found during this analysis.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This hardware appliance is not required for a SaaS vendor (external) system. It will be used to support Medicaid owned/controlled environments both on-premises and cloud.

The Modular EVV contractor will enter all required security artifacts, deliverables, complete required checklists, and complete required security forms in this tool. This tool must be used by all vendors/contractors to support the Medicaid Enterprise

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This software tool is not required for a SaaS vendor (external) system. It will be used to monitor Medicaid owned/controlled environments both on-premises and cloud.

This tool will be used to store and maintain all Modular EVV documents, diagrams, and deliverables. The contractor will be required to use this tool.

This tool is the preferred web conferencing software for the Modular EVV contractor. Skype may also be used as a secondary choice.

This tool will be used to produce the Executive Dashboard for the Modular EVV project. The contractor will enter data, provide data files, and maintain data for the dashboard.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid will use the electronic Risk Management Tool as provided by the PMO Services Vendor.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid is currently selecting a tool. The Modular EVV contractor must use the selected tool when that decision is finalized.

Medicaid will use an issue management and an action item as provided by the PMO Services Vendor.

Medicaid will use MS Project Online as provided by the PMO Services Vendor.

Tool to assist with review and approval of documents and send system generated emails notifying users of Deliverable Packages to review and approve.

Contractor License
Requirements to use the Tool:
Microsoft 365 E3, E5, F3



Organizational Change Management (OCM) Approach

Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP)

Contract Number: C20000000080
OCM-2-a

Prepared for:

Alabama Medicaid Agency

Version 4.0

October 13, 2022

REVISION HISTORY

Version	Effective Date	Revision Owner	Description of Change
4.0	10/13/2022	Latoya Byas	Approved and published
3.2	06/29/2022	Jamie Roberts, Bonita Bowens, Brooke Bailey, Mark Bonner	Response to Comments
3.1	05/31/2022	Jamie Roberts, Bonita Bowens, Brooke Bailey, Mark Bonner	Iteration update
3.0	10/22/2021	Latoya Byas	Approved. Removed resolved comments and published
2.2	09/29/2021	Suzanne Smith	Response to Comments
2.1	09/02/2021	Suzanne Smith	Updated for iteration 2.
2.0	04/09/2021	Latoya Byas	Approved. Removed resolved comments and published
1.3	02/26/2021	Suzanne Smith	Response to Rejected Comments
1.2	02/12/2021	Barkeiya Ormond and Suzanne Smith	Response to Comments
1.1	1/19/2021	Suzanne Smith	Iteration 1. Completed a review of the whole document. Updated all sections to reflect updates in the OCM approach and processes being followed.
1.0	07/29/2020	Deborah Hall	Approved. Removed resolved comments and published
0.3	07/10/2020	Suzanne Smith	Response to Comments
0.2	06/12/2020	Suzanne Smith	Response to Comments
0.1	05/13/2020	Suzanne Smith	Initial Submission

TABLE OF CONTENTS

1. Introduction / Overview	1
1.1 Referenced Deliverables and Artifacts	1
1.2 Introduction to OCM	2
1.3 OCM Scope	3
1.4 OCM Goals	3
1.5 Definition of OCM Success	5
1.6 OCM Process	6
2 Governance	9
2.1 PMO OCM Team	9
2.2 Program Governance	10
2.3 Program Sponsor Coalition	10
2.4 OCM Oversight	10
3 OCM Templates, Processes and Procedures	11
3.1 OCM-2-g2: OCM Master Tracking Matrix	11
3.2 OCM-2-d2: OCM Communication Matrix	12
3.3 OCM-2-e2: OCM Training Matrix	12
4 Phases of Change	12
4.1 Phase 1 – Preparing for Change	13
4.1.1 Sponsor Coalition Change Readiness Assessments	14
4.1.2 Prosci® Project Change Triangle (PCT™) Assessment	15
4.1.3 Prosci® Change Impact Index	15
4.1.4 Prosci® Organizational Attributes Assessment	16
4.1.5 Prosci® End User Change Readiness Assessment	16
4.1.6 Prosci® FPO Managers Assessment	18
4.2 Phase 2 – Managing Change	19
4.3 Phase 3 – Reinforcing Change	19
5 OCM Responsibility Assignment Matrix	20
6 OCM Communication	23
7 Definitions and Measurements	25
7.1 Assumptions	25
7.2 Dependencies	25
7.3 Constraints	25
7.4 Risks	26
7.5 Controls	26

7.6 Metrics	26
8 OCM Training Approach.....	27
9 Business Transition Artifacts	28
Appendix A. Acronyms/Glossary	29
Appendix B. Future Updates Log	30

LIST OF EXHIBITS

Exhibit 1: OCM Key Principles	2
Exhibit 2: Five Tenets of OCM	4
Exhibit 3: ADKAR® Model of Individual Change	7
Exhibit 4: OCM Process and Phases	8
Exhibit 5: OCM Oversight.....	10
Exhibit 6: OCM Change Readiness Assessments.....	13
Exhibit 7: Sponsor Coalition Interviews.....	15
Exhibit 8: OCM Roles and Responsibilities.....	20
Exhibit 9: Communication Methodology.....	24

1. Introduction / Overview

The Alabama Medicaid Agency (AMA), which will be further recognized as “ the Agency,” is updating their Medicaid Enterprise Systems (MES). The name for the program is the Alabama MES Modernization Program (AMMP). In support of this transformation, the Agency established a Program Management Office (PMO) to provide Program Management, Requirements and Business Process Management (RBPM), Enterprise Architecture (EA), and Organizational Change Management (OCM) services for the modular implementation. The Agency has a team of Medicaid business and technical professionals who support all PMO activities, in concert with Agency subject matter experts (SMEs).

The MES PMO Services Contractor responsibilities include OCM, which will be further recognized as the “PMO OCM Team.” The PMO OCM Team will develop an OCM approach and strategy to transition Agency stakeholders from the current state to the new future state. Effective change management must match the unique characteristics and attributes of the modularity change and the people who are impacted by the change. The AMMP change initiative is large and complex and requires a significant OCM effort to fully realize the intended benefits. Some modules and projects will require more change management than others. To this end, this will require a collaborative effort between the (Agency) MES PMO Team, PMO OCM Team and module contractors. To achieve successful change, leaders must articulate a consistent, achievable, inspiring, and easily-understood vision that guides the organization to measurable achievement of expected benefits. Instead of a single event, change is a transitional process with multiple and varied events supporting the objective of moving an organization and its stakeholders from the current state to a future state. The vision of the Agency is to play a key leadership role in ensuring availability and access to appropriate health care for all Alabamians. The Agency celebrated its 50th anniversary in 2020, providing health care financing for eligible Alabamians, serving them with respect, integrity, excellence, teamwork, and innovation. It is this last value, innovation (“We willingly embrace new ideas and new ways of doing things to effectively meet a changing health care environment.”), which led the Agency to implementation of modularity.

This document describes the OCM approach which will be used throughout AMMP. This approach will be applied to AMMP, and Contractors, who will provide module specific training for each implementation solution. This approach provides the framework which the PMO OCM Team will prepare the business areas for upcoming changes and ensure that the implemented solution is adopted. The approach sets the stage for how the PMO OCM Team will assist with meeting the program objectives and outcomes.

While the approach to OCM will be consistent throughout the program, the implementation strategy will be adjusted for each module because the business impacts will be different for each.

1.1 Referenced Deliverables and Artifacts

The following deliverables and artifacts are cited in this document:

- COM-6-A: Responsibility Assignment Matrix
- OCM-2-c1: OCM Strategic Plan
- OCM-2-c2: OCM Templates
- OCM-2-d1: OCM Communication Plan
- OCM-2-d2: OCM Communication Matrix
- OCM-2-e1: OCM Training Plan
- OCM-2-e2: OCM Training Matrix
- OCM-2-f1: OCM Implementation Plan – Template
- OCM-2-g1: OCM Implementation Tracking Matrix – Template
- OCM-2-g2: OCM Master Tracking Matrix

- OCM-2-h: OCM Project Schedule (RFP deliverable name) / MES_NTT_OCM.mpp (SharePoint Project Repository file name)
- OCM-2-i: OCM Executive Level Dashboard
- PMO-2-y: OCM Effectiveness Evaluation Plan

Note Links to external artifacts is restricted to those with a business need and the required level of access.

1.2 Introduction to OCM

OCM is a structured approach to transition an organization, its groups, and its individuals from the current state to a new desired state. It focuses on the people side of change – socializing change to increase adoption and sustainment. Moving the Agency to a modular Medicaid system is a huge effort that requires partnership between both the technical side (design, develop, deliver – executed by the project management discipline) and a people side (engage, adopt, use – enabled by the OCM discipline) to be successful.

OCM is essential to effective business transformation. Organizational change management drives individual and collective adoption, thus ensuring achievement of expected benefits. AMMP’s OCM approach focuses on the four key principles as described in Exhibit 1:

- Sponsorship
- Communication
- Learning
- Reinforcement

Exhibit 1: OCM Key Principles

Principle	Description
Sponsorship – Develop effective and aligned change sponsorship across the organization	Strong change sponsorship is essential to the success of any change project. Change sponsorship should be built from the executive sponsor to front-line supervisors, or team leaders, to end-users. Change messaging should cascade from leadership. It should be aligned with the vision, and ongoing to build sustainable momentum in support of the change project. For AMMP, the primary sponsors are the Agency Commissioner and the Agency’s Chief Information Officer. The AMMP sponsors must be able to articulate a compelling vision, organizational benefits, and clear objectives for the change.
Communication – Provide ongoing, targeted, and timely stakeholder communication	The functional business areas and stakeholders impacted by change need to know what the change includes, why it is needed, and how it will be implemented. At each step in the change process, OCM’s communication should be delivered sharing the right messages, at the right time. Open and timely communication serves to prevent or minimize change resistance which could slow or hamper the modularity program. Examples of OCM communication include, but are not limited to, newsletters, frequently asked questions (FAQs), engagement videos, kick-off presentations, and Change Champion sessions.

Principle	Description
<p>Learning – Provide ongoing, targeted, and timely OCM learning activities and events</p>	<p>Learning activities and events provide those AMMP team members leading the change, and those directly impacted by change with the knowledge needed to function effectively through the transition and after the implementation.</p> <p>OCM learning activities could include demonstrations, User Acceptance Testing participation, lessons learned, Medicaid Information Technology Architecture (MITA) sessions, and Brown Bag sessions designed to support staff development.</p>
<p>Reinforcement – Provide ongoing, targeted, and timely reinforcement</p>	<p>Recognizing milestones achieved and efforts made as the Agency moves toward the change, both builds acceptance, as well as promotes ownership of the change among the stakeholders and functional business areas. Post-implementation evaluations of change adoption will help to reinforce the change.</p>

1.3 OCM Scope

To avoid overlapping of disciplines, it is important to note what OCM is and what it is not:

- OCM is not a standalone process for designing a business solution nor improving organizational performance
- OCM is not a process improvement methodology, but process improvements often go hand-in-hand with organizational changes
- OCM is the processes, templates, and techniques for managing the people side of change in order to realize expected business outcomes

The processes, templates and techniques described in this document will allow the PMO OCM Team to support the Agency MES PMO Team and each Contractor to determine the scope of the change for each functional business area, by module, and the unique communication, training, and reinforcements needed for each.

1.4 OCM Goals

Program outcomes are realized by a structured change management approach that positively influences stakeholder perceptions and manages expectations during the change effort. The goal of the OCM approach is to focus on smooth modularity implementations with minimal disruptions to Medicaid Management Information System (MMIS) and sub-systems operations and stakeholders. The approach seeks to minimize the impact of the change, as well as improve operational efficiency and the quality of services rendered once the change is deployed.

The Agency has elected to follow the OCM approach defined by Prosci®, a leader in OCM research, training, and consulting¹. Prosci® lists five main tenets of OCM, with the questions that we must answer

¹ Prosci, Inc. <https://www.prosci.com/>

to succeed in meeting the program goals. The principles, the questions that must be answered, and the goals are defined in Exhibit 2.

Exhibit 2: Five Tenets of OCM

Tenet	Question	Goals
We for a reason.	Why are we changing?	<p>Define what the organization gains and what the program achieves.</p> <p>For Alabama Medicaid, the impetus for the change is to comply with Centers for Medicare & Medicaid Services (CMS) mandate. More importantly, the program's success will improve business processes as well as support the Agency's goal of improving healthcare outcomes.</p>
Organizational change requires individual change.	Who must do their job differently (and how)?	<p>Organizations don't change; individuals do. We tend to focus change on the organization level, but the true unit of change is the individual. Along with the Requirements Business Process Management (RBPM) team, the AMMP OCM Team must help identify the impacted groups, review their current operations, processes, and roles, to document the critical behaviors that will need to change as a part of each module implementation.</p> <p>The PMO OCM Team will work with the RBPM team to identify changes to individual roles necessary within each stakeholder group. These changes will be validated with the Change Champions (described later in this document in Section 2.3).</p>
Organizational outcomes are the collective result of individual change.	How much of our outcomes depend on adoption and usage?	<p>An organizational move to a future state requires individuals to move from their own current to their own future state. OCM closes the process gaps identified by the RBPM team and assesses the needed business process changes. OCM supports effective change management, from outputs to outcomes, from specifications to sustainment, from solutions to benefits.</p> <p>For AMMP, the AS IS and TO BE business process changes and the gaps will be tracked. The effectiveness of OCM in assisting individual and organizational change will be tracked and reported in PMO-2-y: OCM Effectiveness Evaluation Plan, and OCM-2-i: OCM Executive-Level Dashboard.</p>
Change management is an enabling framework for managing the people side of change.	What will we do to support adoption and usage?	<p>OCM prepares, equips, and supports those in people-facing roles to mobilize their teams to deliver results. For instance, the outcome desired is that an individual who needs to do their job differently adopts and uses the new system efficiently. The PMO OCM Team will support each Contractor to perform the activities required to get to successful adoption of new systems and processes. These activities are broken down into activities within the Preparing for Change, Managing Change, and Reinforcing Change phases.</p> <p>The PMO OCM Team will support the MES PMO Team and Contractor to address resistance management. These efforts will be in concert with the Change Champions suggesting ways to reduce resistance and define measures to track adoption.</p>

Tenet	Question	Goals
<p>We apply change management to realize the benefits and desired outcomes of change.</p>	<p>How will driving adoption and usage improve results?</p>	<p>The ability to successfully deliver organizational benefits and program objectives is directly impacted by how effectively the people side of change is managed. The Agency objectives include, reduced manual actions for both users and agency staff, reduced processing times, increased transparency, improved efficacy in data management, the ability to leverage available technology.</p> <p>OCM strategies are applied to improve the likelihood of change outcomes, meet or exceed objectives, minimize risks, capture people-dependent Return on Investment (ROI), and deliver results.</p> <p>For AMMP, benefits realization will be using the OCM-2-i: OCM Executive Level Dashboard and PMO-2-y: OCM Effectiveness Evaluation Plan.</p>

1.5 Definition of OCM Success

As stated in the fifth tenet, above, if OCM is effective, the program will meet program objectives on time and on budget, minimize negative consequences, mitigate risks, reduce costs, and capture people-dependent ROI.

OCM success consists of the following objectives:

- Document and apply the OCM strategy and plans required for the Agency to successfully transition the organization and stakeholders to the future state
- Develop mechanisms for the project team to identify, measure and track metrics for benefits realization (namely: monthly status reports, OCM-2-i: OCM Executive-Level Dashboard, and PMO-2-y: OCM Effectiveness Evaluation Plan)
- Educate stakeholders at all levels to understand the reason for the change
- Encourage sponsors and managers to be actively visible and understand their roles in leading people through change
- Implement a feedback loop to capture areas of resistance and areas where coaching and additional support can be provided to the Change Champions and people leaders
- Identify stakeholders who are impacted by the change, how the change impacts them and strategies to support them
- Ensure contractor-provided training is tailored so that end users understand what is changing and are prepared to do their jobs differently
- Create a resource repository that stores all Agency-level communication, training material, Quick Reference Guides, Job Aids, crosswalks, and other user resource materials and provides ease of access for stakeholders

- Create a strategy for the Agency to implement enterprise-wide change competency and capability that allows the organization to apply change management practices successfully and routinely. The growth in change competency will be measured in the Stakeholder Assessments which will be performed and documented as part of PMO-2-y: OCM Effectiveness Evaluation Plan as captured in the OCM-2-c2: OCM Templates

1.6 OCM Process

Organizing a holistic business transition effort involves analyzing stakeholders, sponsors and the organization involved in a change effort. The Agency is undergoing several separate implementations, which requires a tailored approach that is repeatable and sometimes concurrent, depending on the phase of each module implementation. Change readiness assessments, sponsor assessments and stakeholder analysis provide the information and insight needed to craft specific OCM training, OCM communication, and resistance management strategies that are tailored for the conditions surrounding each implementation in the AMMP. The process will be conducted through a collaborative effort among the Agency MES Team, Contractor and PMO OCM Team, with the PMO OCM Team supporting the Contractor's OCM efforts.

The business transformation effort encompasses the transition of individuals from their current state to the desired future state and the transition of the organization from its current state to the desired future state, modularity. Individual change is managed using the Prosci® Awareness, Desire, Knowledge, Ability, Reinforcement (ADKAR®) model of individual change. Change is a choice and a process that everyone goes through differently at their own pace. The PMO OCM Team will provide support to the MES PMO Team and each Contractor to assist Change Champions to overcome the resistance challenges and provide post-implementation support to improve performance. The Prosci® ADKAR® change model will be used to support individuals and the Agency through a successful transition. Exhibit 3 below depicts the ADKAR® model.

Exhibit 3: ADKAR® Model of Individual Change

	ADKAR® Element	Definition	What you hear	Triggers for building	Agency Approach
A	Awareness	Of the need for change	"I understand why..."	Why? Why now? What if we don't?	CMS has mandated that states move toward a modular MMIS Funding is provided and the current contract is up for renewal
D	Desire	To participate and support the change	"I have decided to..."	What's in it for me? Personal motivators Organizational motivators	System will reduce manual/redundant processes Customization allows the modular system to support the Agency's unique needs Implement new and innovative technologies, to modernize the systems necessary to conduct Agency operations
K	Knowledge	On how to change	"I know how to..."	Within context (after A and D steps) Need to know during Need to know after	Change Champions will participate in reviews of training needs assessments and training prior to User Acceptance Testing (UAT) involvement. Upon the conclusion of OCM activities, participants will have a foundational understanding of what has changed and how to complete tasks related to their roles in the TO BE organization. Additionally, they will understand how to access available resources and tools as the implementation moves forward
A	Ability	To implement required skills and behaviors	"I am able to..."	Size of the Knowledge/Ability gaps Barriers/Capacity Practice/Coaching	Training enrollment is based on user roles Training materials, reference guides and practice are customized to each module, supporting the business needs/goals of the Agency Change Champions will assist with coaching users through practice exercises
R	Reinforcement	To sustain the change	"I will continue to..."	Mechanisms Measurements Sustainment	Go-live support including continued coaching and reinforcement in groups and 1-on-1 by Change Champions Knowledge transfer activities are completed

OCM is not an event, but rather an iterative process with tasks and activities generally occurring across the three phases:

- Phase 1 – Preparing for Change
- Phase 2 – Managing Change
- Phase 3 – Reinforcing Change

A variety of templates are used in each phase to help impacted stakeholders understand and become committed to the MES modularity effort. The processes are repeated for each of the modules, with communication, learning and reinforcements tailored to each implementation. The exhibit below shows the phases of change and the tasks that will be completed in each implementation.

Exhibit 4: OCM Process and Phases

Phase	Tasks
Preparing for Change – Occurs during Project Planning	
Assess Organizational Change Readiness	<ul style="list-style-type: none"> • Identify potential impacts for each stakeholder group • Prepare for and conduct stakeholder interviews • Prepare and administer baseline surveys • Compile and analyze survey data • Review organizational change history • Review organizational culture • Prepare change readiness assessments • Identify critical change management risks and define how they will be managed
Prepare OCM Resources	<ul style="list-style-type: none"> • Identify OCM team resources, including Change Champions embedded in the transitioning teams • Train the OCM team and Change Champions • Conduct OCM team meetings
Prepare Sponsors (Occurs at the Program-level only)	<ul style="list-style-type: none"> • Identify sponsors • Assess sponsor change support needs • Develop, schedule, and deliver change sponsor OCM learning events, as needed • Provide one-to-one sponsor coaching and assistance
Managing Change – Occurs throughout Design, Development, and Implementation of each module and until the desired future state is achieved	
Develop Implementation Plan	<ul style="list-style-type: none"> • Identify impacted stakeholder populations • Analyze change impact and change assistance needs by user group • Develop/update resistance prevention/mitigation strategies using the change systems of: <ul style="list-style-type: none"> ▪ Communication ▪ Root cause analysis of encountered resistance/ suggested mitigations ▪ Learning / Capability development ▪ Reinforcements / Recognitions • Identify special tactics necessary to deal with high-risk areas

Phase	Tasks
Implement OCM Strategies	<ul style="list-style-type: none"> Assist Change Champions and Functional Process Owners (FPOs) to implement resistance prevention/mitigation strategies (communication, learning, reinforcements/recognitions)
Reinforcing Change – Occurs throughout program and into future state for each module	
Collect and Analyze Feedback	<ul style="list-style-type: none"> Conduct internal stakeholder interviews Conduct internal stakeholder focus groups, as needed Analyze stakeholder feedback and determine resistance mitigation strategies and identify/correct gaps in OCM Update Implementation Plan, OCM Master Tracking Matrix, OCM Communication Matrix, and OCM Training Matrix
Manage Resistance	<ul style="list-style-type: none"> Implement resistance mitigation strategies defined in the Implementation Plan Evaluate need for refresher training Celebrate successes

2 Governance

Change Practitioners work with and through others in the organization. Before outlining the OCM Governance, it is necessary to discuss the core roles within OCM. Prosci’s research on best practices in change management shows that by far, staff prefer to hear messages about organizational change from their agency’s director, in the case of AMMP, this would be the Deputy Commissioners, including the Chief Information Officer, who is the sponsor for AMMP. For messages that have a personal impact, staff prefer to hear directly from their supervisor, the business area FPOs. For this reason, the whole organization needs to be engaged in OCM, with the OCM team performing a change-enabling role. In fact, 75% of staff prefer to hear about organizational changes from senior managers, compared to 3% from an OCM team member. For personal impact messages, 70% of staff prefer to hear the message from their supervisor, compared to 3% from an OCM team member.

This demonstrates that the best practice is for the PMO OCM Team to play a supportive role to the MES PMO Team and Module Contractor, to build the change competency within the leaders of the Agency. If it is not possible for the supervisors/managers to deliver the change messages, then at a minimum, their visibility and support at kick-offs and other key meetings will be critical to staff engagement.

The core roles can be grouped into Employee-Facing Roles (the Executive Sponsor, Deputy Commissioners, and the FPOs) and the Change-Enabling Roles (The Change Practitioner/OCM team and the Project Managers [MES team as well as module teams]).

The Employee-Facing Roles are the individuals who will remain at the conclusion of the project, so the goal of the Enabling Roles is to support them in the transition and, ultimately, to build their change competency.

2.1 PMO OCM Team

AMMP is considered a large-scale program with inherent change risks and organizational needs. The PMO OCM Team includes the OCM Manager, an OCM Communication Lead and two OCM Training Leads. The OCM Manager reports to the PMO Services Program Manager.

The PMO OCM Team works directly with the (Agency) MES PMO Team. The MES PMO will provide oversight and escalation, as needed. The PMO OCM Team will collaborate directly with the contractors staff whose role aligns with OCM-related tasks.

2.2 Program Governance

The program governance of the PMO Services team is provided by the Agency MES core team, which is led by the Director of MES. An OCM Communications Committee approves all communications, both internal and external. More information about this can be found in Section 6 OCM Communication.

2.3 Program Sponsor Coalition

The modularity program is governed by the Agency’s Department of Information Systems and Technology Chief Information Officer. The Chief Information Officer reports to the Commissioner, who is also an executive sponsor. The Commissioner reports to the Governor of Alabama.

Effective sponsorship is the number one factor in successfully leading an organization and its people to the desired state. It is important for Agency staff to see their leaders actively engaged in the project(s). Because sponsorship is a critical success factor to the success of the OCM initiative and the large change effort, a sponsor coalition is recommended. Lastly, the coalition includes the Executive Sponsors, the Executive Oversight Committee, and Chief Data Officer reporting on behalf of the Data Governance Council, made up of leaders across the Agency program areas. The coalition also includes the Change Champion network comprised of select business area SMEs.

The OCM Sponsor and Functional Business Owners select the Change Champions, who are SMEs and dedicated full-time staff assigned to assist with AMMP. The Change Champions will serve as the eyes, ears, and feet on the ground to help support the Agency through the needed organizational changes. They support change by engaging stakeholders as they work towards individual change. It is expected that the Change Champions will be empowered to perform analysis and review of the TO BE staff roles and responsibilities, OCM training, and OCM Communication.

2.4 OCM Oversight

This section provides information on the proposed OCM Oversight individuals. The composition of this list is periodically reviewed and revised as appropriate for the specific program phase.

Exhibit 5: OCM Oversight

Role	Representing
Associate Director	MES
MES Director	MES
MES Program Manager	MES
MES Business Analysts	MES
PPMO / PQA Specialist	Medicaid IT Project Portfolio Management Office (PPMO) and Program Quality Assurance (PQA)
FPOs	Division Directors who oversee Agency Business Units

Role	Representing
Change Champions	Agency Business Units designees, assigned to support organizational change management
Chief Data Officer	Reporting on behalf of the Data Governance Council
Director of Communications	Agency office tasked with internal and external communication
PMO Project Manager	Oversees program and project procurement and implementation

3 OCM Templates, Processes and Procedures

This section identifies the templates, processes, and procedures that will be used in support of the OCM strategy (OCM-2-c1: OCM Strategic Plan) and the implementation plan (OCM-2-f1: OCM Implementation Plan Template). While the strategy and implementation plan document how OCM will be performed, the templates listed in this section detail the actual execution of the strategy/implementation plan. Each template, process, and procedure identified in this document can be scaled appropriately for each implementation or each module, as needed, based on the amount of associated change. The Agency has elected to use the Prosci® methodology. Prosci® provides sponsor, stakeholder, and organizational readiness assessments for measuring change readiness. These assessments take the form of spreadsheets which can be customized for AMMP. The PMO OCM Team builds the OCM-2-g2: OCM Master Tracking Matrix which will trace all the significant differences/impacts to the OCM materials in which the impact has been documented. Additionally, the OCM team uses spreadsheets to track OCM communication and OCM training.

3.1 OCM-2-g2: OCM Master Tracking Matrix

The OCM-2-g2: OCM Master Tracking Matrix will be used for tracking and monitoring coverage of the significant differences throughout the lifecycle of the program. This matrix will provide traceability to ensure each difference is addressed in training (formal or informal) and/or OCM communication. A similar tracking matrix (OCM-2-g1: OCM Implementation Tracking Matrix – Template) will be used to track significant differences for each module.

The PMO OCM Team will use the RBPM team’s artifacts, including gap analysis, business process models, and roadmaps, to identify the significant differences. The OCM-2-g2: OCM Master Tracking Matrix will list the significant differences between the AS IS functionality and the TO BE processes. An attribute will indicate whether the difference applies to the program or business unit or a module (or a combination of each). Each significant difference will be assigned an Impact Rating. Considerations include the type and degree of change, degree of user impact, degree of process/organization change, and timeframe of the change.

The list below outlines what will be tracked. Each of the differences will be categorized in the matrix as being new or changed:

- External outputs
- External inputs
- Process steps
- Internal inputs

- Internal outputs
- Organizational roles

The tracker will pinpoint whether the significant difference is addressed by training (with specific training materials that cover it) and/or communication (with specific communication package that covers it). High-impact items will be covered in multiple formats (communication, learning, reinforcement). For example, any significant difference noted in the tracker with a high impact will be addressed with business process training, with module contractor trainers instructed to stress it in classroom (or virtual) instruction as well as a callout in the User Manual. All the high impact differences will be verified for sufficient coverage during dry runs of training with Change Champions. Any deficiencies will be addressed in training updates.

An effectiveness measurement will be used as a feedback loop for improvement. Significant differences which need more attention will be identified, as evidenced by the change readiness assessments conducted over time. When a stakeholder group is not advancing along the Awareness, Desire, Knowledge, Ability, Reinforcement (ADKAR®) change model, the PMO OCM Team will suggest additional efforts be directed to that group.

3.2 OCM-2-d2: OCM Communication Matrix

The identification of key messages and the review and approval process for OCM communication messages are detailed and tracked, including the timing, media method and responsibility in this spreadsheet. OCM Communication will be monitored for effectiveness and messages will be updated regularly over the lifetime of the program. More details about the methodology follow in Section 6 OCM Communication.

3.3 OCM-2-e2: OCM Training Matrix

The OCM team will identify methods of training, with benefits and constraints for each, and possible uses for each, along with potential methods. The selections of training methods will inform the planning for training delivery. More details follow in Section 8 OCM Training Approach. The OCM training tracking spreadsheet will include:

- Training Needs Assessment
- OCM Training Media
- Contractor Training Evaluation
- Training Delivery
- Contractor System Training Evaluation
- Training Evaluations

4 Phases of Change

The work of Organizational Change Management is split into three phases: Preparing for Change, Managing Change, and Reinforcing Change, as shown in Exhibit 4: OCM Process and Phases in Section 1.6. This section gives more details on the tasks within each of these phases.

4.1 Phase 1 – Preparing for Change

The first steps in preparing for change are to define the change, assess unique organizational characteristics, scale, size, and complexity of the change to determine the level of OCM involvement that will be required. Part of preparing for change includes internal stakeholder identification so that the right people are selected for the interviews and assessments described in this section.

AMMP stakeholders also include external stakeholders, and their identification at this phase is necessary so that the impact to their groups is understood. Communication and training in Phase 2 will address those needs. To thoroughly identify all stakeholder groupings and individual stakeholders, the PMO OCM Team will work with the RBPM team, the MES Program Manager, the module project managers and Contractors, as well as the primary and secondary FPOs and the Change Champions they designate. The Stakeholder Registry is documented in a worksheet within COM-6-A: Responsibility Assignment Matrix.

The following exhibit summarizes the change readiness assessments performed with stakeholders during the Preparing for Change phase of the program. The PMO OCM Team conducts Sponsor interviews and Stakeholder assessments with Agency executive leaders, State Agency business owners, MES SMEs, program staff and contractors. These assessments may be repeated during the Managing Change and Reinforcing Change phases as captured in deliverable OCM-2-c2: OCM Templates. The active participation of the stakeholders identified in this exhibit will be needed across all three phases of OCM (see Frequency column), even during periods when an assessment is not being performed.

Exhibit 6: OCM Change Readiness Assessments

Assessment	Purpose	Audience	Frequency
<ul style="list-style-type: none"> Sponsor Assessments Deputy Commissioner Assessments Dept of Information & Systems Technology leaders (separate questions) 	<p>To assess and analyze the primary sponsors to determine if they are at the right level and have the capacity to lead the program to success</p> <p>Goal is to:</p> <ul style="list-style-type: none"> Assess the sponsor coalition Understand their business goals Enable their support of the change process 	<ul style="list-style-type: none"> Agency Commissioner Chief Information Officer Chief Financial Officer Deputy Commissioners Department of Information & Systems Technology leaders 	<p>Initially – during the Preparing for Change phase</p> <p>Repeated – as needed if any of the periodic assessments indicate that leadership engagement has waned</p>
Prosci® Project Change Triangle© (PCT) Assessment	<p>For overall project health diagnostics, using concise but purposeful questions about leadership, project management and change management</p> <p>Goal is to assess the strengths of:</p> <ul style="list-style-type: none"> The sponsor coalition Project/Program 	PMO OCM Team performs assessment of the project leadership, project management, and change management in consultation with the MES Core team	<p>Initially – before the Managing Change phase to provide definition and context, both as a diagnostic and to drive next steps</p> <p>Repeated – at each OCM Effectiveness Evaluation to track</p>

Assessment	Purpose	Audience	Frequency
	<p>management</p> <ul style="list-style-type: none"> Change management team 		<p>progress, and refocus actions</p>
Change Impact Assessment and Organizational Attributes	<p>To understand how each group is impacted, including unique challenges and risks by group, in order to prioritize and customize the OCM to drive adoption for each group</p> <p>Goal is to assess the impact of the change and the readiness of the organization, including:</p> <ul style="list-style-type: none"> What is the value-system and background of the impacted groups? How much change is already going on? What type of resistance can be expected? 	<p>PMO OCM Team performs the assessment, based on responses from the sponsor, Deputy Commissioner, and FPO assessments, in collaboration with the MES Core team. The assessment is validated with the Change Champions, especially the resistance expected</p>	<p>Once – at the start of the Managing Change phase.</p> <p>Validated with the Change Champions when they are identified</p>
End User Assessment	<p>To understand where the end users are in their change journey along the five building blocks of successful change (ADKAR)</p> <p>Goal is to understand:</p> <ul style="list-style-type: none"> User perceptions of the organization’s readiness User personal readiness for change User understanding of the change and how they perceive the personal impact of that change 	<p>End users within the functional areas designated by the FPO to participate in OCM assessments</p>	<p>Initially – before the Managing Change phase</p> <p>Repeated – via SurveyMonkey at each OCM Effectiveness Evaluation to track individual / group progress and refocus actions</p>
FPO Managers Assessment	<p>To gauge the change management competency of supervisors, managers, and Change Champions; appraising their ability to manage employees through their change process</p>	<p>FPOs, Change Champions, and any people managers designated by the FPO</p>	<p>Initially – before the Managing Change phase</p> <p>Repeated – via SurveyMonkey at each OCM Effectiveness Evaluation</p>

4.1.1 Sponsor Coalition

Change Readiness Assessments

Change readiness interviews will be conducted to gather insight from the key leaders listed below. These organizational readiness interviews are conducted with the leaders individually to learn about their vision for the program and business goals. The OCM team will gain the leaders' perspectives on change impacts, anticipated resistance and mitigations, and the organizational culture.

Exhibit 7: Sponsor Coalition Interviews

Interviews
MES Sponsors (AMA Commissioner and Chief Information Officer (CIO))
AMA Deputy Commissioners
AMA Department of Information Systems and Technology leaders
AMA FPOs and their backups (performed at the beginning of each module, with impacted FPO)

The feedback from the interviews will be analyzed to extract key themes and areas of most concern to the leaders. The feedback serves as inputs for the OCM communication, OCM training, and reinforcement efforts. An important outcome of the assessment interviews with the FPOs will be the identification of Change Champions to assist with the subsequent phases of OCM.

4.1.2 Prosci® Project Change Triangle (PCT™) Assessment

The Prosci® PCT™ Assessment, another spreadsheet with questions designed to assess project health and readiness, analyzes three strategic elements that must be in place and continuously strengthened to make a project successful. The three areas are Leadership/Sponsorship, Project Management and Change Management. The assessment focuses on whether the project has adequate focus in all three areas. The assessment will identify areas which are adequate and those where more focus is needed. The assessment will be conducted every six months, thereafter, to assess progress. The participating individuals may change for each module.

4.1.3 Prosci® Change Impact Index

The Prosci® Change Impact Index spreadsheet is used to assess and analyze the size of the change, consider the number of stakeholders impacted and determine how they are impacted. During the FPO interviews, the PMO OCM Manager will ask participating stakeholders to rate a series of questions on a scale of 1-5. Answers rated a 4 or 5 indicate a high need for organizational change management; answers of 1 to 2 indicate a low area of concern for organizational change. The assessment areas will be based on the following change characteristics:

- Scope of change
- Number of impacted employees
- Variation in groups that are impacted
- Type of change
- Degree of process change
- Degree of system and tool change
- Degree of job role change
- Amount of shift in mindset/attitudes/beliefs
- Degree of organization restructuring
- Amount of change overall
- Impact on expectations made of staff on their oversight of vendor
- Increase in job duties
- Timeframe for change

4.1.4 Prosci® Organizational Attributes Assessment

The Prosci® Organizational Attributes Assessment spreadsheet is used to evaluate the perceived need for change, impact of past changes, change capacity, past changes, shared vision, resource availability culture, responsiveness, reinforcement leadership style and distribution and change management competencies. During the FPO interviews, the PMO OCM Team will rate the organization based on a series of change readiness questions. Each question is rated on a scale of 1-5, with answers rating 4 or 5 indicating a high need for change management and answers of 1 or 2 indicating a low area of concern. The assessment areas that will be rated include:

- Perceived need for change among employees and managers
- Impact of past changes on employees
- Change capacity
- Management of past changes
- Shared vision and direction for the organization
- Resources and funding availability
- Organization's culture and responsiveness to change
- Organizational reinforcement
- Leadership style and power distribution
- Executives/senior management change competency
- Employee change competency

4.1.5 Prosci® End User Change

Readiness Assessment

The Prosci® End User Change Readiness Assessment spreadsheet is used to evaluate end user readiness for change. For this assessment, the Module Contractor will survey a set of individuals identified by the Change Champions. The same individuals will be surveyed again over the course of the implementation, for instance after they have attended OCM training, after participating in UAT, and after Go Live of a module. Responses are used to determine users' readiness to engage with the new system, evaluate the effectiveness of training and organizational change management and identify areas where additional support is needed. Each question is rated on a scale of 1-5, with answers rating 4 or 5 indicating a high need for change management. The individual assessment areas include:

- Awareness
 - Awareness that the Agency is implementing a modular program
 - Understanding the business reasons for implementing a modular program
 - Understanding the risks of not changing to a new system
 - Understanding the impact on day-to-day work activities
 - Receipt of adequate communication on the changes related to day-to-day work activities
- Desire
 - Feeling motivated to be part of the change
 - Looking forward to the new, changed environment
 - Feeling comfortable asking questions
 - Peers support the change
 - Executives and key business leaders support the change
- Knowledge
 - Having the skills and knowledge to be successful during the change
 - Having the skills and knowledge to be successful after the change
 - Having training that was adequate in preparing for the new system
 - Knowing who to contact with questions about modularity
- Ability
 - Able to perform the new duties required by the change
 - Can practice performing job tasks in the online or testing environment
 - Able get support when I have problems and questions
- Reinforcement
 - Understanding the organization is committed to keeping the change in place
 - Knowing the consequences of not performing new duties

4.1.6 Prosci® FPO Managers Assessment

The Prosci® FPO Managers Assessment spreadsheet is used to evaluate FPO managers and supervisors' ability to assist their teams with change. The Module Contractor and the PMO OCM Team will survey selected managers and supervisors to determine their readiness to lead employees through the change and identify areas where additional support is needed. Each question is rated on a scale of 1-5, with answers rating 4 or 5 indicating a high need for change management and answers of 1 or 2 indicating a lower need. The questions covered in the managers' assessment include:

- Adapting to change
 - Seeking information to better understand 'why' the change is occurring
 - Asking questions to determine how the change will impact one's group
 - Providing feedback, including any objections, in a clear, non-confrontational manner to managers and the project team
 - For those resistant to the change, identifying the root cause of the resistance and working with managers to find solutions to objections
 - Making a personal choice to support and participate in the changes before introducing them to employees
- Introducing change to employees
 - Share with employees the nature of the change in context with the broader vision and direction of the Agency
 - Explaining 'why' the change is happening, including the risk of not changing
 - Formally encouraging dialogue with employees by asking them to provide feedback and to raise their questions and concerns about the change
 - Correcting misinformation that may be circulating about the change
 - Visibly demonstrating personal support and enthusiasm for the change (seen as an advocate or sponsor for the change)
- Managing employees through the transition
 - Conducting one-on-one sessions with employees to identify how they are impacted by the change, to link the change to their job role, and to listen to their concerns
 - Identifying any areas of resistance to the change and effectively manage this resistance
 - Assessing the gap between current job knowledge and skills, and the job knowledge and skills needed to support the change, to create professional development plans for each employee
 - Providing ongoing information about the change and ensuring that employees have the time necessary to attend training
 - Mentoring employees during the implementation of the change and providing a safe environment for employees to practice, to make mistakes, and to adapt to the change
- Reinforcing and celebrating success
 - Publicly recognizing and celebrating achievements and successes
 - Recognizing individuals for their contribution and support

- Putting in place measurement and performance management programs aligned with the change so that employees' progress is measurable and observable
- Providing data to the project team on how well employees are embracing the change, including specific performance data and areas of resistance

4.2 Phase 2 – Managing Change

Due to the uniqueness of the Agency change initiative and results of the various assessments, the following change management plans will be included in the OCM planning:

- OCM Communication Plan (OCM-2-d1) – This plan defines the OCM communication processes for the program. It serves as a framework for the OCM communication, identifying stakeholders, with whom it is critical to communicate. It is accompanied by a tracking matrix (OCM-2-d2: OCM Communication Matrix) that defines and maps specific messages to stakeholder groups. This plan and matrix provide the information for OCM communication at the program level, and items tracked are built into the OCM-2-h: OCM Project Schedule (MES_NTT_OCM.mpp). Specialized communication plans will be developed for each module and documented in OCM-2-f1: OCM Implementation Plan – Template
- Transition Plan – this is a section of the OCM-2-c1: OCM Strategic Plan. It provides information on the approach, plan, transition roadmap between current and future state, and potential impacts, with an impact rating
- OCM Training Plan (OCM-2-e1) – This plan defines the OCM training methods to be used during the program. It serves as a framework for the OCM training provided for the transition to modularity. It identifies and defines the stakeholders that require training to easily transition from their current system to the new modules. It also contains a tracking matrix (OCM-2-e2: OCM Training Matrix) which identifies the training required for stakeholder groups. The items captured on the matrix are built into the OCM-2-h: OCM Project Schedule. A specialized training plan will be developed for each module and documented in OCM-2-f1: OCM Implementation Plan – Template
- Resistance Management – this is a section of the OCM-2-f1: OCM Implementation Plan – Template that provides information about anticipated resistance, identifying root causes of the resistance, and tactics to address the resistance. It also provides information on engaging the individuals identified by the FPO Managers as Change Champions. These individuals will assist the Module Contractor with improving adoption
- OCM Effectiveness Evaluation Plan (PMO-2-y) – This is a plan that defines the methods to measure the effectiveness of OCM, the effectiveness areas to be evaluated, the desired level of effectiveness (including unacceptable levels), and the dashboard reporting for OCM effectiveness.

4.3 Phase 3 – Reinforcing Change

The final phase in the OCM process is Reinforcing Change for sustainment. The main components of this phase include:

- Collecting and analyzing feedback – this involves getting feedback from the Change Champions as well as the stakeholder users. This feedback will be obtained using the OCM change readiness assessments. The assessments will be tracked and analyzed with the PMO-2-y: OCM Effectiveness Evaluation Plan and its activities
- Diagnosing gaps and managing resistance – this involves reviewing the OCM training provided by the Module Contractor and the system training provided by module vendors. Any gaps will be

identified and addressed, either by updating training materials and user guides, or providing refresher training, or both. Resistance will be managed using the feedback of the Change Champions, with special tactics to address the resistance applied

- Evaluating adoption – this will also be measured using the OCM change readiness assessments and PMO-2-y: OCM Effectiveness Evaluation Plan activities in consultation with the Change Champions
- Implementing corrective action, including coaching and refresher training – this will involve engaging the Change Champions in assisting with developing refresher training, reaching out to FPO managers to assist with coaching, if needed
- Celebrating successes – successes will be celebrated using the Agency Newsletter. FPO managers and project leaders will also be encouraged to celebrate the successes of their teams as well as individuals
- Documenting lessons learned – OCM lessons learned will be documented at the conclusion of each Key Milestone. The key milestones are documented in the OCM-2-h: OCM Project Schedule. The OCM Project Schedule also has a task within each section of the schedule for identifying the lessons learned in that activity. The OCM-specific lessons learned will be tracked in the OCM-2-g2: OCM Master Tracking Matrix. Any lessons learned which have a program-wide impact will also be documented in the program or module toolkit.
- Delivering the closing report – this involves the delivery of the production turn-over documents. It is documented in the Transition Plan section of the OCM-2-c1: OCM Strategic Plan. Module closing reports are delivered in the OCM-2-f1: OCM Implementation Plan – Template.

The PMO OCM Team, MES PMO Team and Change Champions will look for ways to celebrate early success and watch for the achievement of major milestones to recognize individuals and groups for their efforts, even small. It is important to celebrate successes early in the project.

5 OCM Responsibility Assignment Matrix

The program-level Responsible, Accountable, Consulted, Support, Informed (RACSI) chart is located on the Program SharePoint. [MES NTT DEL COM-6-A Responsibility Assignment Matrix.xlsx](#)

The chart shows the assigned role that the PMO, Requirements & Business Process Management (RBPM), EA, OCM, MES, Project and Portfolio Management Office (PPMO), DGO (Data Governance Office), and Program Quality Assurance (PQA) teams have regarding each phase of the program.

The exhibit that follows describes the roles for the OCM initiative and identifies the responsibilities of the team members as related to OCM.

Exhibit 8: OCM Roles and Responsibilities

Role Name	Description
Agency Commissioner	<ul style="list-style-type: none"> • Executive sponsor • Participate in the Sponsor Interview
Agency Department of Information Systems & Technology Chief Information Officer	<ul style="list-style-type: none"> • Primary sponsor • Provide executive oversight for AMMP • Resolve escalated issues • Actively and visibly participate throughout the program

Role Name	Description
	<ul style="list-style-type: none"> • Build a coalition of sponsorship with peers and managers • Participate in OCM Communication Committee meetings • Communicate directly with employees • Participate in the Sponsor Interview
Agency Communications Director	<ul style="list-style-type: none"> • Review and approve all communication issued to external stakeholders, direct all stakeholder outreach • Participate in OCM Communication Committee meetings • Approve communication to internal Agency stakeholders and ensure it is within the Alabama Medicaid Agency standards • Approve all communication issued to external stakeholders
MES Director	<ul style="list-style-type: none"> • Provide executive oversight for the OCM initiative • Participate in OCM Communication Committee meetings • Facilitate activities to support engagement
Alabama MES Associate Director	<ul style="list-style-type: none"> • Provide executive oversight for the OCM initiative • Resolve escalated issues • Facilitate communication with the Alabama Medicaid Agency Executive team • Participate in OCM Communication Committee meetings • Approve OCM deliverables
MES Analyst with OCM Oversight	<ul style="list-style-type: none"> • Provide oversight for the OCM initiative • Resolve escalated issues • Participate in OCM Communication Committee and other OCM meetings • Review and approve OCM deliverables • Provide input and approval of priority and timing of OCM activities • Provide input and approval of stakeholder outreach • Identify gaps and/or risks that may impact program success • Remove resistance or other types of barriers impacting OCM work
MES Business Analysts	<ul style="list-style-type: none"> • Identify gaps and/or risks that may impact program success • Remove resistance or other types of barriers impacting OCM work • Provide input into stakeholder outreach • Provide guidance to the OCM team and Change Champions • Participate in OCM Communication Committee meetings • Communicate importance of OCM related activities • Identify success criteria and performance metrics and measurements • Provide input into priority and timing of OCM activities • Approve OCM deliverables • Review and approve OCM training • Review and approve vendor system training plans and products • Review and approve vendor communication plans
Change Champions	<ul style="list-style-type: none"> • Be the eyes, ears, and feet on the ground to support the success of AMMP

Role Name	Description
	<ul style="list-style-type: none"> • When issues arise, assist in problem resolution, and OCM strategy development • Provide input into OCM activities, communication, and training • Provide input into vendor system training products • Motivate others to want to become engaged and share in the experience • Confirm business unit needs with the OCM team • Share functional business area updates that directly impact the program with the OCM team • Keep the OCM team and leadership informed about areas of resistance requiring attention
PMO Services RBPM team	<ul style="list-style-type: none"> • The Stakeholder Identification performed by the RBPM team will be needed for the OCM stakeholder assessments • The AS IS and TO BE business processes, gap analysis, and business requirements documents created by the RBPM team are needed by OCM in order to perform analysis of roles and responsibilities, communication and training planning and development, and transition planning
OCM Manager	<ul style="list-style-type: none"> • Create OCM Approach • Create and execute OCM Strategy • Enable and equip change network • Identify tactics for resistance management • Recommend mechanisms for measuring OCM effectiveness and change readiness • Guide MES in leading people through change • Draft and coordinate OCM Communication through the approval process • Create and manage transition plans to move stakeholders to the future state • Report status monthly
OCM Training Lead	<ul style="list-style-type: none"> • Plan for OCM training needs • Coordinate with Change Champions to confirm training needs assessment, training gaps and coverage • Draft, coordinate, and deliver training in collaboration with the Module Contractor and training team • Track evaluations of training and updates to materials • Evaluate the need for refresher training and support Change Champions with identifying appropriate training methods
OCM Communication Lead	<ul style="list-style-type: none"> • Assist in stakeholder assessments • Assist in OCM deliverable updates • Provide support with staffing analysis and transition planning • Assist in OCM training needs assessments, training development and delivery • Draft OCM Communication messages and coordinate their approval • Draft and peer review OCM communication and training materials

Role Name	Description
System Integration (SI) and Module Contractor Shared Resources	<ul style="list-style-type: none"> • Provide the PMO and MES team Agency approved, module specific communication, training, and implementation plans • Provide in-depth, role-based, system training and user-support materials for training delivery • Provide assistance to the OCM team, as needed
Contractor PMO Analysts	<ul style="list-style-type: none"> • Perform evaluations on OCM effectiveness: <ul style="list-style-type: none"> ○ Send Project Change Triangle© assessment surveys ○ Review surveys and organizational assessments to track OCM effectiveness • Deliver report of OCM Effectiveness
PMO Contractor Project Managers	<ul style="list-style-type: none"> • Collaborate with the OCM team to ensure cohort alignment with the OCM strategy • Coordinate with the OCM team on the delivery of project kickoffs • Assist with coordinating the OCM and contractor collaboration

6 OCM Communication

This section gives an overview of the OCM communication approach. Successful change leadership requires communication and the engagement of employees through effective, interactive communication processes. AMMP impacts multiple divisions within the Agency as well as diverse and varied groups external to the Agency. These external organizations include other State agencies, special interest and advocacy groups, public advisory boards, commissions, councils, providers, provider networks, and citizens of Alabama.

OCM communication provides a framework that serves as a guide linking program staff, sponsors, and internal and external stakeholders via communication methods. OCM communication ensures that the correct individuals get the information they need in a timely manner throughout the life of the program to help ensure the success of the program. The initial planning lays the foundation for communication during subsequent phases and serves as a model or template for ongoing communication efforts.

OCM communication planning is expected to evolve throughout the course of the program, according to communication needs and the effectiveness of communication vehicles. As shown in Exhibit 9 that follows, the communication methodology is based on a logical sequence of steps that focus on identifying key groups impacted by the program, key messages the groups need to receive, and appropriate delivery mechanisms for the messages.

No matter how the communication planning may evolve over the program lifecycle, it is critical that communication always be reviewed and approved by the Agency Communications Director. This includes messaging to both internal and external stakeholders. For details on the process for communication review and approval, including the workflow, please see OCM-2-d1: OCM Communication Plan.

Exhibit 9: Communication Methodology



A sound communication plan requires a set of guiding principles. The guiding principles are fundamental assumptions used when developing and evaluating all communication. They serve as “directional signs” to help those who develop and deliver communication stay on path toward the objectives of OCM communication.

The PMO OCM Team uses the following guiding principles for all OCM communication planning:

- Follow the methodology outlined in this document for all OCM communication
- Ensure the Agency’s Communications Department is involved in the review and approval of OCM communication, both internal and external to the Agency
- Designate the Agency Program Director and Agency Communications Department as providing final approval of all OCM communication (for more details on the approval process, refer to OCM-2-d1: OCM Communication Plan)
- Speak with “one voice” – facilitate easy delivery of a consistent message through appropriate media and delivery sources
- Keep messages simple – provide relevant, accurate, timely, appropriate, transparent, and consistent communication
- Review every message from the viewpoint of the receiver – answer the question “What’s in it for me?” Messages that address the personal impact to the receiver lead to greater desire to engage with the change. Not addressing personal impact can cause fear and resistance
- Put emphasis on face-to-face communication and high involvement of stakeholders at all levels to cascade information through the organization
- Clearly define and communicate benefits and expectations, but do not “over sell”
- Ensure AMMP milestones (such as contract awards, start of UAT, and Go Live) and target audience (such as Medicaid staff or providers) drive communication
- Use simple feedback mechanisms to assess user understanding of messages and provide an opportunity for two-way communication
- Define metrics or mechanisms to measure communication effectiveness

7 Definitions and Measurements

This section will define and describe the method for managing:

- Assumptions
- Dependencies
- Constraints
- Risks
- Controls
- Metrics

7.1 Assumptions

The following assumptions must be understood by Project or Program leadership and acted upon for the OCM efforts to be successful:

- Each module implementation requires OCM assessments and planning
- The PMO OCM Manager is responsible to manage the OCM strategy, but due to the size and complexity of the AMMP initiative, support (in the form of Change Champions) will be required from various roles across the Agency to carry out the Agency vision of transitioning stakeholders to the future state
- Change Champions will be empowered by the FPOs to perform analysis and make recommendations about impacts to staff roles and responsibilities, communication, and training needs, educate on inner-agency culture, identify, and mitigate areas of resistance. Change Champions will advocate for the project, helping to ensure effective OCM communication and help refine the OCM approach.

7.2 Dependencies

The following dependencies must be understood by Project or Program leadership and acted upon for the OCM efforts to be successful:

- The key internal business stakeholder identification performed by the RBPM team will be needed for the OCM stakeholder assessments (FPOs and their designees)
- The AS IS and TO BE business processes, gap analysis, and business requirements documents created by the RBPM team are needed by the PMO OCM Team in order to perform analysis of roles and responsibilities, communication and training planning and development, and transition planning
- The active participation of internal and external stakeholders is required throughout the OCM process

7.3 Constraints

The following constraints must be understood by Project or Program leadership and acted upon for the OCM efforts to be successful:

- Time will be needed from each of the business areas to review and provide feedback on OCM work, for example the OCM Training Needs Assessment, and OCM Training Materials. These reviews will also require the assistance of Change Champions. All the tasks that require collaboration from business area are resourced in OCM-2-h: OCM Project Schedule so the business areas will be able to plan their time commitments

7.4 Risks

The following risks must be understood by Project or Program leadership and acted upon for the OCM efforts to be successful:

- If the project sponsors do not show active and engaged support of OCM, there will not be buy-in from the business areas
- If the business areas do not have time to participate in the review of OCM products, as listed in section 7.3, then the OCM materials may miss the target or may be incomplete

7.5 Controls

The following project controls will be provided:

- Monthly status reporting and attendance at status meetings
- Risk, Action Items, and Decisions (RAID) updates and approvals to close
- OCM Effectiveness Evaluations (performed by the PMO Services Contractor) and follow-up on identified actions
- Executive Dashboard
- OCM Project Schedule approval and weekly updates
- OCM team meetings and the approval of the Meeting Agenda / Minutes (MAM)
- OCM training material approval by project managers
- OCM communication approval process and workflow

7.6 Metrics

OCM project health metrics are reported in the PMO Services monthly project report. These include project schedule adherence, presence of Corrective Action Plans, Issues, Risks, Scope adherence and Human Resource issues. These metrics are summarized into an overall project health metric as well as trending. Survey results, such as OCM training, are reported upon in the monthly project report as well.

The PMO Services Contractor will formally evaluate and report on OCM effectiveness, at least twice annually, or as deemed necessary by the Agency. The assessment of readiness will determine the effectiveness of OCM. It will allow the PMO OCM Team and the Agency to identify areas in need of correction. Any needed corrections that are identified will be tracked until resolution.

Planning for the evaluations will include the following:

- The method used to measure the effectiveness
- The templates (with samples)
- The schedule for conducting the evaluations
- The areas to be evaluated
- The industry standard levels of effectiveness

- Acceptable and unacceptable levels of effectiveness

The effectiveness evaluations will be performed by individuals on the PMO Services Contractor team and MES partners. Results of the evaluations will be documented and summarized and provided to the Agency within three business days of the evaluation. For additional details about the OCM Effectiveness Evaluations, please see PMO-2-y: OCM Effectiveness Evaluation Plan.

8 OCM Training Approach

The OCM team uses the Analysis, Design, Development, Implementation and Evaluation (ADDIE) instructional design model to develop training. The model is outlined as follows:

- Analysis – Complete a training needs assessment prior to training development
- Design – Design OCM training with input from results of the needs assessment
- Development – Develop OCM training in multiple media formats to best meet the needs of the training audience
- Implement – Implement OCM training using a managed training plan
- Evaluate – Evaluate OCM training for effectiveness and use feedback to update the OCM training plan, as appropriate

The same ADDIE approach will be used by the PMO OCM Team in reviewing and recommending updates to contractor-supplied system training materials.

The key areas to be defined in training planning are:

- Agency, MES PMO Team, PMO OCM Team, Change Champions, and Module Contractor roles and responsibilities
- Strategic approach used to develop training
- Standard and specialized training courses (with course durations to be determined after each module's Design, Configure, Build (DCB) begins)
- Training rollout schedule, including locations, enrollment process, pre-training instructions and communication to all entities impacted by the training to be determined after each module's DDI begins
- Training delivery methods and strategy, including format and a curriculum map of training materials
- Evaluation of training development, review process, submission process, approval process and delivery of training materials
- Quality assurance process and the integration of improvements determined through training evaluations as well as OCM Effectiveness Evaluations

The development of training materials occurs in conjunction with the module contractors so that the contractor's existing training materials require as little modification as possible yet reflect the unique business needs of the Agency. The development schedule for training materials is designed to allow for an appropriate review period to ensure the update of the materials prior to training. Some training may require additional documentation for the trainee's benefit. Additional documents include job aids and quick reference guides. The need for additional documentation is identified during the development of the course. Reasons for providing additional documentation include, but may not be limited to, the following:

- A significant change in process

- Differences in terminology not defined in the help features of the module
- A complicated, multi-step process

The PMO OCM Team will participate in review of contractor-supplied system training plans and documents, offering feedback on items that need to be stressed heavily in training because they are key differences from current Alabama Medicaid business processes. The PMO OCM Team will actively support all training to help respond to any business process questions.

After Go Live, the PMO OCM Team will analyze training survey results and OCM Effectiveness Evaluation reports and coordinate with the Change Champions to identify refresher training that is needed and conduct training and/or assist with train-the-trainer efforts for refresher training.

9 Business Transition Artifacts

This section will provide an overview of the following artifacts:

- Transition Roadmap – this includes the major activities needed for implementation, with a stoplight-style matrix. It is documented within OCM-2-g1: OCM Implementation Tracking Matrix – Template
- Business Process Flow – the business processes are documented within the RBPM Business Requirement Documents
- Business Production Responsible, Accountable, Consulted, Support, Informed (RACSI) chart – this will be developed in consultation with the Module Contractor and the Fiscal Agent Policy and System Management manager prior to implementation
- Business Reporting and Monitoring – this will be developed in consultation with the Module Contractor and the Fiscal Agent Policy and System Management manager, using information documented in the Business Requirement Documents.

The PMO OCM Team's ability to support the Agency in effective transition planning is dependent upon outputs from the RBPM team, including AS IS / TO BE processes, gap analysis, and roadmaps. Additionally, it is dependent upon module selection and contractor deliverables. This section will be updated as the modular strategy is implemented, and procurements begin.

Appendix A. Acronyms/Glossary

For a complete list of Acronyms and Glossary of Terms, please reference the [AMMP Acronyms and Glossary](#).

Appendix B. Future Updates Log

Please complete this log for updates requested for future iterations.

	Document Information			Recommendation for next iteration			Contractor Section
No.	Section	Page No.	Identifier	Recommendation	Name	Agency Group	Contractor Resolution
1.							
2.							
3.							

Alabama Medicaid Management
Information System (AMMIS)
Concept of Operations
(ConOps)



Version: 5.0
Last Modified: August 23, 2022

Document Number:

REVISION HISTORY

Version	Date	Description of Changes
0.1	7/19/19	Initial Draft
0.2	8/19/19	Updated Fiscal Agent Information
0.2	9/10/19	Team Review
1.0	9/24/19	Approved with information available to date – Removed blue font instructions for completed sections. Retained instructions for partial and uncompleted sections.
1.1	9/30/2020	PMO Services Vendor takeover of document
1.0	09/30/2020	Approved. Removed resolved comments and published
1.1	1/13/2021	Second Submission Made minor modifications to address issues with section headings. No modifications were made to Sections 1 – 3 Modifications were made to Sections 4, 6, and 7
1.2	2/5/2021	Response to Agency comments
1.3	02/18/2021	Response to Agency Comments, no modifications
1.4	03/03/2021	Response to Agency comments
2.0	03/10/2021	Approved. Removed resolved comments and published
2.1	7/02/2021	Third Submission Updates made to Sections 4, 6, 7, 8, 9, Appendix A and Appendix B.
2.2	7/29/2021	Response to Agency comments
2.3	8/13/2021	Response to Agency comments
2.4	8/23/2021	Response to Agency comments
3.0	9/08/2021	Approved. Removed resolved comments and published
3.1	12/30/2021	Fourth Submission Modifications to Sections 3, 4, 6 and 7
3.2	01/25/2022	Response to Agency comments
4.0	2/24/2022	Approved. Removed resolved comments and published
4.1	6/30/2022	Updates to show that MEVV and CARES are implemented. Added updates for EDS and CPMS scoping now that some of that is known.
5.0	08/23/2022	Approved. Removed resolved comments and published

TABLE OF CONTENTS

1	INTRODUCTION	1
2	REFERENCED DOCUMENTS.....	2
3	CURRENT SYSTEM	3
3.1	FUNCTIONAL DESCRIPTION	3
3.2	USER COMMUNITY DESCRIPTION	9
3.3	AGENCY USERS.....	9
3.4	ALABAMA MMIS BASE TEAM.....	11
3.5	EXTERNAL USERS	11
3.6	FISCAL AGENT TECHNOLOGY USERS SUPPORTING THE AMMIS	13
3.7	TECHNICAL ARCHITECTURE	14
3.8	CLAIMS PROCESSING SUBSYSTEM.....	15
3.9	AMMIS SYSTEM ARCHITECTURE	16
4	GOALS, OBJECTIVES, AND RATIONALE FOR NEW OR SIGNIFICANTLY MODIFIED SYSTEM	19
4.1	PROGRAM PURPOSE	19
4.2	SYSTEM GOALS AND OBJECTIVES	19
4.3	PROPOSED SYSTEM.....	22
4.4	SYSTEM SCOPE	23
4.5	BUSINESS PROCESSES SUPPORTED	24
4.6	HIGH LEVEL FUNCTIONAL REQUIREMENTS	24
4.7	SUMMARY OF CHANGES	25
5	SCENARIOS ANALYSIS.....	27
6	FACTORS INFLUENCING TECHNICAL DESIGN	28
6.1	RELEVANT STANDARDS.....	28
6.2	ASSUMPTIONS AND DEPENDENCIES	30
6.3	CONSTRAINTS	31
6.4	DESIGN GOALS	31
7	PROPOSED SYSTEM	33
7.1	CONTEXT DIAGRAM.....	34
7.2	HIGH-LEVEL OPERATIONAL REQUIREMENTS AND CHARACTERISTICS.....	34
7.3	USER COMMUNITY DESCRIPTION	35
7.4	NON-FUNCTIONAL REQUIREMENTS	36
7.4.1	<i>Security and Privacy Considerations</i>	37
7.4.2	<i>Availability Requirements</i>	38
7.4.3	<i>Volume and Performance Expectations</i>	38
7.5	HIGH LEVEL ARCHITECTURE & ALTERNATIVES ANALYSIS.....	39
7.6	APPLICATION ARCHITECTURE	42
7.7	INFORMATION ARCHITECTURE	45
7.8	INTERFACE ARCHITECTURE.....	47

Alabama Medicaid Management Information System

7.9	TECHNOLOGY ARCHITECTURE	49
7.9.1	<i>Platform</i>	50
7.9.2	<i>System Hosting</i>	50
7.9.3	<i>Connectivity Requirements</i>	51
7.9.4	<i>Modes of Operation</i>	51
7.10	SECURITY AND PRIVACY ARCHITECTURE	52
7.10.1	<i>Authentication</i>	53
7.10.2	<i>Authorization</i>	54
7.10.3	<i>Encryption</i>	54
8	ANALYSIS OF THE PROPOSED SYSTEM.....	55
8.1	IMPACT ANALYSIS	55
8.2	OPERATIONAL IMPACTS.....	56
8.3	ORGANIZATIONAL IMPACTS	56
8.4	RISKS	57
8.5	ISSUES TO RESOLVE.....	57
8.6	CRITICAL SUCCESS FACTORS FOR REMAINDER OF PROGRAM	57
8.7	CRITICAL SUCCESS FACTORS	57
9	GLOSSARY	58
10	APPENDICES.....	59
11	APPENDIX A - SCENARIOS ANALYSIS.....	60
12	APPENDIX B - CONCEPTUAL INFORMATION MODEL.....	61
13	APPENDIX C – FUTURE UPDATES LOG.....	62

LIST OF FIGURES

Figure 1: Technical Architecture	18
Figure 2: MES Context Diagram	33
Figure 3: Context Diagram	34
Figure 4: High Level Architecture	39
Figure 5: Guiding Principles	40
Figure 6: Conceptual Information Model	46

LIST OF TABLES

Table 1: Alabama Medicaid Functional Process Owners (FPOs)	9
Table 2: AMMIS Base Team	11
Table 3: External Users	11
Table 4: Fiscal Agent Support Roles	13
Table 5: User Community	36
Table 6: Pros and Cons – Alternative 1	40
Table 7: Pros and Cons – Alternative 2	41
Table 8: Pros and Cons – Alternative 3	41
Table 9: Pros and Cons – Alternative 4	42
Table 10: Application Architecture	42
Table 11: Information Architecture: Conceptual High-Level Data Entities	45
Table 12: Interface Architecture: High-Level Interfaces	48
Table 13: Operational Alignment	55

1 INTRODUCTION

Alabama Medicaid (hereafter referred to as the Agency) developed this Concept of Operations (ConOps) document for the Alabama Medicaid Management Information System (AMMIS). The current AMMIS is a version of the fiscal agent's InterChange system, which is a monolithic type system that was implemented in 2008 and certified in 2009. The AMMIS is maintained by the fiscal agent except for the subsystems listed below. These subsystems are managed by external vendors that primarily interface using direct data entry or batch processes:

- Electronic Visit Verification (EVV) services for Home and Community Based Services (HCBS) Waivers plus Long Term Care (LTC) & Supports
- Third Party Liability (TPL) processing is shared between the fiscal agent and another vendor
- Prior Authorization (PA) services are provided by several different vendors

The Project Partnership Understanding (PPU) transition plan was approved by the Centers for Medicare and Medicaid Services (CMS) in June of 2018. This document defined the Alabama Medicaid Modularity Initiative (AMMI) project, steps, structure, and goals. It was initially developed early in the Medicaid Enterprise Systems (MES) Modularity Program with the initial focus on laying the groundwork for this transition. The document provides a proposed approach to modularization with the approach being finalized by the Agency working with the Program Management Office (PMO) Services team and the System Integration (SI) team.

The first step was an AMMIS Take-Over contract that was executed in early 2020. The AMMIS takeover contract allows the fiscal agent vendor to continue to run the legacy AMMIS for seven (7) years, which is the maximum time allowed by the State of Alabama. This provides a stable environment to ensure current operations are not disrupted as the Agency moves forward to decouple specified functions and define a new AMMIS. The new modular version of the AMMIS will be the MES, which will raise Alabama Medicaid's Information Technology (IT) to a new plateau.

2 REFERENCED DOCUMENTS

The following documents were referenced in the development of this document:

Alabama Medicaid PPU

AMMIS Request For Bid (RFB)

Alabama Medicaid Program Management Office (PMO) Services Request For Proposal (RFP)

3 CURRENT SYSTEM

The current AMMIS is composed of an n-tier web-based user interface with batch processes. It has been operational since February of 2008. There are several ancillary systems for things such as document management, workflow management, optical readers, letter generation, Electronic Data Interchange (EDI), Voice response systems, etc. The AMMIS and ancillary systems are primarily supported by the fiscal agent. The fiscal agent provides the following functions:

Administration – quality assurance, privacy and security

Operations/Claims – mailroom, data entry, drug rebate, medical policy, financial services

Customer Relations – provider services, provider call center services, recipient call center services, provider enrollment services

Systems and Local Area Network (LAN) Operations – maintenance and modification of the AMMIS, system administrators, data base administrators, and desktop user support

3.1 Functional Description

The AMMIS is composed of different software components which are loosely coupled and arranged in various software and architectural patterns to enable ease of use, development, and maintainability.

The AMMIS includes benefit plan processing along with an n-tier architecture. The system is based on business processes and the data is organized to support these processes. It is feature-rich and centers on a Medicaid-specific relational data model. It divides the application into components able to process on different networked computers. This design and supporting architecture allow for flexibility and scalability. The following AMMIS subsystems support business processes of the Alabama Medicaid Agency:

The **Automated Voice Response System (AVRS)** gives healthcare providers access to information including check amount, claim status, third party resources, procedure and drug code pricing, prior authorization requirements, and recipient household information. It offers an automated method for providers to verify Medicaid recipient eligibility coverage. In addition, it allows Medicaid recipients to check their eligibility, check a claim status, access frequently asked questions, and request an application to apply for Alabama Medicaid.

The **Case Management (CM)** subsystem accepts case management activity records from external entities. The subsystem processes, edits, and adjudicates activity records in accordance with State requirements between designated hours. On a Monthly basis, the subsystem produces case management activity payments and related reports. CM activity records with associated adjudication information are available for vendor viewing via the web portal. The CM subsystem uses data from other subsystems in its processing.

The **Case Tracking** subsystem provides the tools for managing Surveillance and Utilization Review cases as well as for Case Management. This includes case creation, tracking activity on active and under review cases, and monitoring to case closure. The CaseTracker Plus case tracking tool is currently provided and maintained by Pondera. Workflows are self-contained within the tool. Scheduling and correspondence are managed outside of the tool.

Claims processing functions ensure claims for eligible recipients, received from enrolled providers for covered services, are accurately processed and adjudicated in accordance with State and Federal requirements. It edits claims and initiates reimbursement. The subsystem includes the adjudication of batch, Web Portal, and pharmacy point-of-sale claims, and produces related reports and extracts. It uses data from other subsystems in its processing.

The **Data Imaging subsystem, also known as the Claims Control and Entry process**, consists of two main areas. The initial paper claims entry point is where paper claims are scanned and processed. The second area supported by Data Imaging allows clerks to manually key claims where the optical character recognition (OCR) functionality either did not pick up the data or picked up incorrect data and to manually correct data from the scanning process when needed. Data captured from paper claims is used in electronic claims adjudication. Paper claim images are also sent to the Feith Document Database where a user can retrieve a paper claim image using search criteria.

The **Drug Rebate subsystem** invoices drug manufacturers for expected rebates. The system posts collected amounts and generates reports on owed and collected amounts in an accurate manner. Federal regulations require drug manufacturers to enter into an agreement with CMS to provide rebates for their drug products when paid for by Medicaid. The Drug Rebate Subsystem maintains the information to carry out the federal mandates related to drug rebate processing.

The **Drug Utilization Review (DUR)** subsystem maintains the data necessary to set Prospective Drug Utilization Review (ProDUR) alerts against drug claims, notifying the pharmacist of potentially inappropriate prescriptions. It also provides information to the Medicaid Agency to complete the annual CMS ProDUR report. Criteria supplied by both First DataBank and the State is used in the real-time editing of the point-of-sale drug claims.

The **Data Warehouse subsystem (also known as the Decision Support System or DSS)** combines specialized tools and processes enabling enterprise data to be accessible for ad hoc queries and reporting purposes. The query tools allow users to aggregate data in support of Medicaid policy decision-making. Capitation, encounter, fee-for-service claims, and other AMMIS data elements are available for business users to combine and format into customized reports. The underlying data model is optimized for data access ensuring data is returned quickly and accurately.

The **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** processing function supports the Alabama Medicaid's Well Child Check-Up program. This

subsystem tracks and reports medical and dental check-ups for eligible children under 21 years of age. It is the State's mechanism to identify and track EPSDT services and to generate EPSDT downloadable reports for providers informing them of upcoming recommended screenings for their eligible recipients.

The **Electronic Data Interchange (EDI)** application provides support for collecting, tracking, and reporting on transaction files as they are processed through the application. EDI is an interface into the AMMIS for external entities to submit transactions using standard communication protocols and data structures. The contents of the transaction are validated before being directed through to various components via established application protocols.

The **Eligibility Verification System (EVS)** allows providers to check a recipient's eligibility dates to determine if services would be covered if rendered to the recipient. The eligibility response gives the provider benefit information associated with the recipient, such as Medicare plan participation, other insurance (Third Party Liability (TPL)), Primary Medical Provider (PMP), Maternity Care, lock in physician/pharmacy, lock out services, latest screening dates, Long Term Care waiver information and counts of benefit services already provided. This process supports real time transaction processing as well as batch EDI X12 transactions.

ePrescribe gives providers the ability to electronically transmit prescriptions directly to a pharmacy. Surescripts is the Alabama Title 19 (ALXIX) vendor for ePrescribing services. Surescripts connects providers through their choice of e-prescribing software to payers, chain, and independent pharmacies. Alabama Medicaid provides eligibility and medical history data to Surescripts for use by prescribers through data file uploads and real-time interactive responses to requests.

Feith is a suite of products which aids both operations and decision-makers in record management, report generation and storage, and workflow management. The Feith Document Database (FDD, also called computer output to laser disk or COLD) can store other documents, files, and images such as claims facsimiles submitted via electronic data interchange, the web, and any COLD-submitted AMMIS report.

The **Financial** function includes claim payment processing, accounts receivable, payables, and all associated financial transaction programs. The financial system verifies all funds are appropriately disbursed for claim payments and all post-payment transactions are accounted for and applied accurately. Among the subsystem's processes are generation of payments to providers and the production of a remittance advice for each provider who has claims adjudicated and/or financial transactions processed. Most payments take the form of an electronic funds transfer.

The **Long Term Care (LTC)** function supports processing of medical approvals submitted through the LTC software. These medical approvals come from registered providers administering recipients eligible for institutional long term care or Medicaid Home and Community-Based services (HCBS) waiver services. Long Term Care services include home health services, hospice care, private duty nursing, targeted case

management and waiver services as well as care in nursing and other institutional long term care facilities.

Managed Care provides the State with the ability to develop and implement various managed care systems enabling recipient access to necessary medical care while controlling medical assistance program costs. Through a combination of program plans, recipients are assigned primary medical providers responsible for managing their healthcare needs. The subsystem supports capitation, global, and fee-for service payment options. Recipients may also receive pharmacy and certain other wrap-around services outside of the managed care plan.

The Management and Administrative Reporting (MAR) function provides programmatic, financial, and statistical reports to assist the Medicaid Agency with fiscal planning, control, monitoring, program and policy development, and evaluation of the State Medical Assistance Programs. MAR uses data from all the claims processing functions as well as from financial, recipient, reference, and provider areas in creating the financial, statistical, and summary reports and data required by Federal regulations. With the RFB for the EDS, this functionality will move to EDS.

Transformed Medicaid Statistical Information System (T-MSIS) requires states to submit extract files containing information on Inpatient Claims, Outpatient Claims, LTC Claims, Pharmacy Claims, Provider, Eligibility, Managed Care Plans and TPL Resources. Files consist of over 2,000 data elements and are sent monthly. The purpose of T-MSIS is to collect, manage, analyze and disseminate information on eligibles, beneficiaries, providers, managed care organizations, and utilization and payment for services covered by State Medicaid programs. These T-MSIS data extracts are used by CMS to assist in federal reporting for the Medicaid and Children's Health Insurance Program (CHIP). The extracts are also used to produce Medicaid program characteristics and utilization information for states.

The Medicaid Eligibility Linking Interface (MELI) is a proprietary system that is positioned between the Alabama Medicaid Application and Enrollment System (AMAES) and Centralized Alabama Recipient Eligibility System (CARES) and the AMMIS. MELI receives updates from both AMAES and CARES and merges data for any pairs of identification numbers (ID) between AMAES and CARES who – at the time of merging – have the same Social Security Number (SSN), Date of Birth, First Name and Last Name (4-point match). Once merged, MELI determines the owner ID. When an ID is determined to be the owner, this means that the ID will be the current ID for the recipient. This also drives the AMMIS extract process because the data for the owning ID will be used for much of the extract.

As updates are received for either ID in a MELI merge, MELI re-evaluates the pair and may change the owner ID for the recipient; however, once merged, the IDs will not be unmerged permanently unless requested by the Agency even if the IDs no longer have a 4-point match.

Once merged by MELI, a link transaction is passed to the AMMIS so that Recipient, Claims, Prior Authorization, Third Party Liability, Managed Care and other data sources may be combined for the recipient so that the AMMIS now has a fuller picture of the recipient's Medicaid information for AMMIS processing.

The Prior Authorization function offers a way to review, assess, and pre-approve or deny selected non-emergency medical services prior to payment. It serves as a cost-containment and utilization review mechanism, enabling payment for only those treatments and services seen as medically necessary, appropriate, and cost-effective. State policy dictates certain medical services must be approved before the services are rendered.

The Provider subsystem offers a data maintenance function containing comprehensive current and historical information about eligible providers participating in the State's Medicaid program. This data repository with provider demographic, certification, rate, and summary financial information supports accurate and timely claims processing, management and utilization review reporting, and surveillance activities. It meets National Provider Identifier (NPI) standards where one unique number for a provider identifies all of its locations, provider types, specialties, licensing for services, and other required data for that provider as a logical record.

The Provider Electronic Solutions (PES) product gives providers a way to verify recipient eligibility, check claim status, perform electronic prior authorization requests, and submit electronic claims in addition to claim reversals and adjustments on behalf of Medicaid recipients. The software allows connectivity using an Internet Service Provider or a dial-up modem.

A Provider Enrollment portal provides potential Alabama Medicaid providers a secure means to submit an Alabama Medicaid Agency enrollment application via the web, provides a method for existing providers to submit Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) applications and allows users to view provider messages posted to the home page. The Provider Enrollment Portal function allows for the creation, save, resume and submission of electronic applications, as well as the ability to communicate to the provider the status of the application as it is processed.

The Provider Web Portal is a web site offering information to the general public as well as specific information for authenticated users. Public notices, links to manuals and software, and an option recipients can use to find local providers who are accepting new members of the recipient's plan are available to all on the home page. Trading partners, providers and clerks log in using the Secure Site menu option. Once authenticated, they gain access to pages appropriate for their profile.

The primary purpose of the **Recipient** function is to accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals as provided by the State's eligibility systems. Recipient data is used to support claims processing in both batch and real time mode so the Claims function can determine if a specific recipient has coverage for a service based on Alabama Medicaid policy. The data is also used for evaluating Managed Care assignments and LTC applications in addition

to reporting functions and eligibility verification. Extracts of recipient data are provided to entities authorized by the Medicaid Agency when requested.

There are two Eligibility and Enrollment (E&E) systems that provide eligibility data to the AMMIS Recipient system. One is known as the AMAES which is maintained by the Alabama Medicaid Agency. The AMAES has consisted of Virtual Sequential Access Method (VSAM) files since 1984. The AMAES Recipient Subsystem supports Beneficiary Services and eligibility functions; Third Party Liability and Buy-In, Non-Emergency Transportation; and Program Integrity as well as supports interfaces with other state and federal organizations including the Department of Human Resources, Department of Public Health, State Data Exchange, Internal Revenue Service (IRS), and others.

The other E&E system is CARES which provides eligibility data twice a week for Sixth Omnibus Budget Reconciliation Act (SOBRA) certified recipients. The Alabama Medicaid Agency is transferring the SOBRA recipients from AMAES to CARES. CARES will eventually become the sole E&E system. Maintenance of recipient related data is also described in other functional sections such as TPL, LTC, and Managed Care.

The **Recipient Accounts Receivable (A/R)** function helps track payments from Medicaid recipients. The payments are a result of Medicaid requesting money from the recipients as, after claims were paid, it was discovered Medicaid should not have covered the services. This subsystem maintains an Accounts Receivable file used to recover money from the Medicaid recipient.

A **Recipient web portal** allows authorized users to update personal information, request a new Medicaid ID card, check eligibility coverage, and other automated features. The head of household registers on the portal. Once registered, the head of household is able to check information for themselves or a person for whom they are the payee. Using the portal, the head of household can change the Patient First provider for themselves or recipients for whom they are responsible.

The **Reference** subsystem maintains a consolidated source of reference information the AMMIS accesses during claims and adjustment, prior authorization, and Third Party Liability processing. The Reference function maintains logical data groupings such as benefit plan, diagnosis, drug, edit and audit criteria, modifier, procedure, and revenue code data sets. The subsystem also supports AMMIS reporting functions.

The **Surveillance and Utilization Review (SUR)** subsystem aids in determining appropriate care provided to recipients and assists in the detection of potential fraud and/or abuse candidates via profiling and episode grouping using DSS. Its components include case type, peer and case group maintenance, case tracking, episode treatment grouper, and a random sample generator. With the RFB for EDS, this functionality will move to the EDS

These components are accessed through InfoView. In support of SUR, the Data Warehouse is populated with data from interchange. This allows the Data Warehouse to

provide data to the Random Sample application, Targeted Queries and the DSSProfiler process. Having everything contained within the Data Warehouse helps to ensure that all the data used to identify a suspect list comes from the same source and speeds verification.

The **Third Party Liability** subsystem tracks, reports, and pursues dollars owed to Medicaid when claims are paid for recipients who have other insurance coverage since Medicaid is the payor of last resort. The function utilizes a combination of cost avoidance (claim denial) and cost recovery (post-payment billing) to request insurance payments to cover recipient medical expenses when appropriate. TPL also supports Medicare claim recoupments (adjustments) from providers during post-payment processing. To the maximum extent possible, the AMMIS uses automated processes for cost avoidance.

3.2 User Community Description

The following roles are currently engaged in supporting the AMMIS:

- Agency Users
- AMMIS Base Team
- External Users
- Fiscal Agent Technology Users

3.3 Agency Users

The following table contains each of the functional business areas in the AMMIS and names the Agency personnel identified as the FPO. Each of these business areas have additional resources that are part of the work unit. The FPO represents the business area and they are the point of contact. For Alabama Medicaid, the FPO functions as the owner or gatekeeper for the business function. This information is verified by e-mail quarterly or whenever the Medicaid Management Information System (MMIS) Base team is notified of a personnel change.

Table 1: Alabama Medicaid Functional Process Owners (FPOs)

Screen ID	Subsystem	Req. Area	Functional Process Owner (FPO)
CM	Case Management	CSM	Travis Houser (backup Sylisa Lee-Jackson & Holly Jarnagin)
EW	EDI/AVRS/PES/WEB/EVS	GEN/CLM/REC	Steve Mahan (backup Rita Brown)
CP	Claims	CLM	Steve Mahan (backup Rita Brown)
RA	Recipient Accounts Receivable	RAR	Shari Rudd

Screen ID	Subsystem	Req. Area	Functional Process Owner (FPO)
DR	Drug Rebate	DR	Heather Vega (backup Kelli Littlejohn Newman)
DS	DSS	DSS	Susan Jones (backup VACANT)
DU	Drug Utilization & Review	DUR	Clemice Hurst (backups Kelli Littlejohn Newman & Heather Vega)
	ePrescribing	DUR/REF	Kelli Littlejohn Newman (backup Clemice Hurst)
EP	EPSDT/Medical Services	EPSDT	Jean Wackerle/Elizabeth Huckabee (backup Valeria Hardy)
FN	Financial	FIN	Susan Jones (backup David McIntosh)
ITF	Integrated Test Facility	ITF	Crystal Reed (backup Clay Gaddis)
LT	Long Term Care	LTC	Ginger Wettingfeld and Monica Abron
MA	MAR	MAR	Crystal Reed (backup Gary Parker)
MC	Managed Care	MC	Travis Houser and Bakeba Raines (backup Patricia Toston)
MS	Medical Services	MS	Elizabeth Huckabee (backup MarShetia Baldwin)
ME	MELI	MELI	Te'Sha Long (backup VACANT)
PA	Prior Authorization	PA	Sheila McDaniel (backup Kelli Littlejohn Newman & Thomas Stedham)
PR	Provider	PROV	Patrice Bryant (backup Akilah Dobyne, Timikel Robinson & Faith Pedro)
RE	Recipient	REC	Gretel Felton (backup Te'Sha Long)
RF	Reference	REF	Rita Brown (backup Steve Mahan)
SU	SUR	SUR	Beverly Churchwell (backup Patricia Jones)
SY	Systems	GEN	Clay Gaddis (backup Crystal Reed)
TP	Third Party	TPL	Keith Thompson (backup DaRhonda Jackson)

Screen ID	Subsystem	Req. Area	Functional Process Owner (FPO)
DG	Diagnosis Related Group	REF/CLM	Lynne Davenport (backup Elizabeth Huckabee)
EV	Electronic Visit Verification Monitoring		Monica Abron

3.4 Alabama MMIS Base Team

The following table identifies the Agency personnel that are members of the AMMIS Base Team and their areas of responsibility. The AMMIS base team is responsible for overseeing the day-to-day operations of the Fiscal Agent.

Table 2: AMMIS Base Team

Team Member	Area of Responsibility
Clay Gaddis	Director Fiscal Agent Policy and System Management
Crystal Reed	Associate Director of the Fiscal Agent System Management (MMIS)
Renee Perry	Technical Lead for the Fiscal Agent System Management (MMIS)
Steve Mahan	Associate Director Fiscal Agent Policy Management
Rita Brown	Lead Fiscal Agent Policy Management

3.5 External Users

The table below identifies the system or subsystems and the associated users.

Table 3: External Users

System	User
AVRS	Providers, Recipients
Case Management	Effective 10/1/2019: Alabama Coordinated Health Network (ACHN) Network Entities
Claims	Alabama Hospital Association (AlaHA), Kepro (formerly Health Information Designs (HID)), Health Management Systems (HMS), Myers & Stauffer (M & S), Alabama Medicaid Agency, University of South Alabama Center for Strategic Health Innovation (USACSHI) Effective 10/1/2019: ACHN Network Entities

Alabama Medicaid Management Information System

System	User
Decision Support System (DSS)	Alabama Medicaid Agency, Cognosante, Alabama Department of Public Health (ADPH), Health Tech Solutions (HTS), EviCore (formally MedSolutions), Optumas, Qualis, University of Alabama Birmingham (UAB), University of South Alabama (USA)
Drug Rebate	Centers for Medicare and Medicaid Services (CMS), Data Niche Data
Drug Utilization Review (DUR)	CMS, Data Niche Data
ePrescribe	Providers, SureScripts
EDI	Vendors, Clearinghouses, Trading Partners
EVS	Providers, Gainwell Technologies, Agency
Feith	Regions Bank, Alabama Medicaid Agency, Kepro (formerly HID)
Long Term Care (LTC)	Alabama Medicaid Agency, Qualis
MAR	ADPH, CMS, Blue Cross and Blue Shield of Alabama, Alabama Medicaid
MELI	Alabama Medicaid Agency
Managed Care	<p>USACSHI, Alabama Select Network, VIVA, Alabama Department of Senior Services (ADSS), Alabama Medicaid Agency, Office of Inspector General (OIG), Publication Press, Inc, Optumas, CMS</p> <p>Effective 10/1: Alabama Care Network MidState >> Alabama Care Network Southeast >> Gulf Coast Total Care >> MyCare Alabama Northwest >> MyCare Central >> MyCare East >> North Alabama Community Care</p>
Prior Authorization	EviCore (formally MedSolutions), Kepro (formerly HID)
Provider	<p>Alabama Chiropractor License Board, Alabama Dental License Board, Alabama Physician's License Board, Alabama Nurse License Board, Alabama Occupational Therapists License Board, Alabama Optometrists License Board, Alabama Physical Therapists License Board, Alabama Podiatrists License Board, Alabama Psychiatrists License Board, Alabama Speech Therapists License Board, Gainwell Technologies, CMS, Drug Enforcement Agency (DEA), EviCore (formally MedSolutions), OIG, Kepro (formerly HID), Alabama Medicaid Agency, Cognosante, HMS, Optumas, HTS, Publication Press</p> <p>Effective 10/1: Alabama Care Network MidState >> Alabama Care Network Southeast >> Gulf Coast Total Care >> MyCare Alabama Northwest >> MyCare</p>

System	User
	Central >> MyCare East >> North Alabama Community Care
Recipient	Gainwell Technologies, ADPH, Alabama Medicaid Agency, Kepro (formerly HID), USACSHI, HMS, CMS, EviCore (formally MedSolutions), OIG, Optumas, Gainwell Technologies Indiana Tile XIX, Anchor Computer Software, Bizware Effective 10/1: Alabama Care Network MidState >> Alabama Care Network Southeast >> Gulf Coast Total Care >> MyCare Alabama Northwest >> MyCare Central >> MyCare East >> North Alabama Community Care
Recipient AR	Alabama Department of Revenue
Reference	CMS, First Data Bank (FDB), Kepro (formerly HID), M & S, USACSHI, Alabama Medicaid Agency
Third Party Liability (TPL)	HMS, Blue Cross and Blue Shield of Alabama, HMS, Defense Eligibility Enrollment Reporting System (DEERS), Department of Human Resources (DHR), United American Insurance Company (UAIC), Alabama Medicaid Agency, Prime Therapeutics, Southland Benefit Solutions, USACSHI
Provider Electronic Solutions (PES)	Providers, Gainwell Technologies, Agency
Provider Enrollment Portal	Providers, Gainwell Technologies, Agency
Provider Web Portal	Providers, Vendors, Clearinghouses, Trading Partners
Recipient Portal	Recipients

3.6 Fiscal Agent Technology Users Supporting the AMMIS

The table below identifies the roles and business area of the fiscal agent staff that supports the AMMIS. This is very high-level information and there may be multiple people in one role identified below.

Table 4: Fiscal Agent Support Roles

Role	Business Area
Account Business Executive	Administrative
Quality Assurance Manager	Administrative
Privacy and Security Officer	Administrative
Operations/Claims Processing Manager	Operations/Claims Processing
Mailroom Clerks	Operations/Claims Processing

Role	Business Area
Targeted Case Management (TCM)/Prior Authorization Coordinator	Operations/Claims Processing
Drug Rebate Clerks	Operations/Claims Processing
Cash/Financial Analysts	Operations/Claims Processing
Resolution Clerks	Operations/Claims Processing
Data Entry Clerks	Operations/Claims Processing
Claims Supervisor	Operations/Claims Processing
Medical Policy Specialist	Operations/Claims Processing
Medical Policy Analysts	Operations/Claims Processing
Provider Assistance Center Supervisor	Customer Relations
Provider Assistance Center Representatives	Customer Relations
Provider Enrollment Supervisor	Customer Relations
Provider Enrollment Representatives	Customer Relations
Electronic Media Claims Helpdesk	Customer Relations
Provider Representative Supervisor	Customer Relations
Provider Representatives	Customer Relations
Recipient Call Center Supervisor	Customer Relations
Recipient Call Center Representatives	Customer Relations
AMMIS Systems Manager	Systems and LAN Operations
System Analysts	Systems and LAN Operations
Business Analysts	Systems and LAN Operations
Technical Functional Area Leads (TFALS)	Systems and LAN Operations
Local Area Network Operations Manager	Systems and LAN Operations
System Administrators	Systems and LAN Operations
Database Administrators	Systems and LAN Operations
Desktop User Support	Systems and LAN Operations
Project Management Office	Systems and LAN Operations
Project Analyst	Systems and LAN Operations

3.7 Technical Architecture

The AMMIS network is composed of hardware residing at the Gainwell Technologies account site in Montgomery, AL. AMMIS application servers are hosted in the Orlando Data Center (ODC). The ODC operations facility is a separate location where operators and systems administrators provide administration and control of the servers. While there are two separate physical facilities, these operate as one. AMMIS user interface features rely on

graphic display capabilities and native Windows-based components such as pull-down menus. These features launch action-based capabilities programmed within user-defined panel capabilities. Using base objects – a standard set of features in Windows applications – system panels (screens) are maintained.

The core components include the MMIS batch processing which was developed in the C programming language executing in a UNIX environment, and a n-tier web-based user interface written primarily in C#, utilizing Microsoft ASP.NET. AMMIS data resides in an Oracle database. There are many other critical software components, involving letter generation, ad-hoc reports, and optical character recognition, electronic storage of paper reports and forms, and EDI.

3.8 Claims Processing Subsystem

The Claims Processing Subsystem is the core of the AMMIS. It uses data from the Recipient Eligibility (CARES/AMAES), Provider, and Reference subsystems to adjudicate claims—decide whether they should be paid and at what rate and passes that information to the remaining subsystems for analysis, reporting, and follow up.

This subsystem has four components: Front End, Medical Policy History, Control Series, and Financial.

Front End Component

The three main processes of the Front End component ensure the integrity and reliability of claim data, allowing claims to be processed and paid as quickly as possible.

The Input Conversion process transforms claims in all media (submitted electronically, or on paper) to an expanded format the AMMIS can process most efficiently. It also accepts corrections to erroneous data that caused claims to be rejected in previous cycles and re-queues the corrected claims for payment processing.

The Edit process checks the claim data against requirements defined by the Alabama Medicaid Agency to ensure its validity. For example, it ensures that numeric fields contain numbers, the provider number used is valid and active, and the procedure is appropriate to the diagnosis. Claims that do not pass these hundreds of checks are denied or suspended to be reviewed.

The Preliminary Pricing process assigns tentative payment amounts to claims according to the four most basic methods: institutional, professional, drug, and crossover.

3.8.1.1 Medical Policy History Component

The Medical Policy History component of the Claims Processing Subsystem audits all claims. That is, it compares the current claim data to its file of previous claims to be sure that the beneficiary has not exceeded the limits placed on Medicaid assistance, the claim is not a duplicate, and the relationships among the data elements are appropriate.

If the claim passes these audits, it is checked against the Prior Authorization File. Some procedures can be paid for only if Medicaid approves the procedure in advance. The Medical Policy History component first checks whether the procedure requires prior authorization and, if so, then checks whether that authorization was given.

The last step in this component is assigning a final amount to be paid to the provider for the service.

3.8.1.2 Control Series Component

The Control Series component of the Claims Processing Subsystem produces weekly reports of claim activity to be used by the fiscal agent Technology managers and Medicaid administrators.

3.8.1.3 Financial Component

The Financial component writes checks to providers (or transmits their payments electronically) and issues remittance advices (written records that help providers keep track of their payments) by transmitting a file of financial activity to the bank each week. It also compiles payment information for tax reporting; generates tax statements for providers (1099 forms and B-notices); recoups overpayments, credits, and refunds; and produces financial reports for the Medicaid administration.

3.9 AMMIS System Architecture

The AMMIS is engineered on a layered logical architecture. Access channels encompass the means by which stakeholders connect to the AMMIS. The presentation layer provides visual or audio interaction between the stakeholder and the AMMIS. The integration services layer utilizes a Service-Oriented Architecture (SOA) that provides business services access to the stakeholders and the presentation layer. The application data layer provides the business services that carry out the functionality of the AMMIS. The data layer provides independent storage and retrieval of business data.

The following graphic illustrates the multi-tiered nature of the AMMIS, providing it the flexibility to interact with multiple external entities to load, validate, and manage the data needed by system users.

Stakeholder Community identifies the stakeholders and the access channels they might use to communicate with the AMMIS, such as web browser or web service.

Presentation Layer shows the user facing system components. This consists of the AMMI User Interface (UI) used by the business teams. The AVRS system guides callers to the proper customer assistance or allows for automated inquiries for things

such as member eligibility. The Provider Portals allows providers to enroll, securely submit claims, and verify eligibility.

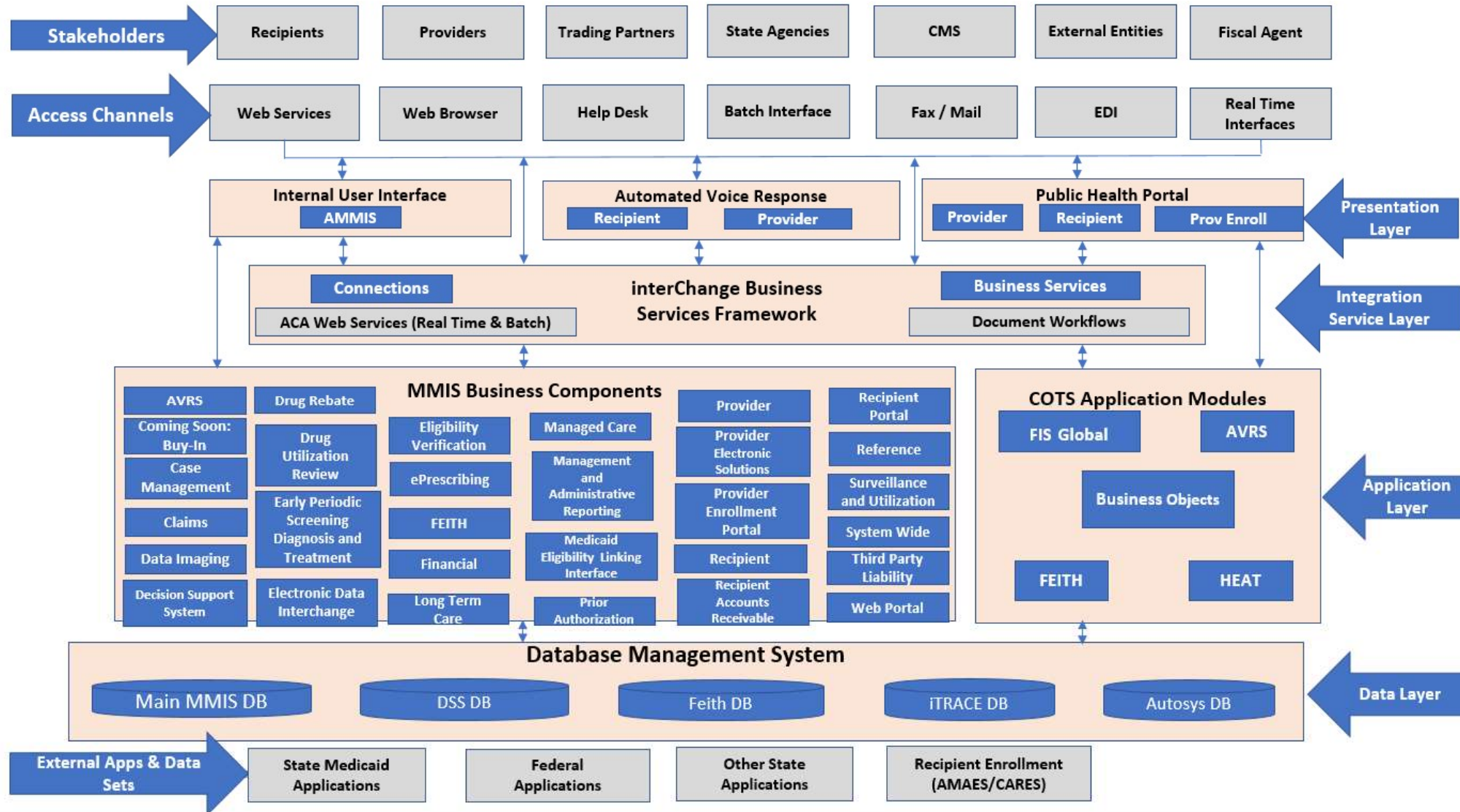
The **Integration Service Layer** contains the Enterprise Service Bus (ESB) and workflow. This layer is used by front end components or called directly by other systems, as in the case of real-time Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) (Affordable Care Act (ACA) 1104) compliant web services.

The **Application Layer** consists of various application components broken out into business functional areas such as Member, Provider, Reference, Financial and others.

Underpinning all of this is the **Data Layer**. This consists of various data stores that align to the functional areas, such as Member, Provider or Financial. There are also a number of data stores for products, such as the workflow or content management products.

The AMMIS interacts with state, federal, and Cloud Software as a Service (SaaS) **External Applications**; one example is Lexis Nexis.

Figure 1: Technical Architecture



4 GOALS, OBJECTIVES, AND RATIONALE FOR NEW OR SIGNIFICANTLY MODIFIED SYSTEM

The Alabama MES Modularity Program (AMMP) will move the Agency away from a monolithic system and instead, implement a modular system with the information, infrastructure, tools, and services necessary to efficiently administer Alabama’s Medicaid programs. To achieve these goals, the Agency will use a combination of technology-based procurements, related services, and business process outsourcing. Our vision for the future is an improved MMIS that will enable us to improve member health outcomes. The new system must have the capability to support informed and timely decision-making, both at the policy administration level and at point of care, while promoting service coordination, transparency, and accountability.

4.1 Program Purpose

The Alabama MES Modularity Program (AMMP) will allow the Agency to transition away from a monolithic MMIS with interlocked functions into a modern, modular MMIS that is based on a Service Oriented Architecture. The current AMMIS is a tightly woven system that is primarily run by one vendor with mainly batch or direct data entry interfaces. AMMP will move the Agency toward a modular system involving multiple vendors with loosely coupled functions that will accept and respond to transactions both internally (within the AMMIS) and externally (from entities outside the AMMIS).

4.2 System Goals and Objectives

The Alabama Medicaid Agency worked with the CMS to develop a forward-looking strategy to complete the transition to a modular MMIS within six (6) years from the execution of the 2020 Takeover contract.

The MMIS Takeover contract was the first step in the AMMP. During this same time, the Agency also developed a Request for Proposal (RFP) for Program Management Office (PMO) services that includes:

- Requirements and Business Process Management
- Program Management Office
- Enterprise Architecture
- Organizational Change Management

The PMO Services RFP will provide the expertise and staff required to support a program of this size. Within the PMO RFP, it states that the vendor shall have “twelve (12) months from contract signing to submit the System Integration Contractor Request for Request for Information (RFI)/RFP/RFB to the Agency for publication”. The SI Contractor will be the last support contract required before the Agency finalizes the plan for modularization. With the help from the PMO Services vendor and the SI Contractor, the Agency will identify the

Alabama Medicaid Management Information System

subsystems to be decoupled from the legacy AMMIS. The decoupled subsystems will be moved to a new vendor that interfaces with the legacy AMMIS. With the final step of the AMMP the Agency will replace the legacy AMMIS with a new modular MMIS.

This new MMIS will be the Medicaid Enterprise Systems (MES). The Agency is developing MES in accordance with CMS' Medicaid Information Technology Architecture (MITA) modularity standards. MES will be realized through multiple vendors who provide services, and in some cases technology, via interoperable modules that collectively address business functions of the Alabama Medicaid enterprise. All work is being correlated to the MITA framework, building upon the State Self-Assessment (SS-A) that was submitted in February of 2019.

The major objectives of this proposed system include the following.

- Increased flexibility in system logic that can be accomplished through the following considerations:

 - Flexibility in payment mechanisms within the MMIS

 - Flexibility in program, plan, eligibility, and coverage rules

 - Flexible management and oversight of waiver and demonstration programs

 - Isolation of business logic from applications, including the use of business rules engines as appropriate

 - Expanded use of automation in business and system task activities through improved integration and automation across business operations

 - Increased management and monitoring of performance in systems and programs through the following considerations:

 - Establishing performance management strategies

 - Identifying performance expectations for processes, systems, and vendors

 - Automating collection of performance measurement data

 - Procurement of comprehensive provider management services including:

 - Improved eligibility, enrollment, credentialing, and monitoring

 - Support automated background checks for all providers

Additionally, the new MES architecture will utilize an Enterprise Data Services (EDS) contractor. The following are the major goals and objectives for that proposed vendor:

- Implement an EDS solution that will meet the Agency's business needs, while providing a technical architecture that is scalable, extensible, and secure.

- Enhance and modernize AMA's data capabilities

- Ensure the confidentiality, integrity, and availability of data that supports the business needs of the Agency

- Provide accurate, timely, consistent, and high-quality data and information needed for operational and decision-making activities

- Utilize enterprise-level data models that accurately represent the Agency's data, based on industry best practices and Agency-approved standards, rules, and policies

- Ensure the security of the EDS that prevents unauthorized use and access of data and information

- Implement tools and services that enhance and support the mission of the agency

Alabama Medicaid Management Information System

Implement environments and structure to enable the fulfillment of all data management requirements

Provide a robust process to incorporate data from multiple data sources to provide a single source of truth for required AMA visualization, reporting and analytics, and other data informational purposes.

Incorporate data from AMA systems of record, other State agencies, and external data sources to provide a central repository for required AMA visualization, reporting and analytics

Ensure the quality and integrity of AMA data through intentional and guided processes

Establish a strong data layer that will enable AMA to trust, comprehend and utilize the data to make informed decisions

Ensure use of standards and repeatable processes for reporting and analytics

- Provide a data solution that performs at appropriate service levels to meet the needs of the Alabama Medicaid Business community
 - Define SLAs that are important to the business areas
 - Identify KPIs that define the responsiveness of the EDS
 - Identify the information needed by the business area on the user dashboard
 - Define the dashboard information required by contract monitoring
 - Identify the help desk support required by the business area
 - Define any on site business area support needed (to replace current support)
 - Provide continuity of operations and disaster recovery plans for the EDS
 - Identify improvements and optimizations for the EDS
- Integrate data from multiple source that meets industry standards, as well as current and future modernization of MES
 - Ability to load historical data from current AMA systems and other systems as required
 - Develop integration and interoperability with the AMA System Integration Contractor for all internal data sources
 - Transition of the Decision Support System, Surveillance and Utilization Review Subsystem, and Management Administrative Reporting Subsystem from the Fiscal Agent's MMIS. These systems will be decommissioned upon Agency approval of the EDS operations
 - Transition of the Patient First Database (PFD) which includes, multiple MMIS tables, external data from the Alabama Department of Mental Health (ADPH) for Vital Statistics and Immunization Registry, and census data for inpatient facilities from Department of Mental Health (DMH). The PFD will be decommissioned upon Agency approval of the EDS operations
 - Transition of the Medicaid Data Lake (MDL) which includes external data from CMS Chronic Condition Warehouse, Alabama One Health Record which houses Medicaid Recipients Clinical Data, Lab Results from Health Tech Solutions (HTS), and Dual Eligible Special Needs (D-SNP) care plans from D-SNP Population Data. The MDL will be decommissioned upon Agency approval of the EDS operations
 - Ability to add data sources and systems as the AMMP continues to bring on additional modules, the first of these modules will be the replacement of AMMIS (Fiscal Agent, Claims, Third Party Liability (TPL), Reference, etc.) with the

Alabama Medicaid Management Information System

Claims Processing Management Systems (CPMS), which will require an additional Design, Configure, Build (DCB) with a data conversion

- Provide accurate reporting of Medicaid data to the Federal and State agencies as well as perform advanced analytical and discovery queries on Medicaid related data for supporting business decision needs.
- Implement a user-centric reporting and query tool that allows users to:
 - Utilize multiple data sources to create reports and analytics functions
 - Utilize data analytic tools to gather further insight into the data
 - Create dynamic dashboard to visualize data and scorecards/metrics
 - Provide Management and Administrative Reporting for Transformed Medicaid Statistical Information System(T-MSIS), CMS 64 and other Federal and State reporting needs
 - Update and maintain all federally defined reports
 - Provide support services with knowledgeable and experienced Subject Matter Experts (SME) in analytics and reporting throughout the life of the contract
- Provide continuous compliance with federal and state statutory and regulatory requirements to identify, and prevent fraud, abuse and/or misuse in the Medicaid program.
 - Identify instances of improper payments made to Medicaid providers
 - Decrease the error rate in payments made to providers
 - Reduce the error rate in eligibility determination to beneficiaries
 - Continue data sharing and fraud reporting efforts with federal agencies

4.3 Proposed System

The MMIS Base team met with multiple Medicaid business areas over two months during the first part of 2018. In these meetings, the pros and cons of moving to a modular subsystem were discussed. Many areas were interested in the benefits they would receive from this transition. In addition to the five (5) modules listed below, the Alabama Medicaid Agency procured PMO services and plans to procure SI Services. The PMO and SI services will work with the Agency to finalize the subsystems to be decoupled from the AMMIS. These are the initial areas that the Agency feels would benefit the most from this transition. This list is subject to change:

Enterprise Data Services (EDS)

Provider Management

Modular Electronic Visit Verification (MEVV) - Implemented

Centralized Alabama Recipient Eligibility System (CARES) - Implemented

Claims Processing and Management Services (CPMS)

4.4 System Scope

MES will follow the MITA framework and the CMS Outcome Based Certification (OBC) process. The Scope of AMMP will be finalized with the input of the PMO Services Vendor and the SI Vendor. Section 4.3 Proposed System provides the scope of the current AMMP.

In alignment with the objectives identified for the proposed system in Section 4.2, the following are the modules that the Agency is currently considering for procurement through the modernization effort:

- SI – Services essential to support the successful implementation and maintenance of a modular MMIS solution by enabling integration across multiple modules
- Provider Management – A centralized module to unify the eligibility, credentialing, and information management of all Providers participating in Alabama Medicaid
- Enterprise Data Services (EDS) – The EDS will provide data aggregation for reporting, and data analytics. When completed, it is designed to be a ‘single source of truth’ for reporting and analytics. The following functions will be performed with data contained in the EDS:
 - Management and Administrative Reporting (MAR)
 - Program Integrity (PI)
 - T-MSIS
 - Data Analytics
- Claims Processing and Management Services (CPMS) – The CPMS will perform several functions including:
 - Processing specific types of claims and encounters such as waivers, atypical, crossovers, reversals, and adjustments according to program policies
 - Interfacing with trading partners that allows them to submit transactions using standardized communication protocols and data structures
 - Enrolling members in the Medicaid Buy-In program
 - Performing Drug Rebate
 - Screening, diagnosis, and treatment of physical, mental, and developmental health needs to children under age 21 so that health problems can be identified and treated early
 - Processing of claims payments, reimbursements, refunds, interest, enrollment fees, incentives, bankruptcy and general cost settlements, and other non-claim related payments
 - The processes of cash receipting, cost sharing, premium collections, and other receivables
- Managing Prior Authorizations
- Exchanging member data with CARES
- Storing and tracking of all the codes and conditions that apply to claims/encounters
- Shared Supporting Services:
 - Change Management
 - Incident Management
 - Dashboards
 - Identity and Access Management (IdAM)

4.5 Business Processes Supported

The proposed systems will provide the same business processes defined in Section 3.1 Functional Description. The Alabama Medicaid Agency will streamline processes when possible and move away from a paper environment. The Agency currently uses some workflows in fiscal agent driven functions, but this will be expanded to support the move to a paperless environment. Many things may change such as the technical platform, the vendor, the interfaces, and even the look and feel of the user interface, but the basic business functions will remain the same.

4.6 High Level Functional Requirements

The Agency's current requirements are over fifteen (15) years old. The PMO Services Contractor is tasked with defining all new requirements for MES. These requirement definition sessions started in 2020 and will define the scope of the AMMP. The PMO Services Contractor will also be responsible for defining the associated business process models. With the transition to a modular MMIS, the requirements will no longer be a single owner and associated with a single contractor. For example, a module removed from the MMIS may have requirements for the new contractor, requirements for the MMIS contractor, requirements for the system integrator and interface requirements that allow all three (3) contractors to communicate successfully. There will be business rules applied with the new vendor that may affect the other vendors. The requirements will be clearly identified and documented, otherwise, the next procurement could easily misrepresent a required vendor function. The maintenance of this information will be critical to managing the new MMIS and associated modules. The business processes will be required to define predecessors, successors, and maintain multiple associations to one requirement or process. This is much like the reusable services defined in Service Oriented Architecture. A claims business process may have many of the same steps for Managed Care that it has for TPL, but they will have different predecessors, successors, and business owners.

AMMP is currently underway; the high-level requirements included in this section are for the Systems Integration module.

SI – High Level Requirements

1. Implement a centralized technical solution for integrating and enabling data flow and communication among components provided by various module contractors, through implementation of an ESB using SOA concepts.
2. Implement a solution to enable the capture of meta-data to report metrics in support of Key Performance Indicator (KPI) and issue tracking across modules.
3. Provide a plan for disaster recovery and business continuity that addresses business interruptions, including a plan to test the proposed solution on a periodic basis providing details of activities, coordination, management, and the results.
4. Provide a data dictionary crosswalk for every field, detailing inputs and outputs between module transactions and the operational data store, current as of the last release and stored in a location accessible to the Agency. Additionally, provide user

- documentation using clear and consistent language with definitions provided for all acronyms.
5. Provide support following implementation of scheduled systems changes in support of maintenance and operations for the solution ensuring knowledgeable support personnel are available.
 6. Comply with state and federal privacy and security requirements as defined in the detailed requirements including areas of Identity and Access Management (IdAM) and Single Sign-On (SSO).
 7. Comply with state and federal privacy requirements ensuring the protection in the areas of Protected Health Information (PHI), Personally Identifiable Information (PII), and Supplemental Security Income (SSI).
 8. Provide details of the project management methodology including artifacts, that shall be used to implement the solution following Project Management industry best practices while coordinating with other module contractors.
 9. Actively support and participate in CMS certification activities by providing all Design, Development, and Implementation (DDI) documentation and test results, producing artifacts, such as certification evidence packets, and ensuring that the Offeror's solution meets Federal reporting requirements, MITA criteria, performance standards defined by CMS and the CMS certification checklists.
 10. Implement user interfaces compliant with state and federal standards supporting accessibility requirements and maintain a dashboard, including Key Performance Indicator (KPI) and transactional log data.
 11. The Offeror shall contain an Operational Data Store (ODS) to temporarily collect and manage transactional data as well as perform transactional reporting. The contractor shall ensure transactional data is transferred from ODS to an Enterprise Data Warehouse. Provide flexible reporting capabilities using analytical tools or industry standard tools on comprehensive sets of Medicaid data.
 12. Ensure the new solution is able to integrate with statewide Master Data Management (MDM) solution to promote data integrity and accuracy of data.
 13. Enable seamless interfaces between SI technological platform and those used by shared services to facilitate communication between modules and shared services.
 14. Offeror shall implement a decoupling of business logic and system coding. The solution shall use rules-based, table driven, modular, and reusable components.
 15. Provide the ability to support flexibility for upgrades or replacement components in the future and be capable of exposing system components for use by other State agencies or other entities.
 16. Offerors must describe how the proposed solution meets MITA requirements and indicate where in its Proposal they are met.
-

4.7 Summary of Changes

The modernization effort will involve the incremental implementation of highly configurable Commercial Off the Shelf (COTS) solutions to replace the current MMIS. Collectively, these components are expected to provide cohesive functionality to achieve a specific set of business or

Alabama Medicaid Management Information System

technical purposes, providing the potential to replace individual modules as part of iterative modernization with minimal impact to other modules.

Below is a summary of potential changes to the current MMIS system that are the prime focus of the modernization effort:

- Maintenance of project activity alignment with CMS guidance for modernization
- Procurement of best-in-class COTS solutions to replace the current MMIS components
- Enactment of business process modernization activities identified in the MITA SS-A
- Implementation of improved information management across agency through identification of applicable data standards, master data management plans and relevant data models
- Efforts to achieve operational efficiencies in Medicaid operations handled across the agency

5 SCENARIOS ANALYSIS

Section 11 – Appendix A contains a description of the general functionality of the system including operational flows.

6 FACTORS INFLUENCING TECHNICAL DESIGN

The factors influencing the technical design include:

- CMS standards and guidance for modernized MMIS
- Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule (CMS 2392-F)
- Americans with Disabilities Act (ADA) Section 508
- MITA 3.0 framework and guidelines
- Security, privacy, and operational standards provided by Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), National Institute of Standards and Technology (NIST), and Federal Information Processing Standards (FIPS)
- Providing seamless integration of systems to provide efficient and effective service delivery

6.1 Relevant Standards

The relevant standards influencing design begin with the CMS guidance for modernizing MMIS and extend to MITA 3.0 standards and Medicaid Enterprise Certification Toolkit checklists for ensuring certification of the modular solutions. Additional standards relevant include HIPAA HITECH, NIST, FIPS, Wide Web Consortium (W3C), and ADA Section 508.

CMS guidance for receipt of enhanced Federal Financial Participation (FFP) indicates a preference for awarding implementation contracts for separate business and technical modules spread among multiple vendors. To meet the criteria when implementing new solutions to meet MMIS functionality, states will be required to modularize business and technical functionality to encapsulate distinct business and technical services and allow for less risky incremental implementations. CMS provides the following summary from MITA:

The Modularity condition requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interface (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology and open, reusable system architecture is extremely important to ensure that states can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.

Modularity is breaking down systems requirements into component parts. Extremely complex systems can be developed as part of a service-oriented architecture. Modularity also helps address the challenges of customization. Baseline web services and capabilities can be developed for and used by anyone, with exceptions for specific

Alabama Medicaid Management Information System

business processes handled by a separate module that interoperates with the baseline modules. With modularity, changes can be made independently to the baseline capabilities without affecting how the extension works. By doing so, the design ensures that future iterations of software can be deployed without breaking custom functionality.

A critical element of compliance with this condition is providing CMS with an understanding of where services and code will be tightly coupled, and where the state will pursue a more aggressive decoupling strategy.

For the Agency to meet CMS guidelines for its envisioned MMIS, implementation of a Service Oriented Architecture will be key. SOA is essential to integrating multiple vendor modules that provide business and technical functionality. SOA is defined as a loosely coupled application architecture (AA) within which business and technical functions, designed to meet the business needs of an enterprise organization, can be invoked using open, standard, and exposed interfaces. Documenting standards for these exposed interfaces allows components of the SOA framework to detect and utilize the functionality of other components in the architecture regardless of either's internal technologies.

Central to the Agency implementing SOA will be its desired procurement of an SI contactor that will be required to deploy an ESB. An ESB is a software architecture model used for designing and implementing communication between disparate and mutually interacting software applications in an SOA. The SI module will be responsible for requesting and disseminating data between each business and technical module in a standard and consistent manner, whether using real-time transactions (e.g., web services) or passing batch files (e.g., Secure File Transfer Protocol (SFTP) services) for processing.

In addition to SI responsibilities for technical integration of enterprise modules, the SI will also be responsible for the implementation of an ODS. The exact functionality and purpose for the ODS is yet to be defined.

Potentially, the ODS will:

Transform and store transactional data to standard data formats, naming designations, and functional definitions from across the enterprise

Be a short-term enterprise reporting repository where data from all modules across the enterprise has been accumulated and standardized

Periodically export data to the EDS for long term reporting

Represent the System-of-Record (SOR) for some types of reference data, for example, county codes, diagnosis codes, procedure codes, and program codes

Modular architecture is implemented by encapsulating business or technical services. Each module would serve as the System of Record for the business or technical services it provides. A business services module would be responsible for the capture and dissemination of its business domain information for the entire enterprise. Modules providing technical functionality would be responsible for ensuring standard integration outcomes for its services across the entire enterprise.

Alabama Medicaid Management Information System

The Modular Medicaid Enterprise Systems will adhere to the CMS Seven Standards and Conditions as established in the following documentation:

[CMS Seven Standards and Conditions](#)

The Modular Medicaid Enterprise Systems will comply with all applicable standards and regulations as set forth in the HIPAA of 1996 and all enacted changes as established and recorded here:

[HIPAA for Professionals](#)

The Modular Medicaid Enterprise Systems will adhere to National Institute of Standards and Technology 800-53 as appropriate for medium impact security controls as established and recorded here:

[NIST Risk Management Framework](#)

6.2 Assumptions and Dependencies

AMMP will comply with CMS guidance for Medicaid Enterprise Certification Life Cycle (MECL) certification including enhanced FFP.

Design assumptions for the modular Medicaid Enterprise Systems:

- No custom-developed modules

- COTS or Software as a Service (SaaS) are required

- All modules will be hosted off-premises via cloud service provider

- An operational integration and data transformation platform will be provided by the System Integrator

- All modules will communicate with each other via this integration platform

- A module should be able to fully perform its function regardless of state of other participating modules or the SI platform availability

- Resulting system shall be fully certified by CMS

- Replacing any given module should require no additional development in other modules

Dependencies for the project include:

- Availability of vendors for module work because of vendor commitments in other states seeking new Medicaid systems would result in delays or issues for system integration

- Availability of suitable COTS products to satisfy MES requirements could frustrate CMS guidance for modularity or cause the State to need to seek alternative solutions

- Availability of key Agency staff could cause a lack of expertise for defining module requirements

6.3 Constraints

Medicaid Enterprises encounter many factors that interrupt the free-flowing transformation of business, information, and technologies. The limiting factors may be of short or long durations, with more persistent factors requiring active strategies to mitigate the negative effects.

Key factors that limit the desired transformation of the MES include the following:

- Competing priorities across transformative initiatives, where the initiatives:
 - Require staff that may be fully engaged in operational tasks or other initiatives
 - Depend on other initiatives that have yet to be completed
 - Require access to limited funding
- Resource limitations, including:
 - Funding for enhancements or additional staff resources
 - Available staff to plan or effect transformational projects, due to finite head count and current operational or initiative workloads
 - Limited marketplace for Medicaid systems and services, reducing the number of Contractors capable of providing critical systems and services to the MES, and leading to increased costs based on limited competition
- A dynamic and unpredictable set of expectations, causing the MES to support new requirements with little notice, potentially interrupting other initiatives, driven by state and federal mandates, shifts in stakeholder expectations, and changes in attainable technological capabilities
- The following are other high-level constraints:
 - State Legislation
 - Time and schedule
 - Project complexity

Modules that make up the Medicaid Enterprise Systems would be hosted off-premises from an Alabama Medicaid standpoint. The prevailing method to meet this requirement will be cloud-hosted products.

All identified modules must integrate with and communicate through the integration platform provided by the System Integration Contractor (SI).

Additional constraints will be established in future updates.

6.4 Design Goals

The design goals for the modernized MMIS include:

- Use of COTS product(s) with leveraging configurable solutions and minimizing customizations
- System and Interface design to achieve real-time and seamless integration with Social Security Administration (SSA), State and Federal agencies and portals

Alabama Medicaid Management Information System

System design that is consistent with HIPAA (5010), NIST, HITECH, FIPS, and other CMS guidance and regulations

System design that accommodates the accessibility guidelines by ADA section 508 and W3C

Application of MITA standards as part of MMIS modernization project

Active and ongoing participation of the stakeholders and Subject Matter Experts (SMEs) throughout the design and development phases

Implementation of a centralized technical solution for integrating and enabling data flow and communication between components provided by various module vendors, through implementation of an ESB using SOA concepts

Solution incorporating rules-based, table driven, modular, and reusable components

7 PROPOSED SYSTEM

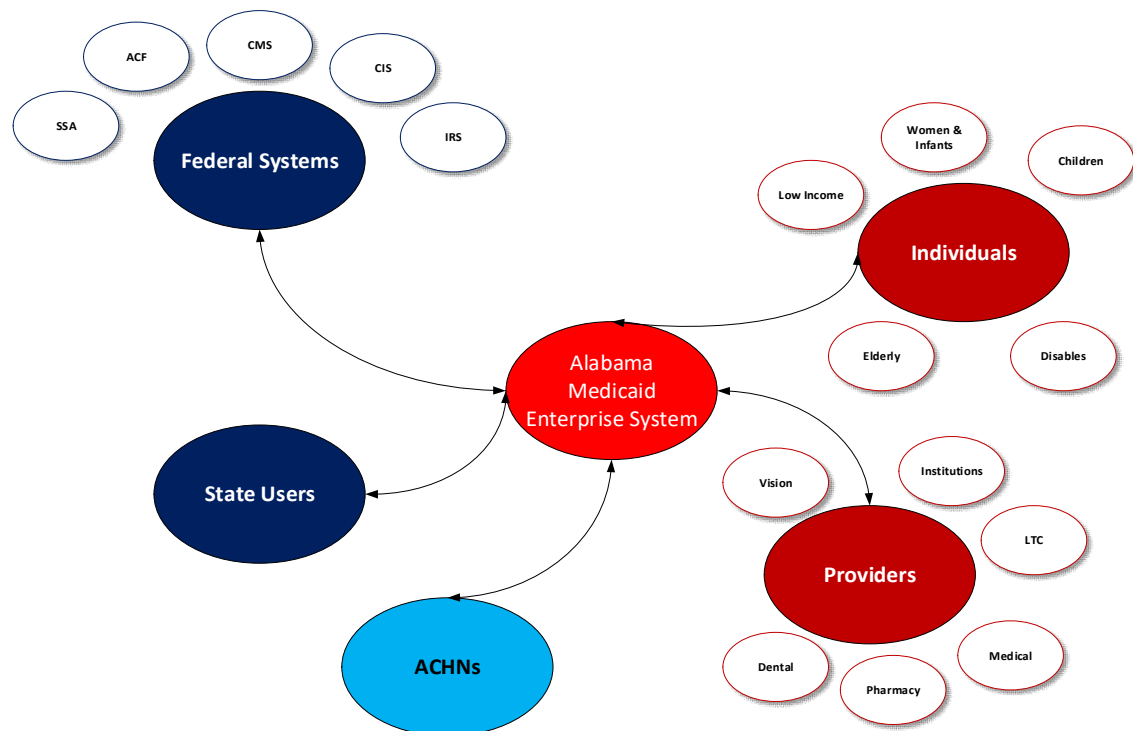
The proposed system is intended to primarily address the modernization goals of the Agency. As part of the modernization effort, the Agency is planning to procure modular MMIS components consistent with CMS guidance, the Agency’s modernization roadmap, as well as the goals and objectives of AMMP. The overall effort of modernization will involve replacement of the existing MMIS components with new modular components. The Agency is also planning to procure services of an SI contractor and other module vendors to aid in the planning, design, implementation, operation, and oversight of the overall MES.

The Agency’s approach for modernization involves the distribution of responsibilities to various contractors including:

- PMO – Contractor to perform activities to support the management of AMMP
- System Integration Contractor – Contractor to assist in the detailed planning, incremental implementation, and maintenance of MES
- MMIS Modules – Contractors associated with the configuration, implementation, and Maintenance and Operations of individual MES Modules

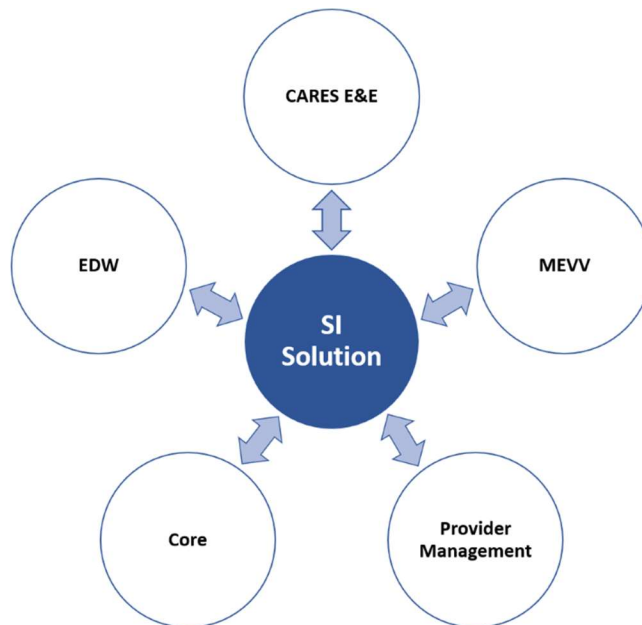
Figure 2: MES Context Diagram is a System Context Diagram (SCD) depicting external entities that interact with the MES.

Figure 2: MES Context Diagram



7.1 Context Diagram

Figure 3: Context Diagram



The modular Medicaid system will include an integration platform provided by the System Integration Contractor facilitating data communication between modules. At this time, five modules have been identified:

Enterprise Data Services – For reporting and analytics

Provider Management – For provider enrollment and management activities

Modular Electronic Visit Verification – For visit validation

CARES – For recipient enrollment

CPMS – For claims operations and all functionality not covered by the other modules

7.2 High-Level Operational Requirements and Characteristics

The high-level operational requirements and characteristics of the modernized MES include the following:

Creation of a unified approach to business operations and supporting systems across the Alabama Medicaid Enterprise, providing consistency in operations and in the management of information

Building a central platform that can support operations for Medicaid

Alabama Medicaid Management Information System

Promotion of statewide data sharing through integration of independent system components such as MEVV with claims adjudication and PI analytics with other components to provide flexible fraud-detection capabilities

Consistent use of applicable data standards in all components within the MES

Increased interagency collaboration to promote potential sharing of IT assets and resources to support shared business functions across agencies

Centralized management of financial operations to ensure consistency and comprehensive financial data for analytics and reporting purposes

Flexible reporting enabled through specialized analytical tools using comprehensive sets of Medicaid data

Increased management and monitoring of systems and programs' performance and the establishment of performance management strategies, and the identification of performance expectations for processes, systems, and contractors

Implementation of shared technical components across MES, providing consistency in operations and more comprehensive access to program information, including:

- Incident Management
- Change Management
- Dashboards
- Identity & Access Management (IdAM)

Assigning operational responsibility for select business functions to experienced contractors

Improved self-service capabilities supporting the Agency suite of Medicaid programs, delivered with a consistent user experience using web, mobile application, and other appropriate technologies

Compliance with current and future MITA or other external architectural requirements

Continued expansion of eligibility processing and other related functionality

Procurement of comprehensive Provider Management services to support improved eligibility, enrollment, credentialing, and monitoring capabilities

Consolidating information across the Medicaid Enterprise for enterprise reporting and analytical purposes

Compliance with CMS guidance for Federal certification

Interoperability across modules through standardized, published interfaces, and data compatibility

7.3 User Community Description

As depicted in the MES Context Diagram, the following are the various types of user communities that interact with MES on a regular basis.

Table 5: User Community

User Group	Description / Expected Use of System	Total Users	Concurrent Users
Federal Systems	Users from Federal agencies such as CMS and the Internal Revenue Service (IRS). These users perform audits and enforce reporting requirements at the program level.		
State Users	Users from the Agency These users support the business operations and other technical functions needed to manage and support various programs within Alabama Medicaid.		
ACHNs	Users from the ACHNs These users access and utilize self-service options to perform business functions		
Individuals	This group includes both individuals seeking Alabama Medicaid program benefits and those currently receiving benefits and services from the program. These users access information about potential benefits and services made available through the Alabama Medicaid program, including self-service Portal and Enrollment Broker services		
Providers	Users from the Provider community. These users access and utilize self-service options to perform business functions		

7.4 Non-Functional Requirements

Non-functional requirements for the modernized MMIS solution include considerations for the following categories:

Business Continuity/Disaster Recovery – Activities to ensure the recovery and continuity of business operations in the event of disaster

Compliance – Activities to support audit requirements and ensure compliance with applicable state and federal regulations

Integration – Activities to enable and maintain the integration of various components of MES to support data access and communication across modules

Alabama Medicaid Management Information System

Maintenance & Operations – Support activities to ensure ongoing maintenance & operations of the solution

Privacy – Includes requirements that ensure the protection of Medicaid entity data, such as PHI, PII, and SSI, primarily through compliance with state and federal guidelines

Project Management – Activities to support the planning, scheduling, and overall management of MES

Reporting – Activities to support the collection and propagation of data necessary to generate data extracts and reports for various program needs

Security – Includes requirements that need to be satisfied to achieve the security attributes of an IT system

Systems and Application – Includes requirements to support and maintain system performance

Testing – Activities to ensure proper functioning and overall readiness of a system

Training – Activities to ensure the planning and execution of various training tasks tailored to each user group

User Documentation – Activities toward development and maintenance of operational and other reference documentation to support program needs

User Interface – Requirements to ensure accessibility and consistency in user interface content

7.4.1 Security and Privacy Considerations

Security requirements for the proposed system include the following:

Considerations to ensure compliance with State and federal guidelines around information security

Management and oversight of access to systems, networks, system software, systems files, and State data by user authorization levels

Implementation of security controls to employ intrusion and attack prevention and detection capabilities

Support for monitoring, reporting, investigating, and assessing security incidents in accordance with State and federal policies

Support for audit capabilities to comply with State Security and Privacy policies and standards

Privacy Requirements for the proposed system include the following:

Implementation of security measures to protect the confidentiality of PHI/PII/SSI received from the Agency

Establishment and maintenance of physical, technical, and administrative safeguards to ensure the following:

Security and confidentiality of PHI/PII/SSI

Protection against anticipated threats or hazards to the security or integrity of PII/SSI

Protection against the unauthorized access or use of PII/SSI

Considerations to ensure compliance with data handling privacy requirements associated with HIPAA and other state and federal Privacy guidelines

7.4.2 Availability Requirements

Availability requirements for the proposed system include the following:

- Support activities for operations, administration, maintenance, and technical support required to manage MES and to ensure uninterrupted system availability
- Post-implementation support for service changes or system upgrades, including support for issue management and resolution
- Development of a plan for disaster recovery and business continuity that addresses business interruptions, including a plan for testing the proposed solution on a periodic basis

7.4.3 Volume and Performance Expectations

Volume and Performance requirements for the proposed system include the following:

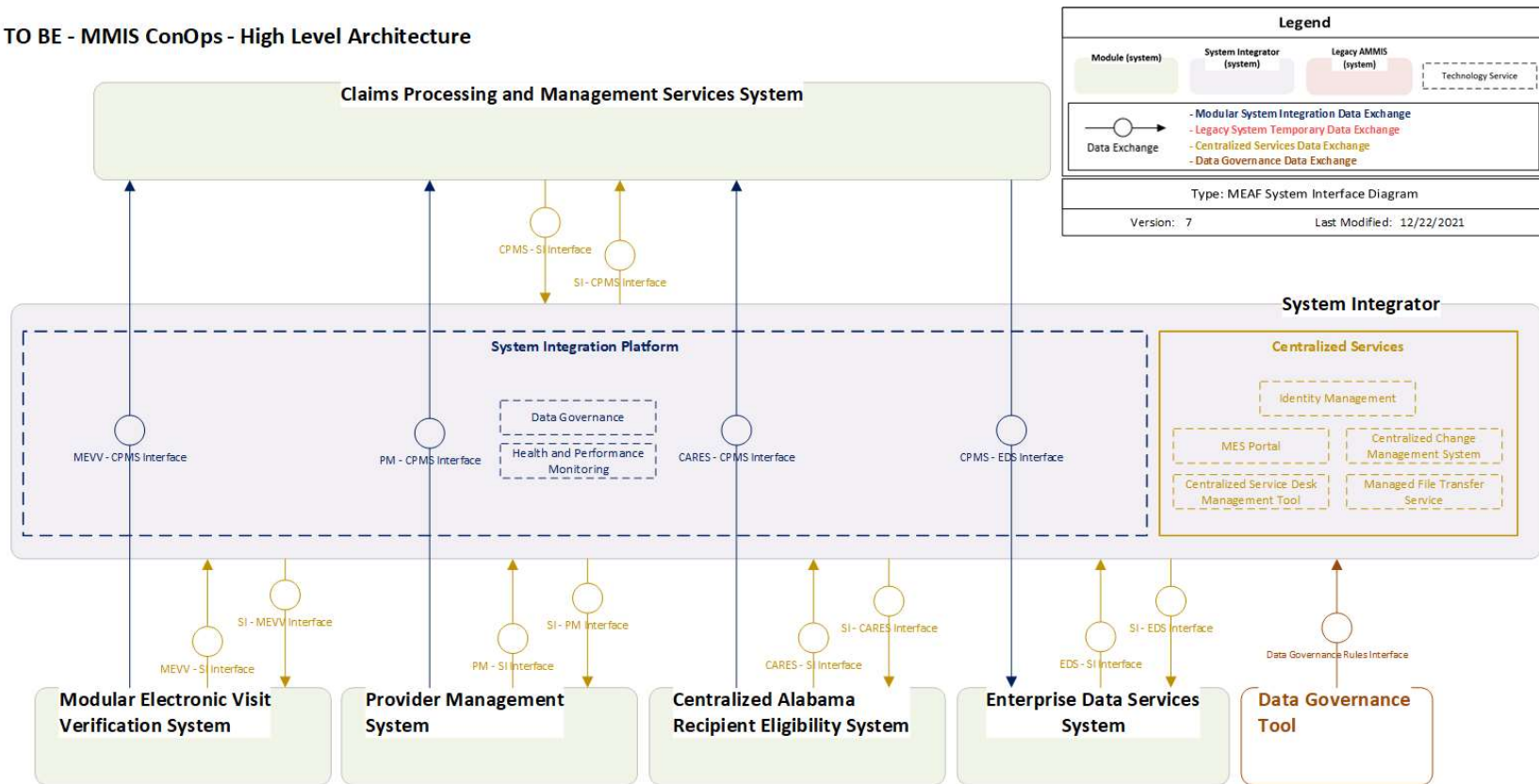
- Tracking, monitoring, and reporting on system performance
- Activities to support processing of transaction files, error reconciliation and reprocessing in accordance with state processing standards
- Implementation of rules-based, table driven, modular and reusable components
- Development and maintenance of technical documentation to facilitate knowledge transfer of system's internal workings
- Reporting capabilities to track system performance metrics and support operational and analytical needs of the Agency

7.5 High Level Architecture & Alternatives Analysis

The high-level architectural design for the modernized MMIS will closely follow CMS MITA guidance for a service oriented, modular, incremental implementation. Figure 4 depicts the future MES High Level Architecture.

Figure 4: High Level Architecture

TO BE - MMIS ConOps - High Level Architecture



Disclaimer: Data Exchanges in this diagram are examples of interfaces between modules and not intended to illustrate technical solutions

Alabama Medicaid Management Information System

Prior to selecting an architectural path toward modularity, in addition to CMS direction and MITA guidelines, a set of guiding principles were established for Alabama Medicaid to aid in decision-making throughout the process. Alternatives were evaluated in light of these principles as well as technical feasibility.

Figure 5: Guiding Principles

Guiding Principles

Keep it Simple	Higher complexity carries higher risk and higher cost
Attainable and Sustainable	The resulting system can be reasonably procured, implemented and maintained by Alabama
Marketplace Lessons Learned	Use market successes and failures as a guide
Industry Supportability	There are enough viable vendors in each space
Right Fit for Alabama	The right size and scale while meeting stated business goals, objectives, and outcomes

Several alternative architectures were considered while evaluating the modular strategy for Alabama.

Alternative 1: CPMS as System Integration Contractor

Capitalizing on the role that the core CPMS plays in the enterprise system and leveraging the existent Enterprise Service Bus made sense at a technical level.

Table 6: Pros and Cons – Alternative 1

PROS	CONS
One Less Procurement	Difficulty in transition to new CPMS vendor
Simpler Architecture	Limited modularity
No intermediate transition of data	Unequal partnership
Leverages existing service bus	

The primary factors that influenced selection against this alternative include:

- Heavy reliance on the CPMS vendor
- Alabama’s desire for an independent technical partner
- Lack of modularity options for the future

Alabama Medicaid Management Information System

Alternative 2: Non-technical System Integration Contractor

In this alternative, the System Integration Contractor would provide direction and oversight to the integration of multiple modules, but not bring an intermediary product to the enterprise.

Table 7: Pros and Cons – Alternative 2

PROS	CONS
Leverage existing service bus (CPMS) Simpler Architecture	Limited modularity High reliance on Core/CPMS vendor

The primary factors that influenced selection against this alternative include:

- Uncertain compliance with CMS requirements
- No track record of success in the market with this approach

Alternative 3: More Granular Modularization

Multiple permutations of which business services could and should be grouped together as modules for procurement were considered (e.g., Pharmacy Services, Translation Services, Customer Support Services, Financial Services).

Table 8: Pros and Cons – Alternative 3

PROS	CONS
More competitive procurement possibilities	Multiple procurements More complex data handling

The primary factors that influenced selection against this alternative include:

- Burden on staff to engage in multiple simultaneous procurements
- Future modules can be defined and implemented as beneficial to the Agency

Alternative 4: “Traffic Cop” version of System Integration Platform.

In light of passing data through multiple cloud boundaries, a version of the SI platform was considered that provided interface management and authorization, but did not provide the interface itself, saving on costs of data transportation and storage.

Table 9: Pros and Cons – Alternative 4

PROS	CONS
Data passes between fewer handlers	Less flexible for future
SI Platform has minimal footprint	

The primary factors that influenced selection against this alternative include:

- Data Management
- Future flexibility

The settled upon strategy fully meets CMS requirements, minimizes risk, and provides flexibility for the future to further modularize and expand capacity as required.

7.6 Application Architecture

The application components, depicted as Systems in Figure 4 above, are described in Table 10 below. The Agency’s strategy for implementing each component reflects its efforts to modularize the overall system through the purchase of new stand-alone components.

Table 10: Application Architecture

Application Component	Description (Business Process Supported, Purpose of Component)	Strategy (Build, Buy, Reuse, Rewrite)
Provider Management System	The Provider Management system is a targeted TO BE System that will provide a modular solution to support the provider management, information management, provider communications, and provider web portal.	Buy
Claims Processing and Management Services System	The Claims Processing and Management Services System (CPMS) is a targeted TO BE System that will replace multiple functions currently provided by the Alabama Medicaid Management Information System (AMMIS). CPMS will support Medicaid business functions and processing for areas such as claims, financial management, care management, managed care enrollment, benefit package maintenance, third party liability, recipient management, pharmacy, and prior authorization.	Buy/Take Over

Alabama Medicaid Management Information System

Application Component	Description (Business Process Supported, Purpose of Component)	Strategy (Build, Buy, Reuse, Rewrite)
Modular Electronic Visit Verification System	The Modular Electronic Visit Verification System (MEVV) is currently in-process of being implemented. Under this model, the Agency will set the processing standards for MEVV, provide a front-end application for capturing Electronic Visit Verification (EVV) visit data, and aggregate EVV visit related data from third-party systems. Providers under this model have the flexibility to use the Agency's MEVV or select a solution that better meets their individual business and technology needs. Should providers select a solution of their own, they will be required to submit standardized visit-related data as defined by the Agency, to the MEVV.	Buy
Centralized Alabama Recipient Eligibility System	Centralized Alabama Recipient Eligibility System (CARES) is currently in a production state and is targeted to also take over functions currently provided by the Alabama Medicaid Application and Enrollment System (AMAES). CARES provides functionality to support the Recipient Eligibility and Enrollment Business Services of the Agency.	Build
Enterprise Data Services System	Enterprise Data Services (EDS) is a targeted TO BE System. The EDS will integrate, transform and connect data across the organization and serve as the central repository for the Alabama Medicaid Agency (AMA) to interact with their data. This will allow for the AMA to make informed and timely decisions, as well as provide business intelligence (BI) tools for reporting and advances analytics that will provide operational support and management of the state's healthcare program. MAR, SUR, DSS and T-MSIS reporting will be conducted out of the EDS.	Buy

Alabama Medicaid Management Information System

Application Component	Description (Business Process Supported, Purpose of Component)	Strategy (Build, Buy, Reuse, Rewrite)
System Integration	<p>The System Integration Contractor is a targeted TO BE system that includes a System Integration Platform, Integration of MES Contractor Systems, and Centralized Services.</p> <p>The System Integration Contractor will provide the following Technology Services:</p> <p>System Integration Platform – Transforms and exchanges data among MES Contractor Systems and integrates the various MES modules into a seamless, functional system.</p> <p>Data Governance – The process of managing the availability, usability, integrity, and security of the data per guidance supplied by the Alabama Medicaid Data Governance Office (DGO).</p> <p>Health and Performance Monitoring – The process of monitoring system health and stability and presenting system health metrics for management of the MES.</p> <p>Identity Management – A solution that creates, modifies, disables, and deletes user accounts and their profiles across the MES.</p> <p>MES Portal – A login and registration functionality and initial landing page for the MES.</p> <p>Centralized Service Desk Management Tool – A single view into all service requests across the MES.</p> <p>Centralized Change Management System – Used to coordinate and manage changes of the components in the MES.</p> <p>Managed File Transfer Service – A solution that will reliably and securely exchange electronic data with systems outside the MES.</p>	Buy

7.7 Information Architecture

As the current systems are replaced with modular systems, the data necessary to support the Agency's operations will be divided between the appropriate systems. Documenting the data entities in the Information Architecture ensures that each required type of data is accounted for during the implementation of new systems. The table below provides a listing of high-level data entities and the primary system responsible for the origination and storage of each data entity (System of Record).

The high-level conceptual information model required to support MES is depicted in the following diagram.

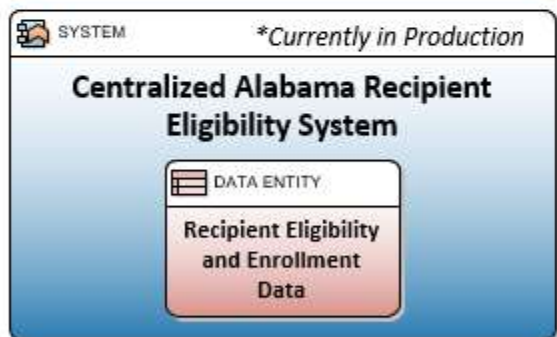
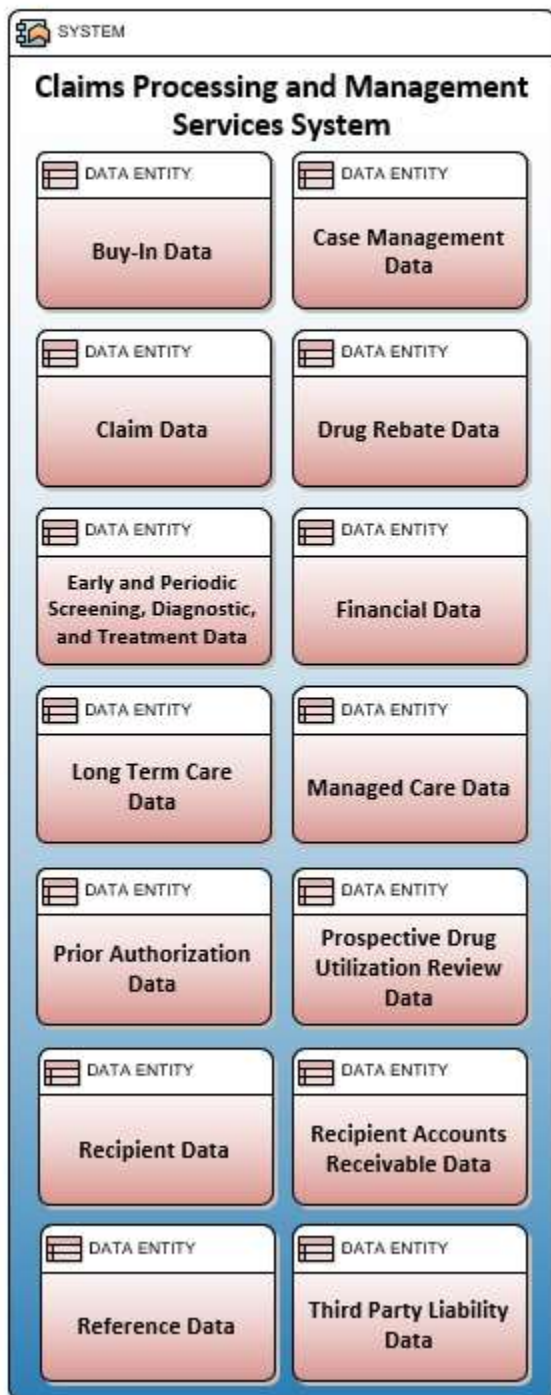
Table 11: Information Architecture: Conceptual High-Level Data Entities

Data Entity	System(s) of Record
Benefit Plan Information	Claims Processing and Management Services System
Buy-In Data	Claims Processing and Management Services System
Case Management Data	Claims Processing and Management Services System
Claim Data	Claims Processing and Management Services System
Claim Payment	Claims Processing and Management Services System
Clinical Data	Enterprise Data Services System
Drug Rebate Data	Claims Processing and Management Services System
Early and Periodic Screening, Diagnostic, and Treatment Data	Claims Processing and Management Services System
Electronic Visit Verification Data	Modular Electronic Visit Verification System
Financial Data	Claims Processing and Management Services System
Long Term Care Data	Claims Processing and Management Services System
Managed Care Data	Claims Processing and Management Services System
Pharmacy Claims Data	Claims Processing and Management Services System
Prior Authorization Data	Claims Processing and Management Services System
Prospective Drug Utilization Review Data	Claims Processing and Management Services System
Provider Data	Provider Management System
Recipient Accounts Receivable Data	Claims Processing and Management Services System
Recipient Data	Claims Processing and Management Services System
Recipient Eligibility and Enrollment Data	Centralized Alabama Recipient Eligibility System
Reference Data	Claims Processing and Management Services System
Surveillance and Utilization Review Data	Enterprise Data Services System
Third Party Liability Data	Claims Processing and Management Services System

Figure 6: Conceptual Information Model

TO BE - MMIS ConOps - System of Record for High Level Data Entity

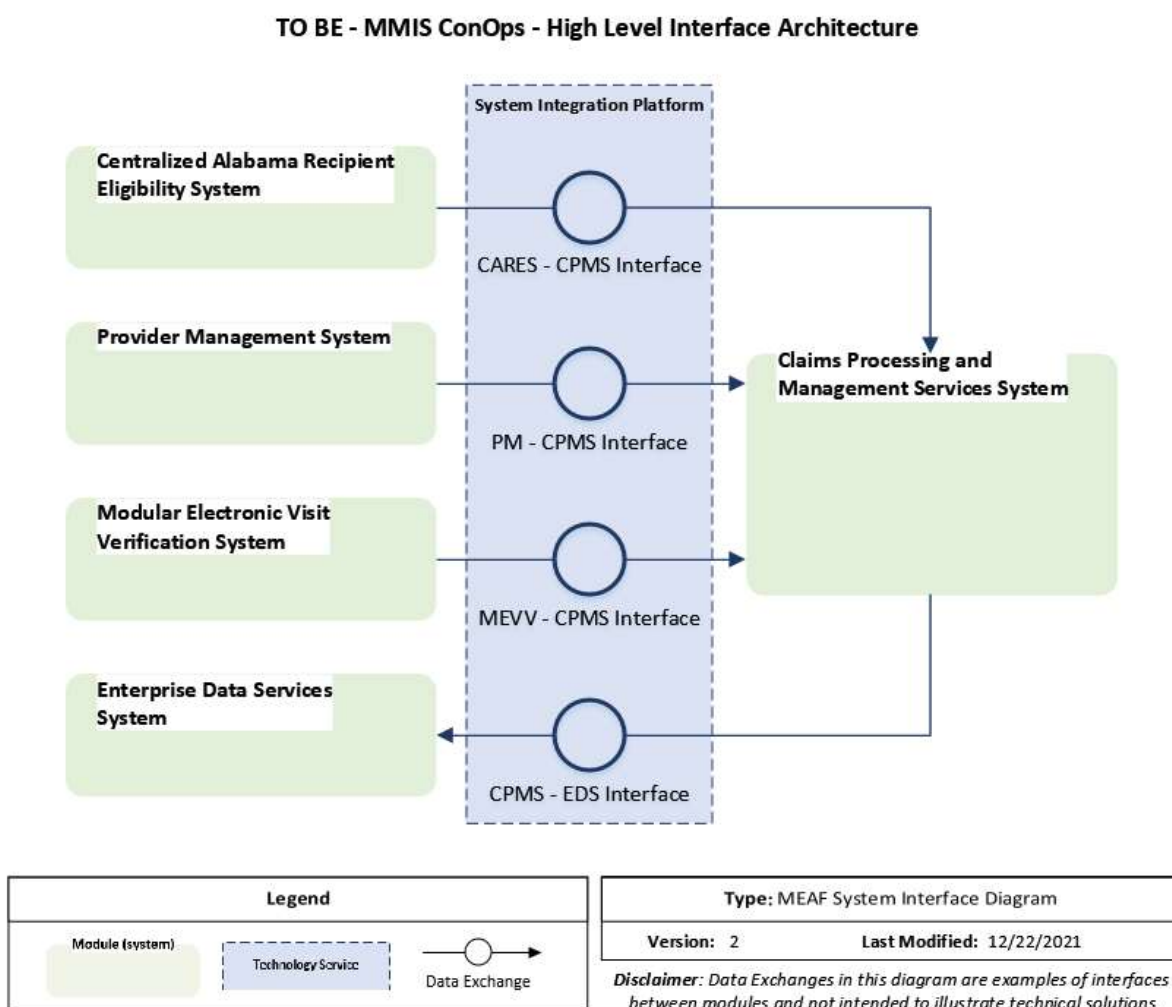
Type: MEAF Data Dissemination Diagram	
Version: 3	Last Modified: 6/15/2022



7.8 Interface Architecture

All internal interfaces, batch and real-time, will flow through the SI module. The SI module will track transaction, file, and performance data as it is passed between the modules. Numerous internal interfaces are anticipated between the system of record modules, and those needing their data to fulfill the delivery of their business functionality. The SI Contractor will be responsible for a roster of internal interfaces required between modules that will make-up the MES. The diagram below and subsequent table contain examples of internal high-level interfaces. The comprehensive list of interfaces will be developed as the SI solution is implemented.

Figure 7: High-Level Interface Architecture



Alabama Medicaid Management Information System

Table 12: Interface Architecture: High-Level Interfaces

Source System	Destination System	Purpose	Expected Batch/Real-Time	Related Data Entities
Centralized Alabama Recipient Eligibility System	Claims Processing and Management Services System	Provides Recipient Eligibility and Enrollment Data	Batch	Recipient Eligibility and Enrollment Data
Provider Management System	Claims Processing and Management Services System	Provides Provider Data for Enrollment and Updates to Information	Real-Time	Provider Data
Modular Electronic Visit Verification System	Claims Processing and Management Services System	Provides Electronic Visit Verification Data	Real-Time	Electronic Visit Verification Data
Claims Processing and Management Services System	Enterprise Data Services System	Provides all data from Claims Processing and Management to Enterprise Data Services to support data analytics and reporting	Batch	Buy-In Data Case Management Data Claim Data Drug Rebate Data Early and Periodic Screening, Diagnostic, and Treatment Data Electronic Visit Verification Data Financial Data Long Term Care Data Managed Care Data Prior Authorization Data Prospective Drug Utilization Review Data Provider Data Recipient Data Recipient Accounts Receivable Data Recipient Eligibility and Enrollment Data Reference Data Third Party Liability Data

7.9 Technology Architecture

This section will describe the high-level technical architecture of the envisioned MMIS at the current level of refinement.

As a review, CMS guidance for receipt of enhanced FFP indicates a preference to awarding implementation contracts for separate business and technical modules spread among multiple vendors. To meet the criteria when implementing new solutions to meet MMIS functionality, states will be required to modularize business and technical functionality to encapsulate distinct business and technical services and allow for less risky incremental implementations. CMS provides the following summary.

The Modularity condition requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interface (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology and open, reusable system architecture is extremely important to ensure that states can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.

Modularity is breaking down systems requirements into component parts. Modularity also helps address the challenges of customization. Baseline web services and capabilities can be developed for and used by anyone, with exceptions for specific business processes handled by a separate module that interoperates with the baseline modules. With modularity, changes can be made independently to the baseline capabilities without affecting how the extension works. By doing so, the design ensures that future iterations of software can be deployed without breaking custom functionality.

A critical element of compliance with this condition is providing CMS with an understanding of where services and code will be tightly coupled, and where the state will pursue a more aggressive decoupling strategy.

For the Agency to meet CMS guidelines for its envisioned MMIS, implementation of a Service Oriented Architecture will be key. A SOA is essential to integrating multiple contractor modules that provide business and technical functionality. An SOA is defined as a loosely coupled application architecture within which business and technical functions, designed to meet the business needs of an enterprise organization, can be invoked using open, standard, and exposed interfaces. Documenting standards for these exposed interfaces allows components of the SOA framework to detect and utilize the functionality of other components in the architecture regardless of either's internal technologies.

Central to the Agency's implementing an SOA architecture will be its desired procurement of an SI Contractor who will be required to deploy an ESB. An ESB is a software architecture model

Alabama Medicaid Management Information System

used for designing and implementing communication between disparate and mutually interacting software applications in a SOA. The SI will be responsible for requesting and disseminating data between each business and technical module in a standard and consistent manner, whether using real-time transactions (e.g., web services) or passing batch files (e.g., Secure File Transfer Protocol (SFTP) services) for processing.

In addition to SI responsibilities for technical integration of enterprise modules, the SI Contractor will also be responsible for the implementation of an ODS. The exact functionality and purpose for the ODS is yet to be defined.

Potentially, the ODS will:

- Transform and store transactional data to standard data formats, naming designations, and functional definitions from across the enterprise
- Represent a short-term enterprise reporting repository where data from all modules across the enterprise has been accumulated and standardized
- Will periodically export data to the Enterprise Data Services for long term reporting
- Represent the SOR for some types of reference data, for example, county codes, diagnosis codes, procedure codes, and program codes

Modular architecture is implemented by encapsulating business or technical services. Each module would serve as the SOR for the business or technical services it provides. A business services module would be responsible for the capture and dissemination of its business domain information for the entire enterprise. Modules providing technical functionality would be responsible for ensuring standard integration outcomes for its services across the entire enterprise.

The modernized MMIS is envisioned as a collection of highly configurable components and modules, interconnected using a platform deployed, maintained, and operated by the SI Contractor. Modules and components are expected to provide cohesive functionality to achieve a specific set of business or technical purposes, providing the potential to replace individual modules as part of iterative modernization with minimal impact to other modules of the MES.

7.9.1 Platform

Prior to procurement, specific platforms are unknown. The hardware and operating systems for the new MMIS will vary depending on each procured contractor's choice in the development of their solution. While there will likely be several variations across the procured modules, platform independent applications using open standards and exposed, discoverable services will foster a successful integration.

7.9.2 System Hosting

Where the hardware physically resides will vary from contractor-owned facility to using a cloud-based, shared environment. Regardless, each environment should be highly available, scalable, and secure.

7.9.3 Connectivity Requirements

Network connectivity between modules will likely happen on the internet through extranet communications. An extranet is a private network that uses internet technology and the public telecommunications system to securely share part of a business's information or operations with suppliers, vendors, partners, customers, or other businesses.

One method to accomplish extranet communications is through the use of Web services. A Web service application provides the means for communicating and data exchange from machine to machine or application to application. It is basically a collection of open protocols used to exchange data between applications. The use of open protocols enables Web services to be platform independent. Software written in different programming languages and running on different platforms can use Web services to exchange data over computer networks. Because different applications are written in different programming languages, they often cannot communicate with each other. A Web service enables communication by using a combination of open protocols and standards, primarily Extensible Markup Language (XML), Simple Object Access Protocol (SOAP) and Web Services Description Language (WSDL). A web service uses XML to tag data, SOAP to transfer a message and finally WSDL to describe the availability of services.

XML is a protocol used to store and transfer data. XML was designed to emphasize simplicity, generality, internet usability, and to be both human and machine readable. SOAP is a protocol for sending and receiving messages between applications without confronting interoperability issues due to disparate platforms. SOAP content varies slightly depending on its purpose, whether it is requesting information or responding with information requested.

WSDL is a document that describes a Web service and how to access and use its services. The main things to remember about a WSDL file are that it provides:

- a description of the Web service
- the services (methods) a Web service provides and the data (parameters) it needs to identify the requested information
- a way to discover Web services

7.9.4 Modes of Operation

System Environments

For each module the contractor will be required to build and maintain the following environments to be used as part of their Software Development Life Cycle (SDLC):

- Development and Unit Test – development and unit test of application components
- System Test – integration testing between internal application components

Alabama Medicaid Management Information System

Integration Test – integration testing between external module applications. End to end testing of cross-module processes.

User Acceptance Test (UAT) – used for Agency validation and verification

Staging – an environment mirroring production where applications can be tested against production data before deploying to production.

Production – primary production environment

Disaster Recovery – a backup of production that should always align with the production environment

Training – user training

7.10 Security and Privacy Architecture

Medicaid information systems are subject to numerous Federal and State security and privacy requirements and industry standards. The MES will be compliant with the security and privacy guidelines under NIST, HIPAA, HITECH and FIPS. It will also be compliant with Federal security standards for cloud computing environment and support a Disaster Recovery and Continuity of Operations Program (COOP) based on NIST standards. Summarized below are some of the details of the security and privacy considerations for this project.

Security Controls

Organizational Level Controls

The Information Security Office oversees the creation of a tight organizational security framework

Security incident classification and response protocols

Security training and awareness program to educate employees of potential threats

Appropriate Business associates and non-disclosure agreements are required of third-party contractors that may have access to, or receive potentially confidential information

Security review and sign-off of all systems

Change control and project tracking to ensure new security risks are not introduced

Rules based alerting on suspicious activities

On-going risk analysis and mitigation

Access level based on appropriate roles and authorization levels

Regular backups

Windows and third-party updates along with other maintenance activities are performed on a regular weekly schedule

Enterprise level Antivirus/Anti-spam/Anti-malware suite

Application Level Controls

Secured application authentication

Role based security

Secure HTTPS/TLS (Transport Layer Security) protocol for outward facing web applications

Strong password policy

Session timeouts in 20 minutes of idle time

Alabama Medicaid Management Information System

Web application vulnerability scanning and remediation

Identity, Credential and Access Management

Complex password

System accounts require more complex passwords

Password expiration (defined based on system)

Password not to be stored in clear text, written, or provided in e-mail

Authentications should only occur over secured protocols

Save password features should be disabled when possible and never used when available

Unique user accounts per individual – no shared accounts

Separation of duties (Administrative functions are not available in a non-administrative role)

Off boarding procedures to ensure accounts and access levels are removed in a timely manner

On boarding procedures to ensure minimal access levels are granted

Administration module allows supervisors or administrators to manage users

Secure Infrastructure and Cloud Computing

Physical / Environmental controls established to identify and protect assets from physical threats such as earthquakes, fire, floods, and power outages

Regular backups

Robust Cloud Computing environment

Server can be created with all security and related configuration settings in hours

Data Encryption

Encryption of data in motion and at rest; using secure protocols

Encryption of all confidential data

Audit Trails

Comprehensive centralized logging on the network, operating system, and application level

One (1) year live data retention for all logs

Rule based alerting on suspicious activities

Change control and project tracking

Access controls integrated with in house tools

Code change tracking and version control

All permissions changes and administrative activity is logged and retained

All Virtual Private Network (VPN) and remote activities are logged

All database activity is logged and retained

All web server activity is logged and retained

All activity within the application is logged and retained

7.10.1 Authentication

MES will employ strict authentication mechanisms for front-end users and interfacing with

external systems. The front-end users will be authenticated by the system using a user ID and password. The system will enforce strict industry standard password policies. Wherever possible the state's single sign on solution should be utilized with the modules to allow central administration of user authentication and authorization. A single sign-on mechanism will be employed to make sure the user is authenticated once and does not need to enter his or her user account information again to access multiple solutions.

7.10.2 Authorization

MES will employ role-based security, allowing access by users to specific features based on their defined role. Each user's role will be granted based on an assigned user type. The roles will be assigned to users by a System Administrator.

Each module will assign roles and go through an approval process during implementation. Where possible, AMMP-wide roles should be used. All roles will be reviewed and approved by the Agency.

7.10.3 Encryption

All critical data (e.g., password, Social Security Number) will be encrypted while at rest. All web traffic will be encrypted. Secure File Transfer Protocol (SFTP) will be used for batch file transfers. The batch files will be encrypted using industry standard encryption tools. The database will also be encrypted.

8 ANALYSIS OF THE PROPOSED SYSTEM

The following sections describe impacts, risks, issues, and critical success factors for the proposed system.

8.1 Impact Analysis

The organizational impact focuses on potential impacts to human resources brought about by various changes in the organization. Consideration of options for potential restructuring and improvements in operational services of the current business functionality. The following table shows the alignment of the business functions to the operations reviewed as part of the modernization planning impact analysis.

Table 13: Operational Alignment

Business Function	Operational Alignment
Member (Individual) Management Member eligibility and enrollment Member information management Member communications	The operational functions of Member Management are currently performed in two system, AMAES and CARES. The operational functions will only be performed in CARES in the future.
Provider Management Network outreach Provider enrollment and credentialing Provider communications Self-service activities	The operational functions of Provider Management are currently performed in AMMIS. The operational function of network outreach will be performed by CPMS staff while the other functions will be performed with-in the Provider Management module. Provider Outreach to verify locations for enrollment will be part of Provider Management.
Fee for Service (FFS) claims processing Claim receipt and edit Claim adjudication and pricing Financial responsibility resolution	The operational functions concerning the processing of FFS claims are currently performed in AMMIS. In the future, these functions will be performed in the CPMS module.
Analytics and Reporting Federal reporting and data	Operational reporting will continue to be performed by individual modules as part of their daily functions.

Business Function	Operational Alignment
sharing Ad hoc queries Performance monitoring Program effectiveness Support for rate setting, and program planning Health outcome analysis Program Integrity Reporting	Analytics and Reporting are currently performed in AMMIS will move to the EDS module. The EDS module will perform all federal, ad hoc and metric performance reporting across the AMMIS enterprise.

8.2 Operational Impacts

Potential operational impacts of the new modular MMIS solution include the following:

- Operational efficiencies by adopting modern technical platforms and shared solutions
- Improved flexibility and scalability through use of cloud computing
- Increased automation to reduce the number of manual processes
- Elimination of older, isolated systems and processes to support business functions efficiently
- Initial slowdowns in processing as operational areas adjust to the operations of the new systems.
- Initial security and administrative setups will be required on new systems for external users so that new systems can be utilized.

8.3 Organizational Impacts

The MES modernization effort will have significant organizational impact. The staffing and allocation of resources will be impacted as a result of the efforts to support the requirements analysis, development, testing, implementation, and ongoing maintenance of this solution. Other organizational impacts include:

- Impact to current staff
- Burden of managing multiple simultaneous and more frequent procurements
- Management of multiple vendors
- Re-alignment of some responsibilities to better accommodate the new MES
- Training on new systems will be required for staff
- Time will be required for staff to build relationships with new vendors
- Impact to staffing needs
- Additional staff necessary for testing and test oversight
- Changes to process
- Creation of new Change Management and Incident Management processes
- Addition of a Change Advisory Board to manage releases to production
- Management of multiple production and non-production environments

8.4 Risks

Potential risks that may influence the new systems include the following:

- Lack of suitable COTS products to satisfy MES requirements could frustrate CMS guidance for modularity or cause the State to need to seek alternative solutions
 - Lack of standard model for System Integration product and services creates difficulty in estimation of cost, scope of service and even technical solutioning
 - Resolution of system issues and outages in a multi-contractor environment can prove problematic as there is no longer a singular responsible party
 - Hard deadline to replace current MMIS greatly influences the scope and complexity of the proposed solution
-

8.5 Issues to Resolve

Open issues that could potentially impact the modernization effort include the following:

- Lack of reference materials around modularization effort from other states
 - Competing priorities of business resources involved in the effort
 - Inadequate staffing to support project tasks
 - Coordination of the complex integration effort required to facilitate the timely transition of existing MMIS components
 - Multiple concurrent initiatives outside the modernization effort affecting the procurements
-

8.6 Critical Success Factors for Remainder of Program

Critical success factors for the MES modernization effort include the following:

- CMS Certification for each module MES
 - Defined and fully adopted standards and practices
 - Individual module success criteria to be defined at the project level
 - Successful planning and coordination of the transitioning of existing MMIS components with implementation effort for new modules
 - Successful and timely completion of the implementation efforts for all modules
-

8.7 Critical Success Factors

Critical success factors were discussed in Section 8.6.

9 GLOSSARY

[AMMP Acronyms and Glossary](#)

10 APPENDICES

11 APPENDIX A - Scenarios Analysis

AMMP will modernize the AMMIS. Projects within AMMP will be undertaken to replace functionality currently provided by the AMMIS systems with new COTS solutions. The program will be guided in part by the Centers for Medicaid and Medicare Services' standards for system architecture and integration to build a modular system composed of best-in-breed applications and technology. This iteration of the ConOps is focused on the procurement of the System Integrator. It is not intended for the SI to perform any business processes. Business processes for future modules will be added to this section during the procurement cycles for those modules.

12 APPENDIX B - Conceptual Information Model

The Conceptual Information Model is discussed in Section 7.7.

13 APPENDIX C – Future Updates Log

Please complete this log for updates requested for future iterations.

Document Information				Recommendation for next iteration			Contractor Section
No.	Section	Page No.	Identifier	Recommendation	Name	Agency Group	Contractor Resolution

State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)

Pricing Schedule A
Total Evaluated Price

Corporation or
Other Legal Entity

TOTAL FIRM AND FIXED CONTRACT PRICE	TOTAL EVALUATED PRICE
\$ -	\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
Total Contract		Total Contract - Schedule B - Deliverables	\$ -	\$ -
		Total Year 1 - Deliverables	\$ -	\$ -
	1	TCOE Kick-Off Presentation		\$ -
	1	TCOE Overview Presentation - System Integrator		\$ -
	1	TCOE Overview Presentation- Enterprise Data Services		\$ -
	1	Module Testing - SI Testing Kick off		\$ -
	1	Resource Management Plan		\$ -
	1	TCOE Project Schedule		\$ -
	1	AMMP Testing Strategy		\$ -
	1	TCOE Module Test Oversight Plan		\$ -
	1	TCOE Testing Quality Management Plan		\$ -
	1	End-to-End Test Plan - SI		\$ -
	1	User Acceptance Testing (UAT) Plan - SI		\$ -
	1	System Integration Testing (SIT) Plan - SI		\$ -
	1	Turnover Management Plan		\$ -
	1	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 2 - Deliverables	\$ -	\$ -
	2	TCOE Overview Presentation- Claims Processing Management		\$ -
	2	Module Testing - CARES Testing Kick off		\$ -
	2	Module Testing - EDS Testing Kick off		\$ -
	2	Resource Management Plan		\$ -
	2	TCOE Project Schedule		\$ -
	2	AMMP Testing Strategy		\$ -
	2	TCOE Module Test Oversight Plan		\$ -
	2	TCOE Testing Quality Management Plan		\$ -
	2	End-to-End Test Plan - CARES		\$ -
	2	End-to-End Test Plan - EDS		\$ -
	2	User Acceptance Testing (UAT) Plan - CARES		\$ -
	2	User Acceptance Testing (UAT) Plan - EDS		\$ -
	2	System Intergration Testing (SIT) Plan - CARES		\$ -
	2	System Intergration Testing (SIT) Plan - EDS		\$ -
	2	Turnover Management Plan		\$ -
	2	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 3 - Deliverables	\$ -	\$ -
	3	TCOE Overview Presentation- Provider		\$ -
	3	Module Testing - MEVV Testing Kick off		\$ -
	3	Resource Management Plan		\$ -
	3	TCOE Project Schedule		\$ -
	3	AMMP Testing Strategy		\$ -
	3	TCOE Module Test Oversight Plan		\$ -
	3	TCOE Testing Quality Management Plan		\$ -
	3	End-to-End Test Plan - MEVV		\$ -
	3	User Acceptance Testing (UAT) Plan - MEVV		\$ -
	3	System Intergration Testing (SIT) Plan - MEVV		\$ -

Contract Month	Contract Year	Contract Item	Price	Evaluated Price
	3	Turnover Management Plan		\$ -
	3	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 4 - Deliverables	\$ -	\$ -
	4	Module Testing - CPMS Testing Kick off		\$ -
	4	Module Testing - Provider Testing Kick off		\$ -
	4	Resource Management Plan		\$ -
	4	TCOE Project Schedule		\$ -
	4	AMMP Testing Strategy		\$ -
	4	TCOE Module Test Oversight Plan		\$ -
	4	TCOE Testing Quality Management Plan		\$ -
	4	End-to-End Test Plan - CPMS		\$ -
	4	End-to-End Test Plan - Provider		\$ -
	4	User Acceptance Testing (UAT) Plan - CPMS		\$ -
	4	User Acceptance Testing (UAT) Plan - Provider		\$ -
	4	System Intergration Testing (SIT) Plan - CPMS		\$ -
	4	System Intergration Testing (SIT) Plan - Provider		\$ -
	4	Turnover Management Plan		\$ -
	4	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -
		Total Year 5 - Deliverables	\$ -	\$ -
	5	Resource Management Plan		\$ -
	5	TCOE Project Schedule		\$ -
	5	AMMP Testing Strategy		\$ -
	5	TCOE Module Test Oversight Plan		\$ -
	5	TCOE Testing Quality Management Plan		\$ -
	5	Contract Turnover- Kickoff		\$ -
	5	Turnover Management Plan		\$ -
	5	Module Services - Support, Planning, Oversight, Coordinating, Monitoring		\$ -

TOTAL EVALUATED PRICE	\$ -
------------------------------	------

TOTAL FIRM AND FIXED CONTRACT PRICE \$ -

Signature: _____

Date: _____

0

**State of Alabama
Alabama Medicaid Agency
AMMP Testing Center of Excellence (TCOE)**

**Pricing Schedule B
Staff Hourly Rates**

Vendor Name: 0

Job Title	Year 1	Year 2	Year 3	Year 4	Year 5
Enterprise Services Lead					
Project Administrative Support					
Module Services Lead					
Test Technical Engineers					
Tester Specialist					
Project Analyst					
Quality Assurance Analyst					

Signature: _____

Date: _____

State of Alabama Alabama Medicaid Agency - AMMP Testing Center of Excellence (TCOE) - RRM
RFP Number: 2022-TCOE-01
INSERT VENDOR / ORGANIZATION NAME HERE
Instructions to Vendors
<p>1 Vendors must enter on the name of the corporation or other legal entity as entered on the Bid Transmittal Letter, in the green shaded cells.</p> <p>2 Download and save a copy of this workbook as "TCOE_RFP_AMMP_Requirement_Response_Matrix_(RRM)_VENDOR NAME", inserting your organization's name in place of VENDOR NAME.</p> <p>2 Requirements have been pre-loaded and numbered to align with the Agency's requirement management software, and cross referenced to the applicable RFP Narrative Section.</p> <p>3 Vendors are to make selections of pre-populated answers for columns F and G on the "Requirement Response Matrix" Tab within this excel workbook, in accordance with the instructions below and as informed by the RFP narrative document.</p> <p>4 Print out "Requirement Response Matrix" Tab (all pages), and must be signed and dated and returned with the bid submission.</p>
Response Matrix Categorical Legend (Columns E - G):
Column E - Proposal Location (Tab, Section, Page #)
Reference the section in the vendor's proposal that reference this requirement
Column F - Vendor Experience
E1 - Have performed this in previous engagements with define procedures
E2 - Have performed this in previous engagements without define procedures
E3 - Have not performed this in previous engagements
Column G - Deliverables or Documentation
D1 - Currently exists will be customized for this engagement
D2 - Currently exists will require minor configuration for this engagement
D3 - Does not currently exist will need to be created for this engagement
Column H - Vendor Comments
Additional comments that vendor would like to include - Optional

INSERT VENDOR / ORGANIZATION NAME HERE

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
1	Introduction		The Contractor shall monitor, support and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects				
2	Introduction		The Contractor shall coordinate with each module Contractor for testing needs across multiple AMMP projects, platforms, solutions and methodologies				
3	Introduction		The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End and UAT life cycles and report progress to the Agency.				
4	Introduction		The Contractor shall ensure all critical bugs and defects are resolved by the module Contractors before promotion to production unless approved by the Agency.				
5	Contract StartUp	Contract Startup	The Contractor shall follow established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r) for document development, review and formal submission to the Agency for approval				
6	Contract StartUp	Contract Startup	The Contractor shall follow established quality management process as stated in the Quality Management Process (PMO-2-k) and Quality Management and Artifact Deliverable (PMO-2-k1) for document standards, guidelines, checklist and quality review process prior submission to the Agency.				
7	Contract StartUp	Contract Startup	The Contractor shall review and follow established AMMP program processes, plans and protocols through out the term of the contract. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
8	Contract StartUp	Contract Startup	The Contractor shall provide recommendation and comments for all existing AMMP program test plans, test extract and artifacts to the Agency following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
9	Contract StartUp	AMMP Attestation	The Contractor will sign and submit the AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and they agree to follow them within the four (4) weeks from contract start date.				
10	Contract StartUp	Project Kick-Offs	The Contractor shall follow the Kick-off Meetings Protocol Guide (PMO-2-c1) and work with the Agency and the MES PMO to conduct a kick-off meeting within two (2) weeks of the contract start date and shall use the program kick-off template.				
11	Contract StartUp	Project Kick-Offs	The Contractor shall be responsible for developing content for the TCOE kick-off meeting and providing it to the MES PMO.				
12	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and present an overview of the TCOE to each new module contractor or project joining the AMMP.				
13	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and participate in a kick-off meeting prior to each module's testing phase.				
14	Contract StartUp	Contract Discovery Sessions	The Contractor shall document any contract or RFP questions using the AMMP Contract Discovery Template (PMO-2-w-02) and submit to the Agency a minimum of three (3) days before the first session date				
15	Contract StartUp	Contract Discovery Sessions	The Contractor shall participate in a series of Discovery Session meetings scheduled by the Agency to begin within two (2)weeks from the last TCOE Kick-off session				
16	Contract StartUp	PMO status and touchpoints	The Contractor shall follow established program meeting protocol as stated in the Meeting Protocol Reference Guide (COM-8) for meeting invites, agendas and meeting minutes.				
17	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence and schedule a bi-weekly TCOE, EQP, PMO Touchpoints to begin within the first month after contract start up for the term of the contract.				
18	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence, schedule and facilitate a TCOE Monthly PMO Status report to begin within the first month after contract start up for the term of the contract.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
19	Contract StartUp	PMO status and touchpoints	The Contract shall use the AMMP Status Report Template (COM-12-1) for TCOE monthly status reporting. The Contractor shall work with the PMO and the Agency to define the content of the status reports.				
20	Contract StartUp	PMO status and touchpoints	The contractor shall create Meetings minutes following the processes defined within the AMMP COM-8 Meeting Protocol Guide				
21	Contract StartUp	PMO status and touchpoints	The Contractor shall, within three (3) business days of receipt of a request from the State/Federal government or Agency, make all requested data available to the requestor in the format, media type, and quantities designated, at no additional charge.				
22	Contract StartUp	AMMP Governance	The contractor shall have representation on the governance boards as well as workgroups that support these boards for the term of the contract.				
23	Contract StartUp	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Program Wide Integrated Master Schedule Template (PMO-2-p-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.				
24	Contract StartUp	Project Schedule	The Contractor shall be responsible for contributing to and reviewing each module contractor's project schedule specifically related to testing activities. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
25	Contract StartUp	Project Schedule	The contractor shall submit weekly (on Friday) schedule update to the Agency utilizing the Agency approved documentation storage solution (e.g., SharePoint)				
26	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the AMMP-COM-6-A Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
27	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
28	Contractor Specification	Physical Location	The Contractor shall ensure one personnel designated as TCOE lead shall be present onsite at the Alabama Medicaid Agency office location. The Agency reserves the right to request additional personnel onsite as needed to support UAT and end-to-end testing efforts at no additional cost to the Agency				
29	Contractor Specification	Physical Location	The Contractor shall provide a staffing solution that will only include staff performing AMMP work to be located within the continental United States (CONUS).				
30	Contractor Specification	Resource Management and Scheduling	The Contractor shall develop and submit Resource Management Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the Resource Management Plan every 6 months though the term of the contract.				
31	Contractor Specification	Resource Management and Scheduling	The Contractor's shall have all personnel and ancillary personnel adhere to all applicable policies, procedures and training requirement throughout the term of the contract				
32	Contractor Specification	Resource Management and Scheduling	The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform Agency contract services, in alignment with the project roadmap activities for term of the contract.				
33	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite equipped with hardwired broadband internet connection either through DSL, cable or fiber to home (FIOS or FiberOptic) with minimum internet speed of 10 mbps download and 5 mbps upload contracted speed.				
34	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite work in an environment that is private and free of distractions and be able to devote full attention to your job during work hours.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
35	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Enterprise Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract. 1. Services Lead(s) 2. Project administrative support(s)				
36	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Module Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract: 1. Project Lead(s) 2. Test Technical engineer(s) 3. Tester Specialist(s) 4. Project and quality assurance analyst(s)				
37	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel available during Agency normal business hours 8:00 am to 5:00pm CST, Monday through Friday excluding state holidays and emergency closures.				
38	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel as needed during non-business hours for scheduled releases, emergency and off cycle test-related activities subject to occur throughout the term of the contract				
39	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall utilize the Agency approved documentation storage solution (e.g., SharePoint) to maintain system related business, technical, and operational documentation.				
40	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall ensure all documentation is readily available online and electronically, maintained, retained, archived, and restored in accordance with Agency policies.				
41	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall maintain a complete and accurate version control of all changes made to previously approved documentation. Version Control records will cover the complete life cycle of the documentation from inception to retirement.				
42	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall use products or tools that are compatible with Microsoft Windows 10, Microsoft Office 365 and Microsoft Project 2016 or later that is still supported by Microsoft				
43	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall submit a deliverable definition template to the Agency for review and approval at least 10 days prior starting work on a deliverable when a template is not provided by AMMP				
44	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall align with, utilize, and cooperate with the PMO electronic workflow/management, tracking, routing, and archiving system for documentation that will record all activities associated with the creation and maintenance for all documentation.				
45	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval.				
46	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall schedule a meeting for all applicable reviewers within 3 days to review deliverables not approved at the end of the defined DMT review cycle.				
47	Enterprise Services	Data	The Contractor shall comply with all applicable data governance, privacy office and information security requirements as defined by federal and state policies and regulations.				
48	Enterprise Services	Hardware	The Contractor shall remain compliant with security requirements for Agency and Contractor-provided hardware used to perform AMMP work for the term of the contract.				
49	Enterprise Services	Hardware	The Contractor shall possess all necessary technology, software, hardware, and equipment, to facilitate project work, activities, and meetings via a remote/offsite location, as required by the Agency.				
50	Enterprise Services	Hardware	The Contractor shall be compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers that are connected to the onsite Medicaid network.				
51	Enterprise Services	Hardware	The Contractor shall install virus protection software that is compliant to Agency, state and federal security and confidentiality regulations. The contractor shall keep all virus protection software updated at all times. The Contractor shall also install security patches which are relevant to the operating system and any other system software. The Contractor shall use full disk encryption protection.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
52	Enterprise Services	AMMP Testing Strategy	The Contractor shall develop and submit AMMP Testing Strategy to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Testing Strategy every 6 months though the term of the contract.				
53	Enterprise Services	AMMP Testing Strategy	The Contractor shall review and comment on each module Contractor's Test Evaluation and Management Plan (TEMP) to verify that the module contractor follows the AMMP Test Strategy. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
54	Enterprise Services	TCOE Module Test Oversight Plan	The Contractor shall develop and submit AMMP Module Test Oversight Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Module Test Oversight Plan every 6 months though the term of the contract.				
55	Enterprise Services	Testing Requirement	The Contractor shall participate, provide input and develop testing requirements and specification for each of the AMMP module RFP/RFB that aligns with the TCOE strategy, methodology and plans.				
56	Enterprise Services	Defect Identification	The Contractor shall be required to follow the AMMP processes for Change, Defect and Release Management for the term of the contract.				
57	Module Services	Module Services	The Contractor shall review all AMMP test and certification related deliverables, artifact and materials submitted by module Contractor and provide comments following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
58	Module Services	Module Services	The Contractor shall participate in all test planning activities for AMMP through out the term of the contract.				
59	Module Services	Module Services	The Contractor shall monitor all module Contractor testing activities and artifacts are aligned to the approved AMMP Test Strategy and is adhering to the module Contractor Test Evaluation and Management Plan (TEMP) planned activities. The contractor shall report each module's testing activities that includes SIT, End-to-End and UAT progress and finding in the PMO Status and Touchpoint meetings.				
60	Module Services	Module Services	The Contractor shall identify and monitor each module contractors test activities which include but not limited to testing, test cases, test deployment for risk, issues and impact across project in alignment with the AMMP Testing Strategy.				
61	Module Services	Module Test Planning	The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase				
62	Module Services	Module Oversight	The Contractor shall identify and report inconsistencies, abnormalities, gaps, failure to adhere to processes and incompliance to AMMP Testing Strategy by the module contractors in the bi-weekly touchpoints				
63	Module Services	Module Oversight	The Contractor shall participate in module contractor's meetings such as but not limited to; requirement validation, software configuration and testing.				
64	Module Services	Module Oversight	The Contractor shall review module contractor's End-to-End testing activities, test cases and test scenarios are align with module End-to-End test plan and all End-to-End testing is complete prior CMS Operational Rediness Review (ORR). The Contractor shall provide results and recommendation to the Agency once End-to-End testing is completed in the final Test Phase Acceptance (TPA) package.				
65	Module Services	Module Oversight	The Contractor shall develop and submit End-to-End Test Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The End-to-End Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the End-to-End Test Plan every 6 months though the term of the contract for each AMMP module.				
66	Module Services	Module Oversight	The Contractor shall develop and submit System Integration Testing (SIT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The SIT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the SIT Test Plan every 6 months though the term of the contract for each AMMP module				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
67	Module Services	Module Oversight	The Contractor shall develop and submit User Acceptance Testing (UAT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The UAT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the UAT Test Plan every 6 months through the term of the contract for each AMMP module				
68	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall review the RTM to validate test cases associated with the requirement fully. The Contractor shall report to the EQP and PMO team bi-weekly on the RTM for term of the contract.				
69	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall update on the weekly basis test related information from SIT, End-to-End and UAT activities conducted by the module vendor in the Agency Requirement Management Tool through out the term of the contract				
70	Module Services	Test Case Extract and TPA	The Contractor shall review and monitor activities in the Test Phase Acceptance (TPA) package submitted weekly by module Contractor and provide comments through out the term of the contract.				
71	Module Services	Test Case Extract and TPA	The Contractor shall review the final version of the TPA for completeness and timely submission which is at the end of the testing phase or at the time defined by the Agency for each module				
72	Module Services	Test Case Extract and TPA	The Contractor shall coordinate with the each project team to ensure documented requirements are validated before the product or solution is released to the production environment. The contractor shall provide a written report of the findings and recommendation to the EQP and PMO at the time defined by the Agency for each module.				
73	Common Process	Security	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all modules.				
74	Common Process	Security	The Contractor shall meet the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.				
76	Common Process	Security	The Contractor Solution shall maintain compliance with the Medicaid Enterprise Security Policy, based on federal standards such as NIST Special Publication 800-53 and subject to changes and updates as the agency Information Security Program matures, or as legislation, regulations, policies, publications, or practices change. Medicaid shall reserve the right to revoke contractor's access to information that it shares with the contractor in the event an audit finds the contractor has not met the security requirements specified in the Medicaid Enterprise Security Policy.				
77	Common Process	Security	The Contractor shall retain full responsibility for all maintenance and configuration changes to the solution(s) necessary to maintain Federal security and regulatory compliance.				
78	Common Process	Security	The SI Contractor's solution shall ensure all data exchanges are restricted to the continental United States (CONUS).				
79	Common Process	Security	The Contractor shall comply and report on how the solution is ADA 508 compliant, following compliance standards defined by Section 508 of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80, which requires agencies to provide software and website accessibility to people with disabilities.				
80	Common Process	Security	The Contractor shall retain and make accessible, according to 42 CFR 431.17 and State requirements, data entered into, maintained, or generated by the modified system, as directed by the Agency.				
81	Common Process	Medicaid Enterprise Security	The Contractor shall include in standards and practices of the TCOE compliance with the AMMP program defined architecture, standards, processes and procedures implemented for the policies defined by the Agency ISO.				
82	Common Process	Medicaid Enterprise Security	The Contractor shall also work with the Agency to identify methods that will be used to monitor and ensure the Agency defined policies are followed across the module Contractors for AMMP testing and test management practices.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
83	Common Process	Statement of Concern and Corrective Action Plan	The Contractor shall respond to the written statement of concern within three (3) business days and submit the response to the PMO. The PMO shall provide a written response to the Contractor within five (5) business days of their submission. All concern(s) identified by the PMO must be resolved within ten (10) business days of identification or the Contractor must receive PMO approval to delay or bypass the concern.				
84	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall submit a Corrective Action Plan (CAP) within five (5) business upon request to the Agency for review and approval. If the CAP is not approved by Medicaid a meeting will be scheduled to discuss and finalize the CAP.				
85	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall begin execution of the CAP within five (5) days of Medicaid approval. If the contractor fails to successfully execute the CAP, liquidated damages may be assessed				
86	Common Process	Communications Management Plan	The Contractor shall provide input and collaborate with module contractor to develop a module specific Communication Management Plan. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
87	Common Process	Quality Management Plan	The Contractor shall develop and submit TCOE Testing Quality Management Plan for AMMP testing and oversight to the Agency for review and approval within six (6) weeks from contract start date. The contractor shall update the TCOE Testing Quality Management Plan every 6 months through the term of the contract.				
88	Common Process	End of Contract Turnover	The Contractor shall develop and submit Turnover Management Plan to the Agency for review and approval within six (6) months from contract start date. The contractor shall update the Turnover Management Plan annually through the term of the contract.				
89	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of the contract start date of the incoming Contractor, hold the turnover kick-off meeting with the Agency, PMO, MES Contractors, and the incoming Contractor.				
90	Common Process	End of Contract Turnover	The Contractor shall update and submit, for Agency review and approval, the Turnover Management Plan, one quarter prior to the beginning of the Turnover and Closeout Phase, to be updated quarterly, thereafter				
91	Common Process	End of Contract Turnover	The Contractor shall, along with the PMO and incoming Contractor, within four (4) weeks of new contract start, hold a meeting with the Agency to walkthrough the Turnover Management Plan Deliverable and receive Agency approval. Comments and issues will be resolved during the meeting with the Agency, if possible. Any outstanding comments and issues must be handled through remediation to the plan within five (5) calendar days.				
92	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of new contract start, facilitate an initial meeting (to occur after discovery sessions have completed) with the new Contractor, PMO, and the Agency to review the Agency approved Turnover Management Plan, updated Turnover and Closeout Phase schedule and plan the initial kickoff meeting with all MES Contractors				
93	Common Process	End of Contract Turnover	The Contractor shall collaborate with the new Contractor, and the PMO to develop and submit the Turnover and Closeout Phase schedule for review and approval by the Agency in alignment with the following timeframes: 1. Initial submittal within 6 weeks of the new Contract execution date 2. Agency review and approval to be completed within 8 weeks of completion of the discovery sessions 3. Weekly updates thereafter until the end of the contract.				
94	Common Process	End of Contract Turnover	The Contractor shall submit, for Agency review and approval, the Turnover Management Status Report and Schedule on a weekly basis throughout the Turnover and Closeout phase				
95	Common Process	End of Contract Turnover	The Contractor shall designate key points of contacts for turnover planning and activities in accordance with the Turnover Management Plan.				
96	Common Process	End of Contract Turnover	The Contractor shall, if requested, allow the Agency or Agency specified resource, to work side-by-side to facilitate knowledge transfer.				
97	Common Process	End of Contract Turnover	The Contractor shall provide and assign staffing resources to successfully complete the Turnover Management Plan and activities according to the approved Turnover Schedule.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
98	Common Process	End of Contract Turnover	The Contractor shall turnover, in a format approved by the Agency, all records, data, manuals, training materials, plans, and deliverables to the Agency in accordance with the Agency approved Turnover Management Plan and Turnover and Closeout Phase schedule.				
99	Common Process	End of Contract Turnover	The Contractor shall generate and provide all Agency requested, documentation and data for inclusion into a procurement library within sixty (60) business days of the Agency's request as part of the turnover and closeout activities.				
100	Common Process	End of Contract Turnover	The Contractor shall return all documents, which refers to any outstanding documentation after the completion of turnover activities with the incoming contractor, to Medicaid within three (3) business days following expiration or termination of the contract. This includes but is not limited to: 1. Final records 2. Checklists 3. Data dumps				
101	Common Process	End of Contract Turnover	The Contractor shall upon the expiration of the Contract term or the termination date, remove/delete and sanitize all Medicaid data from all Contractor storage devices and media in accordance with the Medicaid Enterprise Security Policy and submit an attestation of those actions to the Agency upon the expiration of the Contract term or the termination date.				
102	Common Process	End of Contract Turnover	The contractor shall maintain all software and production data files used in the performance of the contract for at least one hundred twenty (120) calendar days after the expiration or termination of the contract and shall maintain such at a readily accessible place and shall make them available to the Agency on demand in the format and media requested.				
103	Common Process	End of Contract Turnover	The Contractor shall provide a Turnover Status Report for Agency review during the turnover period. The Turnover Status Report shall contain, at a minimum: 1. Overall turnover status 2. Turnover deliverables, milestones, key activities accomplished 3. Current blockers, concerns, or constraints 4. Status of Critical issues and/or risks 5. Upcoming Activities 6. Key decisions made or needed 7. Current Transition Checklist 8. Current status of Turnover Acceptance Criteria				
Signed By: _____ Date: _____							

State of Alabama Alabama Medicaid Agency - AMMP Testing Center of Excellence (TCOE) - RRM
RFP Number: 2022-TCOE-01
INSERT VENDOR / ORGANIZATION NAME HERE
Instructions to Vendors
<ol style="list-style-type: none"> 1 Vendors must enter on the name of the corporation or other legal entity as entered on the Bid Transmittal Letter, in the green shaded cells. 2 Download and save a copy of this workbook as "TCOE_RFP_AMMP_Requirement_Response_Matrix_(RRM)_VENDOR NAME", inserting your organization's name in place of VENDOR NAME. 2 Requirements have been pre-loaded and numbered to align with the Agency's requirement management software, and cross referenced to the applicable RFP Narrative Section. 3 Vendors are to make selections of pre-populated answers for columns F and G on the "Requirement Response Matrix" Tab within this excel workbook, in accordance with the instructions below and as informed by the RFP narrative document. 4 Print out "Requirement Response Matrix" Tab (all pages), and must be signed and dated and returned with the bid submission.
Response Matrix Categorical Legend (Columns E - G):
Column E - Proposal Location (Tab, Section, Page #)
Reference the section in the vendor's proposal that reference this requirement
Column F - Vendor Experience
E1 - Have performed this in previous engagements with define procedures
E2 - Have performed this in previous engagements without define procedures
E3 - Have not performed this in previous engagements
Column G - Deliverables or Documentation
D1 - Currently exists will be customized for this engagement
D2 - Currently exists will require minor configuration for this engagement
D3 - Does not currently exist will need to be created for this engagement
Column H - Vendor Comments
Additional comments that vendor would like to include - Optional

INSERT VENDOR / ORGANIZATION NAME HERE

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
1	Introduction		The Contractor shall monitor, support and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects				
2	Introduction		The Contractor shall coordinate with each module Contractor for testing needs across multiple AMMP projects, platforms, solutions and methodologies				
3	Introduction		The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End and UAT life cycles and report progress to the Agency.				
4	Introduction		The Contractor shall ensure all critical bugs and defects are resolved by the module Contractors before promotion to production unless approved by the Agency.				
5	Contract StartUp	Contract Startup	The Contractor shall follow established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r) for document development, review and formal submission to the Agency for approval				
6	Contract StartUp	Contract Startup	The Contractor shall follow established quality management process as stated in the Quality Management Process (PMO-2-k) and Quality Management and Artifact Deliverable (PMO-2-k1) for document standards, guidelines, checklist and quality review process prior submission to the Agency.				
7	Contract StartUp	Contract Startup	The Contractor shall review and follow established AMMP program processes, plans and protocols through out the term of the contract. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
8	Contract StartUp	Contract Startup	The Contractor shall provide recommendation and comments for all existing AMMP program test plans, test extract and artifacts to the Agency following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
9	Contract StartUp	AMMP Attestation	The Contractor will sign and submit the AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and they agree to follow them within the four (4) weeks from contract start date.				
10	Contract StartUp	Project Kick-Offs	The Contractor shall follow the Kick-off Meetings Protocol Guide (PMO-2-c1) and work with the Agency and the MES PMO to conduct a kick-off meeting within two (2) weeks of the contract start date and shall use the program kick-off template.				
11	Contract StartUp	Project Kick-Offs	The Contractor shall be responsible for developing content for the TCOE kick-off meeting and providing it to the MES PMO.				
12	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and present an overview of the TCOE to each new module contractor or project joining the AMMP.				
13	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and participate in a kick-off meeting prior to each module's testing phase.				
14	Contract StartUp	Contract Discovery Sessions	The Contractor shall document any contract or RFP questions using the AMMP Contract Discovery Template (PMO-2-w-02) and submit to the Agency a minimum of three (3) days before the first session date				
15	Contract StartUp	Contract Discovery Sessions	The Contractor shall participate in a series of Discovery Session meetings scheduled by the Agency to begin within two (2)weeks from the last TCOE Kick-off session				
16	Contract StartUp	PMO status and touchpoints	The Contractor shall follow established program meeting protocol as stated in the Meeting Protocol Reference Guide (COM-8) for meeting invites, agendas and meeting minutes.				
17	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence and schedule a bi-weekly TCOE, EQP, PMO Touchpoints to begin within the first month after contract start up for the term of the contract.				
18	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence, schedule and facilitate a TCOE Monthly PMO Status report to begin within the first month after contract start up for the term of the contract.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
19	Contract StartUp	PMO status and touchpoints	The Contract shall use the AMMP Status Report Template (COM-12-1) for TCOE monthly status reporting. The Contractor shall work with the PMO and the Agency to define the content of the status reports.				
20	Contract StartUp	PMO status and touchpoints	The contractor shall create Meetings minutes following the processes defined within the AMMP COM-8 Meeting Protocol Guide				
21	Contract StartUp	PMO status and touchpoints	The Contractor shall, within three (3) business days of receipt of a request from the State/Federal government or Agency, make all requested data available to the requestor in the format, media type, and quantities designated, at no additional charge.				
22	Contract StartUp	AMMP Governance	The contractor shall have representation on the governance boards as well as workgroups that support these boards for the term of the contract.				
23	Contract StartUp	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Integrated Master Schedule Template (PMO-2-q-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.				
24	Contract StartUp	Project Schedule	The Contractor shall be responsible for contributing to and reviewing each module contractor's project schedule specifically related to testing activities. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
25	Contract StartUp	Project Schedule	The contractor shall submit weekly (on Friday) schedule update to the Agency utilizing the Agency approved documentation storage solution (e.g., SharePoint)				
26	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the AMMP-COM-6-A Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
27	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
28	Contractor Specification	Physical Location	The Contractor shall ensure one personnel designated as TCOE lead shall be present onsite at the Alabama Medicaid Agency office location. The Agency reserves the right to request additional personnel onsite as needed to support UAT and end-to-end testing efforts at no additional cost to the Agency				
29	Contractor Specification	Physical Location	The Contractor shall provide a staffing solution that will only include staff performing AMMP work to be located within the continental United States (CONUS).				
30	Contractor Specification	Resource Management and Scheduling	The Contractor shall develop and submit Resource Management Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the Resource Management Plan every 6 months though the term of the contract.				
31	Contractor Specification	Resource Management and Scheduling	The Contractor's shall have all personnel and ancillary personnel adhere to all applicable policies, procedures and training requirement throughout the term of the contract				
32	Contractor Specification	Resource Management and Scheduling	The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform Agency contract services, in alignment with the project roadmap activities for term of the contract.				
33	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite equipped with hardwired broadband internet connection either through DSL, cable or fiber to home (FIOS or FiberOptic) with minimum internet speed of 10 mbps download and 5 mbps upload contracted speed.				
34	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite work in an environment that is private and free of distractions and be able to devote full attention to your job during work hours.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
35	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Enterprise Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract. 1. Services Lead(s) 2. Project administrative support(s)				
36	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Module Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract: 1. Project Lead(s) 2. Test Technical engineer(s) 3. Tester Specialist(s) 4. Project and quality assurance analyst(s)				
37	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel available during Agency normal business hours 8:00 am to 5:00pm CST, Monday through Friday excluding state holidays and emergency closures.				
38	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel as needed during non-business hours for scheduled releases, emergency and off cycle test-related activities subject to occur throughout the term of the contract				
39	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall utilize the Agency approved documentation storage solution (e.g., SharePoint) to maintain system related business, technical, and operational documentation.				
40	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall ensure all documentation is readily available online and electronically, maintained, retained, archived, and restored in accordance with Agency policies.				
41	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall maintain a complete and accurate version control of all changes made to previously approved documentation. Version Control records will cover the complete life cycle of the documentation from inception to retirement.				
42	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall use products or tools that are compatible with Microsoft Windows 10, Microsoft Office 365 and Microsoft Project 2016 or later that is still supported by Microsoft				
43	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall submit a deliverable definition template to the Agency for review and approval at least 10 days prior starting work on a deliverable when a template is not provided by AMMP				
44	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall align with, utilize, and cooperate with the PMO electronic workflow/management, tracking, routing, and archiving system for documentation that will record all activities associated with the creation and maintenance for all documentation.				
45	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval.				
46	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall schedule a meeting for all applicable reviewers within 3 days to review deliverables not approved at the end of the defined DMT review cycle.				
47	Enterprise Services	Data	The Contractor shall comply with all applicable data governance, privacy office and information security requirements as defined by federal and state policies and regulations.				
48	Enterprise Services	Hardware	The Contractor shall remain compliant with security requirements for Agency and Contractor-provided hardware used to perform AMMP work for the term of the contract.				
49	Enterprise Services	Hardware	The Contractor shall possess all necessary technology, software, hardware, and equipment, to facilitate project work, activities, and meetings via a remote/offsite location, as required by the Agency.				
50	Enterprise Services	Hardware	The Contractor shall be compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers that are connected to the onsite Medicaid network.				
51	Enterprise Services	Hardware	The Contractor shall install virus protection software that is compliant to Agency, state and federal security and confidentiality regulations. The contractor shall keep all virus protection software updated at all times. The Contractor shall also install security patches which are relevant to the operating system and any other system software. The Contractor shall use full disk encryption protection.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
52	Enterprise Services	AMMP Testing Strategy	The Contractor shall develop and submit AMMP Testing Strategy to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Testing Strategy every 6 months though the term of the contract.				
53	Enterprise Services	AMMP Testing Strategy	The Contractor shall review and comment on each module Contractor's Test Evaluation and Management Plan (TEMP) to verify that the module contractor follows the AMMP Test Strategy. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
54	Enterprise Services	TCOE Module Test Oversight Plan	The Contractor shall develop and submit AMMP Module Test Oversight Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Module Test Oversight Plan every 6 months though the term of the contract.				
55	Enterprise Services	Testing Requirement	The Contractor shall participate, provide input and develop testing requirements and specification for each of the AMMP module RFP/RFB that aligns with the TCOE strategy, methodology and plans.				
56	Enterprise Services	Defect Identification	The Contractor shall be required to follow the AMMP processes for Change, Defect and Release Management for the term of the contract.				
57	Module Services	Module Services	The Contractor shall review all AMMP test and certification related deliverables, artifact and materials submitted by module Contractor and provide comments following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
58	Module Services	Module Services	The Contractor shall participate in all test planning activities for AMMP through out the term of the contract.				
59	Module Services	Module Services	The Contractor shall monitor all module Contractor testing activities and artifacts are aligned to the approved AMMP Test Strategy and is adhering to the module Contractor Test Evaluation and Management Plan (TEMP) planned activities. The contractor shall report each module's testing activities that includes SIT, End-to-End and UAT progress and finding in the PMO Status and Touchpoint meetings.				
60	Module Services	Module Services	The Contractor shall identify and monitor each module contractors test activities which include but not limited to testing, test cases, test deployment for risk, issues and impact across project in alignment with the AMMP Testing Strategy.				
61	Module Services	Module Test Planning	The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase				
62	Module Services	Module Oversight	The Contractor shall identify and report inconsistencies, abnormalities, gaps, failure to adhere to processes and incompliance to AMMP Testing Strategy by the module contractors in the bi-weekly touchpoints				
63	Module Services	Module Oversight	The Contractor shall participate in module contractor's meetings such as but not limited to; requirement validation, software configuration and testing.				
64	Module Services	Module Oversight	The Contractor shall review module contractor's End-to-End testing activities, test cases and test scenarios are align with module End-to-End test plan and all End-to-End testing is complete prior CMS Operational Rediness Review (ORR). The Contractor shall provide results and recommendation to the Agency once End-to-End testing is completed in the final Test Phase Acceptance (TPA) package.				
65	Module Services	Module Oversight	The Contractor shall develop and submit End-to-End Test Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The End-to-End Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the End-to-End Test Plan every 6 months though the term of the contract for each AMMP module.				
66	Module Services	Module Oversight	The Contractor shall develop and submit System Integration Testing (SIT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The SIT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the SIT Test Plan every 6 months though the term of the contract for each AMMP module				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
67	Module Services	Module Oversight	The Contractor shall develop and submit User Acceptance Testing (UAT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The UAT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the UAT Test Plan every 6 months through the term of the contract for each AMMP module				
68	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall review the RTM to validate test cases associated with the requirement fully. The Contractor shall report to the EQP and PMO team bi-weekly on the RTM for term of the contract.				
69	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall update on the weekly basis test related information from SIT, End-to-End and UAT activities conducted by the module vendor in the Agency Requirement Management Tool through out the term of the contract				
70	Module Services	Test Case Extract and TPA	The Contractor shall review and monitor activities in the Test Phase Acceptance (TPA) package submitted weekly by module Contractor and provide comments through out the term of the contract.				
71	Module Services	Test Case Extract and TPA	The Contractor shall review the final version of the TPA for completeness and timely submission which is at the end of the testing phase or at the time defined by the Agency for each module				
72	Module Services	Test Case Extract and TPA	The Contractor shall coordinate with the each project team to ensure documented requirements are validated before the product or solution is released to the production environment. The contractor shall provide a written report of the findings and recommendation to the EQP and PMO at the time defined by the Agency for each module.				
73	Common Process	Security	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all modules.				
74	Common Process	Security	The Contractor shall meet the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.				
76	Common Process	Security	The Contractor Solution shall maintain compliance with the Medicaid Enterprise Security Policy, based on federal standards such as NIST Special Publication 800-53 and subject to changes and updates as the agency Information Security Program matures, or as legislation, regulations, policies, publications, or practices change. Medicaid shall reserve the right to revoke contractor's access to information that it shares with the contractor in the event an audit finds the contractor has not met the security requirements specified in the Medicaid Enterprise Security Policy.				
77	Common Process	Security	The Contractor shall retain full responsibility for all maintenance and configuration changes to the solution(s) necessary to maintain Federal security and regulatory compliance.				
78	Common Process	Security	The Contractor shall provide a solution where all data exchanges are restricted to the continental United States (CONUS).				
79	Common Process	Security	The Contractor shall comply and report on how the solution is ADA 508 compliant, following compliance standards defined by Section 508 of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80, which requires agencies to provide software and website accessibility to people with disabilities.				
80	Common Process	Security	The Contractor shall retain and make accessible, according to 42 CFR 431.17 and State requirements, data entered into, maintained, or generated by the modified system, as directed by the Agency.				
81	Common Process	Medicaid Enterprise Security	The Contractor shall include in standards and practices of the TCOE compliance with the AMMP program defined architecture, standards, processes and procedures implemented for the policies defined by the Agency ISO.				
82	Common Process	Medicaid Enterprise Security	The Contractor shall also work with the Agency to identify methods that will be used to monitor and ensure the Agency defined policies are followed across the module Contractors for AMMP testing and test management practices.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
83	Common Process	Statement of Concern and Corrective Action Plan	The Contractor shall respond to the written statement of concern within three (3) business days and submit the response to the PMO. The PMO shall provide a written response to the Contractor within five (5) business days of their submission. All concern(s) identified by the PMO must be resolved within ten (10) business days of identification or the Contractor must receive PMO approval to delay or bypass the concern.				
84	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall submit a Corrective Action Plan (CAP) within five (5) business upon request to the Agency for review and approval. If the CAP is not approved by Medicaid a meeting will be scheduled to discuss and finalize the CAP.				
85	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall begin execution of the CAP within five (5) days of Medicaid approval. If the contractor fails to successfully execute the CAP, liquidated damages may be assessed				
86	Common Process	Communications Management Plan	The Contractor shall provide input and collaborate with module contractor to develop a module specific Communication Management Plan. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
87	Common Process	Quality Management Plan	The Contractor shall develop and submit TCOE Testing Quality Management Plan for AMMP testing and oversight to the Agency for review and approval within six (6) weeks from contract start date. The contractor shall update the TCOE Testing Quality Management Plan every 6 months through the term of the contract.				
88	Common Process	End of Contract Turnover	The Contractor shall develop and submit Turnover Management Plan to the Agency for review and approval within six (6) months from contract start date. The contractor shall update the Turnover Management Plan annually through the term of the contract.				
89	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of the contract start date of the incoming Contractor, hold the turnover kick-off meeting with the Agency, PMO, MES Contractors, and the incoming Contractor.				
90	Common Process	End of Contract Turnover	The Contractor shall update and submit, for Agency review and approval, the Turnover Management Plan, one quarter prior to the beginning of the Turnover and Closeout Phase, to be updated quarterly, thereafter				
91	Common Process	End of Contract Turnover	The Contractor shall, along with the PMO and incoming Contractor, within four (4) weeks of new contract start, hold a meeting with the Agency to walkthrough the Turnover Management Plan Deliverable and receive Agency approval. Comments and issues will be resolved during the meeting with the Agency, if possible. Any outstanding comments and issues must be handled through remediation to the plan within five (5) calendar days.				
92	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of new contract start, facilitate an initial meeting (to occur after discovery sessions have completed) with the new Contractor, PMO, and the Agency to review the Agency approved Turnover Management Plan, updated Turnover and Closeout Phase schedule and plan the initial kickoff meeting with all MES Contractors				
93	Common Process	End of Contract Turnover	The Contractor shall collaborate with the new Contractor, and the PMO to develop and submit the Turnover and Closeout Phase schedule for review and approval by the Agency in alignment with the following timeframes: 1. Initial submittal within 6 weeks of the new Contract execution date 2. Agency review and approval to be completed within 8 weeks of completion of the discovery sessions 3. Weekly updates thereafter until the end of the contract.				
94	Common Process	End of Contract Turnover	The Contractor shall submit, for Agency review and approval, the Turnover Management Status Report and Schedule on a weekly basis throughout the Turnover and Closeout phase				
95	Common Process	End of Contract Turnover	The Contractor shall designate key points of contacts for turnover planning and activities in accordance with the Turnover Management Plan.				
96	Common Process	End of Contract Turnover	The Contractor shall, if requested, allow the Agency or Agency specified resource, to work side-by-side to facilitate knowledge transfer.				
97	Common Process	End of Contract Turnover	The Contractor shall provide and assign staffing resources to successfully complete the Turnover Management Plan and activities according to the approved Turnover Schedule.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
98	Common Process	End of Contract Turnover	The Contractor shall turnover, in a format approved by the Agency, all records, data, manuals, training materials, plans, and deliverables to the Agency in accordance with the Agency approved Turnover Management Plan and Turnover and Closeout Phase schedule.				
99	Common Process	End of Contract Turnover	The Contractor shall generate and provide all Agency requested, documentation and data for inclusion into a procurement library within sixty (60) business days of the Agency's request as part of the turnover and closeout activities.				
100	Common Process	End of Contract Turnover	The Contractor shall return all documents, which refers to any outstanding documentation after the completion of turnover activities with the incoming contractor, to Medicaid within three (3) business days following expiration or termination of the contract. This includes but is not limited to: 1. Final records 2. Checklists 3. Data dumps				
101	Common Process	End of Contract Turnover	The Contractor shall upon the expiration of the Contract term or the termination date, remove/delete and sanitize all Medicaid data from all Contractor storage devices and media in accordance with the Medicaid Enterprise Security Policy and submit an attestation of those actions to the Agency upon the expiration of the Contract term or the termination date.				
102	Common Process	End of Contract Turnover	The contractor shall maintain all software and production data files used in the performance of the contract for at least one hundred twenty (120) calendar days after the expiration or termination of the contract and shall maintain such at a readily accessible place and shall make them available to the Agency on demand in the format and media requested.				
103	Common Process	End of Contract Turnover	The Contractor shall provide a Turnover Status Report for Agency review during the turnover period. The Turnover Status Report shall contain, at a minimum: 1. Overall turnover status 2. Turnover deliverables, milestones, key activities accomplished 3. Current blockers, concerns, or constraints 4. Status of Critical issues and/or risks 5. Upcoming Activities 6. Key decisions made or needed 7. Current Transition Checklist 8. Current status of Turnover Acceptance Criteria				
Signed By: _____ Date: _____							

INSERT VENDOR / ORGANIZATION NAME HERE

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
1	Introduction		The Contractor shall monitor, support and coordinate testing efforts executed by each module Contractors across the multiple AMMP projects				
2	Introduction		The Contractor shall coordinate with each module Contractor for testing needs across multiple AMMP projects, platforms, solutions and methodologies				
3	Introduction		The Contractor shall closely monitor and support each module Contractor's SIT, End-to-End and UAT life cycles and report progress to the Agency.				
4	Introduction		The Contractor shall ensure all critical bugs and defects are resolved by the module Contractors before promotion to production unless approved by the Agency.				
5	Contract StartUp	Contract Startup	The Contractor shall follow established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r) for document development, review and formal submission to the Agency for approval				
6	Contract StartUp	Contract Startup	The Contractor shall follow established quality management process as stated in the Quality Management Process (PMO-2-k) and Quality Management and Artifact Deliverable (PMO-2-k1) for document standards, guidelines, checklist and quality review process prior submission to the Agency.				
7	Contract StartUp	Contract Startup	The Contractor shall review and follow established AMMP program processes, plans and protocols through out the term of the contract. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
8	Contract StartUp	Contract Startup	The Contractor shall provide recommendation and comments for all existing AMMP program test plans, test extract and artifacts to the Agency following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
9	Contract StartUp	AMMP Attestation	The Contractor will sign and submit the AMA Attestation and Agreement Document that states they understand the AMMP plans, guides and templates and they agree to follow them within the four (4) weeks from contract start date.				
10	Contract StartUp	Project Kick-Offs	The Contractor shall follow the Kick-off Meetings Protocol Guide (PMO-2-c1) and work with the Agency and the MES PMO to conduct a kick-off meeting within two (2) weeks of the contract start date and shall use the program kick-off template.				
11	Contract StartUp	Project Kick-Offs	The Contractor shall be responsible for developing content for the TCOE kick-off meeting and providing it to the MES PMO.				
12	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and present an overview of the TCOE to each new module contractor or project joining the AMMP.				
13	Contract StartUp	Project Kick-Offs	The Contractor shall use the program kick-off template to create content and participate in a kick-off meeting prior to each module's testing phase.				
14	Contract StartUp	Contract Discovery Sessions	The Contractor shall document any contract or RFP questions using the AMMP Contract Discovery Template (PMO-2-w-02) and submit to the Agency a minimum of three (3) days before the first session date				
15	Contract StartUp	Contract Discovery Sessions	The Contractor shall participate in a series of Discovery Session meetings scheduled by the Agency to begin within two (2)weeks from the last TCOE Kick-off session				
16	Contract StartUp	PMO status and touchpoints	The Contractor shall follow established program meeting protocol as stated in the Meeting Protocol Reference Guide (COM-8) for meeting invites, agendas and meeting minutes.				
17	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence and schedule a bi-weekly TCOE, EQP, PMO Touchpoints to begin within the first month after contract start up for the term of the contract.				
18	Contract StartUp	PMO status and touchpoints	The Contractor shall create a cadence, schedule and facilitate a TCOE Monthly PMO Status report to begin within the first month after contract start up for the term of the contract.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
19	Contract StartUp	PMO status and touchpoints	The Contract shall use the AMMP Status Report Template (COM-12-1) for TCOE monthly status reporting. The Contractor shall work with the PMO and the Agency to define the content of the status reports.				
20	Contract StartUp	PMO status and touchpoints	The contractor shall create Meetings minutes following the processes defined within the AMMP COM-8 Meeting Protocol Guide				
21	Contract StartUp	PMO status and touchpoints	The Contractor shall, within three (3) business days of receipt of a request from the State/Federal government or Agency, make all requested data available to the requestor in the format, media type, and quantities designated, at no additional charge.				
22	Contract StartUp	AMMP Governance	The contractor shall have representation on the governance boards as well as workgroups that support these boards for the term of the contract.				
23	Contract StartUp	Project Schedule	The Contractor shall provide a Project Schedule that uses the approved AMMP Integrated Master Schedule Template (PMO-2-q-02) and follows the expectations defined within the Integrated Master Schedule Management Plan (PMO-2-q) to be submitted to the Agency six (6) weeks from the contract start date. If the schedule is not approved within 2 weeks after submission, then daily meetings will occur until the project schedule is approved.				
24	Contract StartUp	Project Schedule	The Contractor shall be responsible for contributing to and reviewing each module contractor's project schedule specifically related to testing activities. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
25	Contract StartUp	Project Schedule	The contractor shall submit weekly (on Friday) schedule update to the Agency utilizing the Agency approved documentation storage solution (e.g., SharePoint)				
26	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the AMMP-COM-6-A Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur				
27	Contract StartUp	Responsibility Assignment Matrix (RAM)	The Contractor shall contribute, review and adhere to the latest version of the module Contractor's Responsibility Assignment Matrix. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
28	Contractor Specification	Physical Location	The Contractor shall ensure one personnel designated as TCOE lead shall be present onsite at the Alabama Medicaid Agency office location. The Agency reserves the right to request additional personnel onsite as needed to support UAT and end-to-end testing efforts at no additional cost to the Agency				
29	Contractor Specification	Physical Location	The Contractor shall provide a staffing solution that will only include staff performing AMMP work to be located within the continental United States (CONUS).				
30	Contractor Specification	Resource Management and Scheduling	The Contractor shall develop and submit Resource Management Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the Resource Management Plan every 6 months though the term of the contract.				
31	Contractor Specification	Resource Management and Scheduling	The Contractor's shall have all personnel and ancillary personnel adhere to all applicable policies, procedures and training requirement throughout the term of the contract				
32	Contractor Specification	Resource Management and Scheduling	The Contractor shall be responsible for quantifying and qualifying sufficient personnel needed to perform Agency contract services, in alignment with the project roadmap activities for term of the contract.				
33	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite equipped with hardwired broadband internet connection either through DSL, cable or fiber to home (FIOS or FiberOptic) with minimum internet speed of 10 mbps download and 5 mbps upload contracted speed.				
34	Contractor Specification	Resource Management and Scheduling	The Contractor shall have all personnel and ancillary personal working offsite work in an environment that is private and free of distractions and be able to devote full attention to your job during work hours.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
35	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Enterprise Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract. 1. Services Lead(s) 2. Project administrative support(s)				
36	Contractor Specification	Resource Management and Scheduling	The contractor shall provide the following Module Services personnel in the quantity needed to support the responsibilities and tasks defined in this RFP for the term of the contract: 1. Project Lead(s) 2. Test Technical engineer(s) 3. Tester Specialist(s) 4. Project and quality assurance analyst(s)				
37	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel available during Agency normal business hours 8:00 am to 5:00pm CST, Monday through Friday excluding state holidays and emergency closures.				
38	Contractor Specification	Resource Management and Scheduling	The Contractor shall have personnel as needed during non-business hours for scheduled releases, emergency and off cycle test-related activities subject to occur throughout the term of the contract				
39	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall utilize the Agency approved documentation storage solution (e.g., SharePoint) to maintain system related business, technical, and operational documentation.				
40	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall ensure all documentation is readily available online and electronically, maintained, retained, archived, and restored in accordance with Agency policies.				
41	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall maintain a complete and accurate version control of all changes made to previously approved documentation. Version Control records will cover the complete life cycle of the documentation from inception to retirement.				
42	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall use products or tools that are compatible with Microsoft Windows 10, Microsoft Office 365 and Microsoft Project 2016 or later that is still supported by Microsoft				
43	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall submit a deliverable definition template to the Agency for review and approval at least 10 days prior starting work on a deliverable when a template is not provided by AMMP				
44	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall align with, utilize, and cooperate with the PMO electronic workflow/management, tracking, routing, and archiving system for documentation that will record all activities associated with the creation and maintenance for all documentation.				
45	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall follow the AMMP Style Guide (PMO-2-k-02) for all deliverable submitted to the Agency for review and approval.				
46	Enterprise Services	PMO Artifact Software and Storage	The Contractor shall schedule a meeting for all applicable reviewers within 3 days to review deliverables not approved at the end of the defined DMT review cycle.				
47	Enterprise Services	Data	The Contractor shall comply with all applicable data governance, privacy office and information security requirements as defined by federal and state policies and regulations.				
48	Enterprise Services	Hardware	The Contractor shall remain compliant with security requirements for Agency and Contractor-provided hardware used to perform AMMP work for the term of the contract.				
49	Enterprise Services	Hardware	The Contractor shall possess all necessary technology, software, hardware, and equipment, to facilitate project work, activities, and meetings via a remote/offsite location, as required by the Agency.				
50	Enterprise Services	Hardware	The Contractor shall be compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers that are connected to the onsite Medicaid network.				
51	Enterprise Services	Hardware	The Contractor shall install virus protection software that is compliant to Agency, state and federal security and confidentiality regulations. The contractor shall keep all virus protection software updated at all times. The Contractor shall also install security patches which are relevant to the operating system and any other system software. The Contractor shall use full disk encryption protection.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
52	Enterprise Services	AMMP Testing Strategy	The Contractor shall develop and submit AMMP Testing Strategy to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Testing Strategy every 6 months though the term of the contract.				
53	Enterprise Services	AMMP Testing Strategy	The Contractor shall review and comment on each module Contractor's Test Evaluation and Management Plan (TEMP) to verify that the module contractor follows the AMMP Test Strategy. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
54	Enterprise Services	TCOE Module Test Oversight Plan	The Contractor shall develop and submit AMMP Module Test Oversight Plan to the Agency for review and approval within eight (8) weeks from contract start date. The contractor shall update the AMMP Module Test Oversight Plan every 6 months though the term of the contract.				
55	Enterprise Services	Testing Requirement	The Contractor shall participate, provide input and develop testing requirements and specification for each of the AMMP module RFP/RFB that aligns with the TCOE strategy, methodology and plans.				
56	Enterprise Services	Defect Identification	The Contractor shall be required to follow the AMMP processes for Change, Defect and Release Management for the term of the contract.				
57	Module Services	Module Services	The Contractor shall review all AMMP test and certification related deliverables, artifact and materials submitted by module Contractor and provide comments following the established program deliverable management process as stated in the Configuration Management and Document Validation (PMO-2-r)				
58	Module Services	Module Services	The Contractor shall participate in all test planning activities for AMMP through out the term of the contract.				
59	Module Services	Module Services	The Contractor shall monitor all module Contractor testing activities and artifacts are aligned to the approved AMMP Test Strategy and is adhering to the module Contractor Test Evaluation and Management Plan (TEMP) planned activities. The contractor shall report each module's testing activities that includes SIT, End-to-End and UAT progress and finding in the PMO Status and Touchpoint meetings.				
60	Module Services	Module Services	The Contractor shall identify and monitor each module contractors test activities which include but not limited to testing, test cases, test deployment for risk, issues and impact across project in alignment with the AMMP Testing Strategy.				
61	Module Services	Module Test Planning	The Contractor shall provide support to business users in executing test cases during the SIT, End-to-End and UAT testing phase				
62	Module Services	Module Oversight	The Contractor shall identify and report inconsistencies, abnormalities, gaps, failure to adhere to processes and incompliance to AMMP Testing Strategy by the module contractors in the bi-weekly touchpoints				
63	Module Services	Module Oversight	The Contractor shall participate in module contractor's meetings such as but not limited to; requirement validation, software configuration and testing.				
64	Module Services	Module Oversight	The Contractor shall review module contractor's End-to-End testing activities, test cases and test scenarios are align with module End-to-End test plan and all End-to-End testing is complete prior CMS Operational Rediness Review (ORR). The Contractor shall provide results and recommendation to the Agency once End-to-End testing is completed in the final Test Phase Acceptance (TPA) package.				
65	Module Services	Module Oversight	The Contractor shall develop and submit End-to-End Test Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The End-to-End Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the End-to-End Test Plan every 6 months though the term of the contract for each AMMP module.				
66	Module Services	Module Oversight	The Contractor shall develop and submit System Integration Testing (SIT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The SIT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the SIT Test Plan every 6 months though the term of the contract for each AMMP module				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
67	Module Services	Module Oversight	The Contractor shall develop and submit User Acceptance Testing (UAT) Plan to the Agency for review and approval within twelve (12) weeks from each AMMP module contract's start date. The UAT Test plan shall include but not limited to high level plan, test execution schedule, test scenarios and test cases. The contractor shall update the UAT Test Plan every 6 months through the term of the contract for each AMMP module				
68	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall review the RTM to validate test cases associated with the requirement fully. The Contractor shall report to the EQP and PMO team bi-weekly on the RTM for term of the contract.				
69	Module Services	Requirements Traceability Matrix (RTM)	The Contractor shall update on the weekly basis test related information from SIT, End-to-End and UAT activities conducted by the module vendor in the Agency Requirement Management Tool through out the term of the contract				
70	Module Services	Test Case Extract and TPA	The Contractor shall review and monitor activities in the Test Phase Acceptance (TPA) package submitted weekly by module Contractor and provide comments through out the term of the contract.				
71	Module Services	Test Case Extract and TPA	The Contractor shall review the final version of the TPA for completeness and timely submission which is at the end of the testing phase or at the time defined by the Agency for each module				
72	Module Services	Test Case Extract and TPA	The Contractor shall coordinate with the each project team to ensure documented requirements are validated before the product or solution is released to the production environment. The contractor shall provide a written report of the findings and recommendation to the EQP and PMO at the time defined by the Agency for each module.				
73	Common Process	Security	The Contractor shall comply with the Agency Physical and Data Security Plan for physical and data security technical standards required for all AMMP test management and testing efforts across all modules.				
74	Common Process	Security	The Contractor shall meet the Security Specifications as described in the Medicaid Enterprise Security Policy, which is based on Federal Office of Management and Budget (OMB) Circular A-130, National Institute for Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 200, NIST Special Publication 800-53: Security and Privacy Controls for Federal Information Systems and Organizations, and other applicable NIST Special Publications.				
76	Common Process	Security	The Contractor Solution shall maintain compliance with the Medicaid Enterprise Security Policy, based on federal standards such as NIST Special Publication 800-53 and subject to changes and updates as the agency Information Security Program matures, or as legislation, regulations, policies, publications, or practices change. Medicaid shall reserve the right to revoke contractor's access to information that it shares with the contractor in the event an audit finds the contractor has not met the security requirements specified in the Medicaid Enterprise Security Policy.				
77	Common Process	Security	The Contractor shall retain full responsibility for all maintenance and configuration changes to the solution(s) necessary to maintain Federal security and regulatory compliance.				
78	Common Process	Security	The Contractor shall provide a solution where all data exchanges are restricted to the continental United States (CONUS).				
79	Common Process	Security	The Contractor shall comply and report on how the solution is ADA 508 compliant, following compliance standards defined by Section 508 of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80, which requires agencies to provide software and website accessibility to people with disabilities.				
80	Common Process	Security	The Contractor shall retain and make accessible, according to 42 CFR 431.17 and State requirements, data entered into, maintained, or generated by the modified system, as directed by the Agency.				
81	Common Process	Medicaid Enterprise Security	The Contractor shall include in standards and practices of the TCOE compliance with the AMMP program defined architecture, standards, processes and procedures implemented for the policies defined by the Agency ISO.				
82	Common Process	Medicaid Enterprise Security	The Contractor shall also work with the Agency to identify methods that will be used to monitor and ensure the Agency defined policies are followed across the module Contractors for AMMP testing and test management practices.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
83	Common Process	Statement of Concern and Corrective Action Plan	The Contractor shall respond to the written statement of concern within three (3) business days and submit the response to the PMO. The PMO shall provide a written response to the Contractor within five (5) business days of their submission. All concern(s) identified by the PMO must be resolved within ten (10) business days of identification or the Contractor must receive PMO approval to delay or bypass the concern.				
84	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall submit a Corrective Action Plan (CAP) within five (5) business upon request to the Agency for review and approval. If the CAP is not approved by Medicaid a meeting will be scheduled to discuss and finalize the CAP.				
85	Common Process	Statement of Concern and Corrective Action Plan	The contractor shall begin execution of the CAP within five (5) days of Medicaid approval. If the contractor fails to successfully execute the CAP, liquidated damages may be assessed				
86	Common Process	Communication Management Plan	The Contractor shall provide input and collaborate with module contractor to develop a module specific Communication Management Plan. During the term of contract, the contractor shall be given the opportunity to review and comment on any changes to the plans as they occur.				
87	Common Process	Quality Management Plan	The Contractor shall develop and submit TCOE Testing Quality Management Plan for AMMP testing and oversight to the Agency for review and approval within six (6) weeks from contract start date. The contractor shall update the TCOE Testing Quality Management Plan every 6 months through the term of the contract.				
88	Common Process	End of Contract Turnover	The Contractor shall develop and submit Turnover Management Plan to the Agency for review and approval within six (6) months from contract start date. The contractor shall update the Turnover Management Plan annually through the term of the contract.				
89	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of the contract start date of the incoming Contractor, hold the turnover kick-off meeting with the Agency, PMO, MES Contractors, and the incoming Contractor.				
90	Common Process	End of Contract Turnover	The Contractor shall update and submit, for Agency review and approval, the Turnover Management Plan, one quarter prior to the beginning of the Turnover and Closeout Phase, to be updated quarterly, thereafter				
91	Common Process	End of Contract Turnover	The Contractor shall, along with the PMO and incoming Contractor, within four (4) weeks of new contract start, hold a meeting with the Agency to walkthrough the Turnover Management Plan Deliverable and receive Agency approval. Comments and issues will be resolved during the meeting with the Agency, if possible. Any outstanding comments and issues must be handled through remediation to the plan within five (5) calendar days.				
92	Common Process	End of Contract Turnover	The Contractor shall, within six (6) weeks of new contract start, facilitate an initial meeting (to occur after discovery sessions have completed) with the new Contractor, PMO, and the Agency to review the Agency approved Turnover Management Plan, updated Turnover and Closeout Phase schedule and plan the initial kickoff meeting with all MES Contractors				
93	Common Process	End of Contract Turnover	The Contractor shall collaborate with the new Contractor, and the PMO to develop and submit the Turnover and Closeout Phase schedule for review and approval by the Agency in alignment with the following timeframes: 1. Initial submittal within 6 weeks of the new Contract execution date 2. Agency review and approval to be completed within 8 weeks of completion of the discovery sessions 3. Weekly updates thereafter until the end of the contract.				
94	Common Process	End of Contract Turnover	The Contractor shall submit, for Agency review and approval, the Turnover Management Status Report and Schedule on a weekly basis throughout the Turnover and Closeout phase				
95	Common Process	End of Contract Turnover	The Contractor shall designate key points of contacts for turnover planning and activities in accordance with the Turnover Management Plan.				
96	Common Process	End of Contract Turnover	The Contractor shall, if requested, allow the Agency or Agency specified resource, to work side-by-side to facilitate knowledge transfer.				
97	Common Process	End of Contract Turnover	The Contractor shall provide and assign staffing resources to successfully complete the Turnover Management Plan and activities according to the approved Turnover Schedule.				

Req ID	RFP Cross-Reference	Sub-Area	Requirement	Proposal Location (Tab, Section, Page #)	Vendor Experience	Deliverables or Documentation	Vendor Comments
98	Common Process	End of Contract Turnover	The Contractor shall turnover, in a format approved by the Agency, all records, data, manuals, training materials, plans, and deliverables to the Agency in accordance with the Agency approved Turnover Management Plan and Turnover and Closeout Phase schedule.				
99	Common Process	End of Contract Turnover	The Contractor shall generate and provide all Agency requested, documentation and data for inclusion into a procurement library within sixty (60) business days of the Agency's request as part of the turnover and closeout activities.				
100	Common Process	End of Contract Turnover	The Contractor shall return all documents, which refers to any outstanding documentation after the completion of turnover activities with the incoming contractor, to Medicaid within three (3) business days following expiration or termination of the contract. This includes but is not limited to: 1. Final records 2. Checklists 3. Data dumps				
101	Common Process	End of Contract Turnover	The Contractor shall upon the expiration of the Contract term or the termination date, remove/delete and sanitize all Medicaid data from all Contractor storage devices and media in accordance with the Medicaid Enterprise Security Policy and submit an attestation of those actions to the Agency upon the expiration of the Contract term or the termination date.				
102	Common Process	End of Contract Turnover	The contractor shall maintain all software and production data files used in the performance of the contract for at least one hundred twenty (120) calendar days after the expiration or termination of the contract and shall maintain such at a readily accessible place and shall make them available to the Agency on demand in the format and media requested.				
103	Common Process	End of Contract Turnover	The Contractor shall provide a Turnover Status Report for Agency review during the turnover period. The Turnover Status Report shall contain, at a minimum: 1. Overall turnover status 2. Turnover deliverables, milestones, key activities accomplished 3. Current blockers, concerns, or constraints 4. Status of Critical issues and/or risks 5. Upcoming Activities 6. Key decisions made or needed 7. Current Transition Checklist 8. Current status of Turnover Acceptance Criteria				
Signed By: _____ Date: _____							

State of Alabama
Alabama Medicaid Agency
AMMP - System Integration Services
Pricing Schedule A
Total Evaluated Price

Corporation or Other
Legal Entity Name:



		TOTAL EVALUATED PRICE
		\$ -
Contract Year	Contract Yearly Total	Bid Price
	Total Firm and Fixed Price	\$ -
1	Contract Total - Contract Year 1	\$ -
2	Contract Total - Contract Year 2	\$ -
3	Contract Total - Contract Year 3	\$ -
4	Contract Total - Contract Year 4	\$ -
5	Contract Total - Contract Year 5	\$ -
6	Contract Total - Contract Year 6	\$ -
7	Contract Total - Contract Year 7	\$ -
8	Contract Total - Contract Year 8	\$ -
	Total Contract - Schedule B —DDI	\$ -
1	Total DDI - Contract Year 1	\$ -
2	Total DDI - Contract Year 2	\$ -
3	Total DDI - Contract Year 3	\$ -
4	Total DDI - Contract Year 4	\$ -
5	Total DDI - Contract Year 5	\$ -
6	Total DDI - Contract Year 6	\$ -
7	Total DDI - Contract Year 7	\$ -
8	Total DDI - Contract Year 8	\$ -
2	System Integrator Platform (SIP) - Deployment Plan (DP) Approval	\$ -
2	Centralized Services - Managed File Transfer Services (MFTS) - DP Approval	\$ -
2	Centralized Services -Centralized Change Management System (CCMS) - DP Approval	\$ -
2	Integration of MES Contractor Systems - AMMIS, - DP Approval	\$ -
2	Integration of MES Contractor Systems - First MEVV, - DP Approval	\$ -
2	Integration of MES Contractor Systems - First CARES, - DP Approval	\$ -
3	Integration of MES Contractor Systems - First EDS, - DP Approval	\$ -
2	Centralized Services - Identity Management - DP Approval	\$ -
2	Centralized Services - MES Portal - DP Approval	\$ -
2	Centralized Services - Centralized Service Desk Management Tool (CSDMT) - DP Approval	\$ -
4	Integration of MES Contractor Systems - PM - DP Approval	\$ -
4	Integration of MES Contractor Systems - CPMS, - DP Approval	\$ -
5	Integration of MES Contractor Systems - Second MEVV, - DP Approval	\$ -
5	Integration of MES Contractor Systems - Second CARES, - DP Approval	\$ -
5	Integration of MES Contractor Systems - Second EDS, - DP Approval	\$ -
5	Integration of MES Contractor Systems - Second PM, - DP Approval	\$ -

Total Contract - Schedule C - Operations Price		\$	-
1	Total Contract Operations - Contract Year 1	\$	-
2	Total Contract Operations - Contract Year 2	\$	-
3	Total Contract Operations - Contract Year 3	\$	-
4	Total Contract Operations - Contract Year 4	\$	-
5	Total Contract Operations - Contract Year 5	\$	-
6	Total Contract Operations - Contract Year 6	\$	-
7	Total Contract Operations - Contract Year 7	\$	-
8	Total Contract Operations - Contract Year 8	\$	-
SIP/MFT Operations Fee Total		\$	-
1	SIP/MFT Operations Fee	\$	-
2	SIP/MFT Operations Fee	\$	-
3	SIP/MFT Operations Fee	\$	-
4	SIP/MFT Operations Fee	\$	-
5	SIP/MFT Operations Fee	\$	-
6	SIP/MFT Operations Fee	\$	-
7	SIP/MFT Operations Fee	\$	-
8	SIP/MFT Operations Fee	\$	-
Centralized Change Management Operations Fee Total		\$	-
1	Centralized Change Management Operations	\$	-
2	Centralized Change Management Operations	\$	-
3	Centralized Change Management Operations	\$	-
4	Centralized Change Management Operations	\$	-
5	Centralized Change Management Operations	\$	-
6	Centralized Change Management Operations	\$	-
7	Centralized Change Management Operations	\$	-
8	Centralized Change Management Operations	\$	-
MEVV Operations Fee Total		\$	-
1	MEVV First Operations	\$	-
2	MEVV First Operations	\$	-
3	MEVV First Operations	\$	-
4	MEVV First Operations	\$	-
5	MEVV First Operations	\$	-
6	MEVV First Operations	\$	-
7	MEVV First Operations	\$	-
8	MEVV First Operations	\$	-
CARES First Operations Fee Total		\$	-
1	CARES First Operations	\$	-
2	CARES First Operations	\$	-
3	CARES First Operations	\$	-
4	CARES First Operations	\$	-
5	CARES First Operations	\$	-
6	CARES First Operations	\$	-
7	CARES First Operations	\$	-
8	CARES First Operations	\$	-
EDS First Operations Fee Total		\$	-
1	EDS First Operations	\$	-
2	EDS First Operations	\$	-
3	EDS First Operations	\$	-
4	EDS First Operations	\$	-
5	EDS First Operations	\$	-
6	EDS First Operations	\$	-
7	EDS First Operations	\$	-
8	EDS First Operations	\$	-
Identity Management/MES Portal Operations Fee Total		\$	-
1	Identity Management/MES Portal Operations	\$	-
2	Identity Management/MES Portal Operations	\$	-
3	Identity Management/MES Portal Operations	\$	-
4	Identity Management/MES Portal Operations	\$	-
5	Identity Management/MES Portal Operations	\$	-
6	Identity Management/MES Portal Operations	\$	-
7	Identity Management/MES Portal Operations	\$	-
8	Identity Management/MES Portal Operations	\$	-

	Centralized Service Desk Management Tool Operations Fee Total	\$ -
1	Centralized Service Desk Management Tool Operations	\$ -
2	Centralized Service Desk Management Tool Operations	\$ -
3	Centralized Service Desk Management Tool Operations	\$ -
4	Centralized Service Desk Management Tool Operations	\$ -
5	Centralized Service Desk Management Tool Operations	\$ -
6	Centralized Service Desk Management Tool Operations	\$ -
7	Centralized Service Desk Management Tool Operations	\$ -
8	Centralized Service Desk Management Tool Operations	\$ -
	PM Operations Fee Total	\$ -
1	PM Operations	\$ -
2	PM Operations	\$ -
3	PM Operations	\$ -
4	PM Operations	\$ -
5	PM Operations	\$ -
6	PM Operations	\$ -
7	PM Operations	\$ -
8	PM Operations	\$ -
	CPMS Operations Fee Total	\$ -
1	CPMS Operations	\$ -
2	CPMS Operations	\$ -
3	CPMS Operations	\$ -
4	CPMS Operations	\$ -
5	CPMS Operations	\$ -
6	CPMS Operations	\$ -
7	CPMS Operations	\$ -
8	CPMS Operations	\$ -
	MEVV Second Operations Fee Total	\$ -
1	MEVV Second Operations	\$ -
2	MEVV Second Operations	\$ -
3	MEVV Second Operations	\$ -
4	MEVV Second Operations	\$ -
5	MEVV Second Operations	\$ -
6	MEVV Second Operations	\$ -
7	MEVV Second Operations	\$ -
8	MEVV Second Operations	\$ -
	CARES Second Operations Fee Total	\$ -
1	CARES Second Operations	\$ -
2	CARES Second Operations	\$ -
3	CARES Second Operations	\$ -
4	CARES Second Operations	\$ -
5	CARES Second Operations	\$ -
6	CARES Second Operations	\$ -
7	CARES Second Operations	\$ -
8	CARES Second Operations	\$ -
	EDS Second Operations Fee Total	\$ -
1	EDS Second Operations	\$ -
2	EDS Second Operations	\$ -
3	EDS Second Operations	\$ -
4	EDS Second Operations	\$ -
5	EDS Second Operations	\$ -
6	EDS Second Operations	\$ -
7	EDS Second Operations	\$ -
8	EDS Second Operations	\$ -
	PM Second Operations Fee Total	\$ -
1	PM Second Operations	\$ -
2	PM Second Operations	\$ -
3	PM Second Operations	\$ -
4	PM Second Operations	\$ -
5	PM Second Operations	\$ -
6	PM Second Operations	\$ -
7	PM Second Operations	\$ -
8	PM Second Operations	\$ -

		Total Contract - Schedule D - Deliverables	\$	-
1		Total Contract Deliverables - Contract Year 1	\$	-
2		Total Contract Deliverables - Contract Year 2	\$	-
3		Total Contract Deliverables - Contract Year 3	\$	-
4		Total Contract Deliverables - Contract Year 4	\$	-
5		Total Contract Deliverables - Contract Year 5	\$	-
6		Total Contract Deliverables - Contract Year 6	\$	-
7		Total Contract Deliverables - Contract Year 7	\$	-
8		Total Contract Deliverables - Contract Year 8	\$	-
1	PRJ_01	Project Progress Report	\$	-
2	PRJ_01	Project Progress Report - Contract Year 2	\$	-
1	PRJ_02	Project Status Report	\$	-
2	PRJ_02	Project Status Report - Contract Year 2	\$	-
1	PRJ_03	Kick-offs	\$	-
1	PMP_02	Contract Discovery	\$	-
1	PMP_03	Project Management Plan - Contract Year 1	\$	-
1	PMP_04	Project Initiation and Approach Plan	\$	-
1	PMP_01	Project Schedule	\$	-
1	PMP_05	Quality Management Plan (QMP)	\$	-
1	PMP_06	Schedule Management Plan	\$	-
1	PMP_07	Communication Management Plan	\$	-
1	PMP_08	Change Management Plan	\$	-
1	PMP_09	Risk Management Plan	\$	-
1	PMP_10	Issue Management Plan	\$	-
1	PMP_11	Scope Management Plan	\$	-
1	PMP_12	Stakeholder Management Plan	\$	-
1	PMP_13	Resource Management Plan	\$	-
1	PMP_14	Training and Knowledge Plan	\$	-
1	PMP_15	Contract Monitoring Plan	\$	-
1	MEA_01	Concept of Operations	\$	-
1	PMP_03	Project Management Plan Update - Contract Year 1	\$	-
2	PMP_03	Project Management Plan Update - Contract Year 2	\$	-
2	PMP_03	Project Management Plan Update - Contract Year 2	\$	-
3	PMP_03	Project Management Plan Update - Contract Year 3	\$	-
3	PMP_03	Project Management Plan Update - Contract Year 3	\$	-
4	PMP_03	Project Management Plan Update - Contract Year 4	\$	-
4	PMP_03	Project Management Plan Update - Contract Year 4	\$	-
5	PMP_03	Project Management Plan Update - Contract Year 5	\$	-
5	PMP_03	Project Management Plan Update - Contract Year 5	\$	-
6	PMP_03	Project Management Plan Update - Contract Year 6	\$	-
6	PMP_03	Project Management Plan Update - Contract Year 6	\$	-
7	PMP_03	Project Management Plan Update - Contract Year 7	\$	-
7	PMP_03	Project Management Plan Update - Contract Year 7	\$	-
8	PMP_03	Project Management Plan Update - Contract Year 8	\$	-
8	PMP_03	Project Management Plan Update - Contract Year 8	\$	-
1	REQ_01	Requirements Validation Plan	\$	-
1	REQ_02	GAP Analysis Document	\$	-
1	REQ_04	Initial Requirement Traceability Matrix	\$	-
1	DDI_05	Continuity of Operations (COOP)	\$	-
1	DDI_06	Disaster Recovery Plan (DRP)	\$	-
1	TST_01	Test Evaluation and Management Plan (TEMP)	\$	-
1	TST_02	Detailed Test Plan	\$	-
1	IMP_01	Implementation Management Plan – System	\$	-
1	IMP_02	Implementation Management Plan – Operations	\$	-
1	IMP_03	Deployment Plan	\$	-
1	OPS_01	System Operation Management Plan	\$	-
1	OPS_02	System Operations Manual	\$	-
1	OPS_03	Service Desk Management Plan	\$	-
1	OPS_04	Service Desk Standard Operating Procedures	\$	-
1	OPS_05	System Health Dashboard	\$	-
1	OPS_06	Monthly Operations Status Report	\$	-
1	CLS_01	Turnover and Closeout	\$	-

	Total Contract - Schedule E - Change Orders	\$	-
1	Total Year 1 - Change Orders	\$	-
2	Total Year 2 - Change Orders	\$	-
3	Total Year 3 - Change Orders	\$	-
4	Total Year 4 - Change Orders	\$	-
5	Total Year 5 - Change Orders	\$	-
6	Total Year 6 - Change Orders	\$	-
7	Total Year 7 - Change Orders	\$	-
8	Total Year 8 - Change Orders	\$	-
TOTAL EVALUATED CONTRACT PRICE		\$	-

Signature: _____

Date: _____

0

State of Alabama
Alabama Medicaid Agency
AMMP - System Integration Services
Pricing Schedule Schedule B
Design, Development, and Implementation (DDI) Evaluated Price

Vendor Name:

0

Design, Development, and Implementation EVALUATED PRICE
\$ -

Contract Year	Design, Development, and Implementation Contract Items	Bid Price
2	System Integrator Platform (SIP) - Deployment Plan (DP) Approval	
2	Centralized Services - Managed File Transfer Services (MFTS) - DP Approval	
2	Centralized Services - Centralized Change Management System (CCMS) - DP Approval	
2	Integration of MES Contractor Systems - AMMIS, - DP Approval	
2	Integration of MES Contractor Systems - First MEVV, - DP Approval	
2	Integration of MES Contractor Systems - First CARES, - DP Approval	
3	Integration of MES Contractor Systems - First EDS, - DP Approval	
2	Centralized Services - Identity Management - DP Approval	
2	Centralized Services - MES Portal - DP Approval	
2	Centralized Services - Centralized Service Desk Management Tool (CSDMT) - DP Approval	
4	Integration of MES Contractor Systems - PM - DP Approval	
4	Integration of MES Contractor Systems - CPMS, - DP Approval	
5	Integration of MES Contractor Systems - Second MEVV, - DP Approval	
5	Integration of MES Contractor Systems - Second CARES, - DP Approval	
5	Integration of MES Contractor Systems - Second EDS, - DP Approval	
5	Integration of MES Contractor Systems - Second PM, - DP Approval	
Design, Development, and Implementation EVALUATED PRICE		\$ -

Signature:

Date:

0

State of Alabama
Alabama Medicaid Agency
AMMP - System Integration Services
Pricing Schedule Schedule C
Operations Evaluated Price

Vendor Name:

0

OPERATIONS EVALUATED PRICE	
\$	-

Contract Year	Contractual Invoice Line Items Monthly Fee	Fixed Fee	Evaluated Price <small>Years 2 - 8: Fee x 12 months</small>
	SIP/MFT Operations Fee Total		\$ -
1	SIP/MFT Operations Fee		\$ -
2	SIP/MFT Operations Fee		\$ -
3	SIP/MFT Operations Fee		\$ -
4	SIP/MFT Operations Fee		\$ -
5	SIP/MFT Operations Fee		\$ -
6	SIP/MFT Operations Fee		\$ -
7	SIP/MFT Operations Fee		\$ -
8	SIP/MFT Operations Fee		\$ -
	Centralized Change Management Operations Fee Total		\$ -
1	Centralized Change Management Operations		\$ -
2	Centralized Change Management Operations		\$ -
3	Centralized Change Management Operations		\$ -
4	Centralized Change Management Operations		\$ -
5	Centralized Change Management Operations		\$ -
6	Centralized Change Management Operations		\$ -
7	Centralized Change Management Operations		\$ -
8	Centralized Change Management Operations		\$ -
	MEVV Operations Fee Total		\$ -
1	MEVV First Operations		\$ -
2	MEVV First Operations		\$ -
3	MEVV First Operations		\$ -
4	MEVV First Operations		\$ -
5	MEVV First Operations		\$ -
6	MEVV First Operations		\$ -
7	MEVV First Operations		\$ -
8	MEVV First Operations		\$ -
	CARES First Operations Fee Total		\$ -
1	CARES First Operations		\$ -
2	CARES First Operations		\$ -
3	CARES First Operations		\$ -
4	CARES First Operations		\$ -
5	CARES First Operations		\$ -
6	CARES First Operations		\$ -
7	CARES First Operations		\$ -
8	CARES First Operations		\$ -

	EDS First Operations Fee Total		\$ -
1	EDS First Operations		\$ -
2	EDS First Operations		\$ -
3	EDS First Operations		\$ -
4	EDS First Operations		\$ -
5	EDS First Operations		\$ -
6	EDS First Operations		\$ -
7	EDS First Operations		\$ -
8	EDS First Operations		\$ -
	Identity Management/MES Portal Operations Fee Total		\$ -
1	Identity Management/MES Portal Operations		\$ -
2	Identity Management/MES Portal Operations		\$ -
3	Identity Management/MES Portal Operations		\$ -
4	Identity Management/MES Portal Operations		\$ -
5	Identity Management/MES Portal Operations		\$ -
6	Identity Management/MES Portal Operations		\$ -
7	Identity Management/MES Portal Operations		\$ -
8	Identity Management/MES Portal Operations		\$ -
	Centralized Service Desk Management Tool Operations Fee Total		\$ -
1	Centralized Service Desk Management Tool Operations		\$ -
2	Centralized Service Desk Management Tool Operations		\$ -
3	Centralized Service Desk Management Tool Operations		\$ -
4	Centralized Service Desk Management Tool Operations		\$ -
5	Centralized Service Desk Management Tool Operations		\$ -
6	Centralized Service Desk Management Tool Operations		\$ -
7	Centralized Service Desk Management Tool Operations		\$ -
8	Centralized Service Desk Management Tool Operations		\$ -
	PM Operations Fee Total		\$ -
1	PM Operations		\$ -
2	PM Operations		\$ -
3	PM Operations		\$ -
4	PM Operations		\$ -
5	PM Operations		\$ -
6	PM Operations		\$ -
7	PM Operations		\$ -
8	PM Operations		\$ -
	CPMS Operations Fee Total		\$ -
1	CPMS Operations		\$ -
2	CPMS Operations		\$ -
3	CPMS Operations		\$ -
4	CPMS Operations		\$ -
5	CPMS Operations		\$ -
6	CPMS Operations		\$ -
7	CPMS Operations		\$ -
8	CPMS Operations		\$ -

	MEVV Second Operations Fee Total		\$ -
1	MEVV Second Operations		
2	MEVV Second Operations		
3	MEVV Second Operations		
4	MEVV Second Operations		\$ -
5	MEVV Second Operations		\$ -
6	MEVV Second Operations		\$ -
7	MEVV Second Operations		\$ -
8	MEVV Second Operations		\$ -
	CARES Second Operations Fee Total		\$ -
1	CARES Second Operations		
2	CARES Second Operations		
3	CARES Second Operations		
4	CARES Second Operations		\$ -
5	CARES Second Operations		\$ -
6	CARES Second Operations		\$ -
7	CARES Second Operations		\$ -
8	CARES Second Operations		\$ -
	EDS Second Operations Fee Total		\$ -
1	EDS Second Operations		
2	EDS Second Operations		
3	EDS Second Operations		
4	EDS Second Operations		\$ -
5	EDS Second Operations		\$ -
6	EDS Second Operations		\$ -
7	EDS Second Operations		\$ -
8	EDS Second Operations		\$ -
	PM Second Operations Fee Total		\$ -
1	PM Second Operations		
2	PM Second Operations		
3	PM Second Operations		
4	PM Second Operations		\$ -
5	PM Second Operations		\$ -
6	PM Second Operations		\$ -
7	PM Second Operations		\$ -
8	PM Second Operations		\$ -
OPERATIONS EVALUATED PRICE			\$ -

Signature: _____

Date: _____

State of Alabama
Alabama Medicaid Agency
AMMP - System Integration Services
Pricing Schedule Schedule D
Deliverables Evaluated Price

Vendor Name:

0

		DELIVERABLES EVALUATED PRICE
		\$ -
Contract Year	Contract Item	Bid Price
1	PRJ_01 Project Progress Report	
2	PRJ_01 Project Progress Report - Contract Year 2	
1	PRJ_02 Project Status Report	
2	PRJ_02 Project Status Report - Contract Year 2	
1	PRJ_03 Kick-offs	
1	PMP_02 Contract Discovery	
1	PMP_03 Project Management Plan - Contract Year 1	
1	PMP_04 Project Initiation and Approach Plan	
1	PMP_01 Project Schedule	
1	PMP_05 Quality Management Plan (QMP)	
1	PMP_06 Schedule Management Plan	
1	PMP_07 Communication Management Plan	
1	PMP_08 Change Management Plan	
1	PMP_09 Risk Management Plan	
1	PMP_10 Issue Management Plan	
1	PMP_11 Scope Management Plan	
1	PMP_12 Stakeholder Management Plan	
1	PMP_13 Resource Management Plan	
1	PMP_14 Training and Knowledge Plan	
1	PMP_15 Contract Monitoring Plan	
1	MEA_01 Concept of Operations	
1	PMP_03 Project Management Plan Update - Contract Year 1	
2	PMP_03 Project Management Plan Update - Contract Year 2	
2	PMP_03 Project Management Plan Update - Contract Year 2	
3	PMP_03 Project Management Plan Update - Contract Year 3	
3	PMP_03 Project Management Plan Update - Contract Year 3	
4	PMP_03 Project Management Plan Update - Contract Year 4	
4	PMP_03 Project Management Plan Update - Contract Year 4	
5	PMP_03 Project Management Plan Update - Contract Year 5	
5	PMP_03 Project Management Plan Update - Contract Year 5	
6	PMP_03 Project Management Plan Update - Contract Year 6	
6	PMP_03 Project Management Plan Update - Contract Year 6	
7	PMP_03 Project Management Plan Update - Contract Year 7	
7	PMP_03 Project Management Plan Update - Contract Year 7	
8	PMP_03 Project Management Plan Update - Contract Year 8	
8	PMP_03 Project Management Plan Update - Contract Year 8	

1	REQ_01	Requirements Validation Plan	
1	REQ_02	GAP Analysis Document	
1	REQ_04	Initial Requirement Traceability Matrix	
1	DDI_05	Continuity of Operations (COOP)	
1	DDI_06	Disaster Recovery Plan (DRP)	
1	TST_01	Test Evaluation and Management Plan (TEMP)	
1	TST_02	Detailed Test Plan	
1	IMP_01	Implementation Management Plan – System	
1	IMP_02	Implementation Management Plan – Operations	
1	IMP_03	Deployment Plan	
1	OPS_01	System Operation Management Plan	
1	OPS_02	System Operations Manual	
1	OPS_03	Service Desk Management Plan	
1	OPS_04	Service Desk Standard Operating Procedures	
1	OPS_05	System Health Dashboard	
1	OPS_06	Monthly Operations Status Report	
1	CLS_01	Turnover and Closeout	
DELIVERABLES EVALUATED PRICE			\$ -

Signature: _____

Date: _____

0

State of Alabama
Alabama Medicaid Agency
AMMP - System Integration Services
Pricing Schedule Schedule E
Change Orders Evaluated Price

Vendor Name: 0

CHANGE ORDERS EVALUATED PRICE
\$ -

Contract Year	Contract Item	Hourly Personnel Rate for Change Orders	Evaluated Price (10,000 hours per year)
1	Change Orders fees		\$ -
2	Change Orders fees		\$ -
3	Change Orders fees		\$ -
4	Change Orders fees		\$ -
5	Change Orders fees		\$ -
6	Change Orders fees		\$ -
7	Change Orders fees		\$ -
8	Change Orders fees		\$ -
CHANGE ORDERS EVALUATED PRICE			\$ -

Signature: _____ Date: _____

0



Test Evaluation and Management Plan (TEMP)

MES-PMO-TST-004

Alabama Medicaid Enterprise Systems (MES)

Contract Number: NA

Prepared for:
Alabama Medicaid Agency

Version 0.4
February 02, 2022

Revision History

Version	Effective Date	Revision Owner	Description of Change
.02	03/18/2021	Deborah Hall	Submitted for Agency Review
.01	02/01/2021	Deborah Hall	Initial Draft
.03	12/16/2021	Rob Ford	Initial Conversion to TEMP
.04	02/02/2022	Rob Ford	Updated

TABLE OF CONTENTS

1	Introduction	1
1.1	Module Introduction.....	3
1.2	Purpose	4
1.3	Scope	4
1.4	Referenced Deliverables and Artifacts.....	5
2	Test Objectives	5
2.1	Primary Objective	5
2.2	Secondary Objective	5
3	Methodology/Approach	5
3.1	Vendor Test Approach	6
3.2	Vendor Test Methodology	6
3.3	Vendor Test Strategy	7
3.4	Vendor Test Roles and Responsibilities	7
4	Vendor Features and Functionality In-Scope	8
5	Vendor Features and Functionality Out of Scope	9
6	Vendor Risks and Contingencies	10
7	Vendor Assumptions and Constraints	11
8	Vendor Deliverables	11
9	AMMP Test Guidelines and Standards	13
9.1	Vendor Test Guidelines and Standards	14
10	AMMP Test Resource Requirements	15
10.1	Vendor Test Resource Requirements.....	15
10.2	Vendor Testing Client Hardware	15
10.3	Vendor Testing Client Software	15
10.4	Vendor – Other Requirements	16
11	AMMP Centralized Test Management	17
11.1	Vendor Requirements Traceability.....	17
11.2	Vendor Test Environment Point of Contact.....	18
11.3	AMMP Test Daily Touchpoint.....	18
11.4	AMMP Knowledge Transfer Requirement	19
11.5	Vendor Knowledge Transfer Resources	19
11.6	AMMP Test Team Partners.....	20
11.7	Vendor Test Team Partners.....	20
12	Vendor Test Management	21

12.1	Conventional Life Cycles.....	21
12.2	Vendor Test Life Cycle/Phases.....	22
12.3	Vendor Test Development and Execution Cycles Entrance Acceptance Exit Criteria	23
12.4	Vendor Test Tasks and Activities.....	24
12.5	Vendor Test Environment and Management	24
12.6	AMMP Testing Suspension and Resumption Criteria.....	25
12.7	Vendor Testing Suspension and Resumption Criteria	25
13	Vendor Test Tools.....	26
14	Vendor Bug and Defect Management	27
15	Vendor Quality Initiatives	28
15.1	Vendor Quality Controls	28
15.2	Vendor Quality Assurance	29
15.3	Vendor Quality Innovation.....	29
16	Projected Test Schedule Timeline and Milestones	30
17	Appendices	31
17.1	Appendix A. Acronyms/Glossary.....	31
17.2	Appendix B. Applicable Project, Federal, State, or Industry Standards.....	31
17.3	Appendix C. Test Deliverables Table.....	31
17.4	Appendix D. Test Cases Extract Template	31
17.5	Appendix E. Key Performance Indicators (KPIs)	31
18	Deliverable Comment Log.....	32

1 Introduction

Medicaid Enterprise Systems (MES) – MES is the umbrella term for the Information Technology (IT) systems that support the mission of the Alabama Medicaid Agency (AMA). The MES includes, but is not limited to; the following systems:

- Alabama Medicaid Management Information System (AMMIS)
- Centralized Alabama Recipient Eligibility System (CARES)
- Electronic Visit Verification (EVV)

Alabama MES Modernization Program (AMMP) – AMMP is the overall effort to plan, manage, and govern a series of projects to improve and update the MES. AMMP will replace the current Alabama Medicaid Management Information System with a modernized system comprised of multiple modules and integrate them with Electronic Visit Verification and Centralized Alabama Recipient Eligibility System. The program includes the implementation of new modules such as Provider Management and Enterprise Data Services (EDS) (for better reporting), and a System Integrator (SI) vendor to ensure all Medicaid Enterprise Systems modules work together.

Medicaid Enterprise Systems Division - A division of the Alabama Medicaid Agency's Department of Information Systems and Technology (IST). The MES division is responsible for managing the Alabama MES Modernization Program. The MES Division's primary mission is to modernize the Agency's management information systems with the goal of improving our business processes and the services we provide to Alabama's recipients and providers.

Module - Each AMMP module will support a unique and separate business function such as managing providers or enrolling members. The implementation and integration of the following modules will be managed as separate projects:

- Enterprise Data Services
- Provider Management
- Claims Processing and Management Services
- Electronic Visit Verification
- CARES

All modules will share and exchange data through an integration framework that will be implemented and managed by the Systems Integrator.

Module Vendor - The Module Vendor is the software implementation services vendor responsible for implementing a module and supporting it after implementation.

System Integrator (SI) - The System Integrator is a vendor-provider of the technical solutions and services that allow individual module systems to safely share information with other module systems using a common set of data and security solutions. The SI will give system users secure access to the module systems.

Modular Electronic Visit Verification (MEVV) - The MEVV system will support the Alabama Medicaid Home and Community-Based Services (HCBS) program, providing services to Medicaid recipients who are at risk of needing care in a nursing home, hospital, or other institution. This program allows them to receive care in a community and/or home setting. The MEVV will be implemented and supported by a module vendor.

Enterprise Data Services (EDS) Module - The EDS module will be a structured and centralized collection of all Medicaid data. The EDS will include reporting, business intelligence and dashboard tools to support Centers for Medicare and Medicaid Services (CMS) reporting, Alabama Medicaid

Agency internal reporting and preparing data for analysis. These tools will provide reports and graphical representations of data that support Agency operations. The goal of the EDS is to provide the Agency with faster access to quality data to improve decision-making, problem resolution and ultimately improved healthcare outcomes for Medicaid recipients. The EDS module will be implemented and supported by a module vendor.

Provider Management Module - The Provider Management module will provide automated contracting, credentialing, and enrollment processes to help the Alabama Medicaid Agency manage providers and provider data. The Provider Management module will be implemented and supported by a module vendor.

Claims Processing and Management Services (CPMS) Module - The CPMS module provides automated claims processing for the Alabama Medicaid Agency. The CPMS module will also include all of the support functions necessary to operate a Medicaid claims processing system. For example, CPMS will include member management, financial management, Electronic Data Interchange (EDI) translation, third party liability, and claims processing. The CPMS module will be implemented and supported by a module vendor.

Cohort - A grouping of modules that will be implemented at the same time.

Program Management Office (PMO) – The Program Management Office falls under the Medicaid Enterprise Systems division and is responsible for the following focus areas:

- Program management support overseeing module projects, managing procurements, mitigating program / project risks and issues
- Medicaid Enterprise Architecture development and maintenance
- Requirements and Business Process Management
- Organizational Change Management

Enterprise Quality Program (EQP) - The Enterprise Quality Program is inclusive of the standards, regulations, best practices, sources, processes, groups and individuals purposed to produce the highest quality outcomes of products, services and customer satisfaction across the AMMP test arena in support of the quality management system for the modularity strategy. The TCOE will report directly to the EQP.

Medicaid Enterprise Architecture (MEA) - Medicaid Enterprise Architecture is the practice of enterprise analysis of an organization's technology, information, and business processes. MEA documents the organization's current and future-state technology, information and business processes and develops a plan to transition from the old to the new. It provides the processes and mechanisms that will assist with building and executing Alabama MES Modernization Program. MEA will assist in developing transformational strategies to bring together legacy and future-state business processes and technology in a format that focuses on desired business outcomes while supporting the transition to modern technologies.

Requirements and Business Process Management (RBPM) - Requirements and Business Process Management is the process of gathering and documenting business processes and requirements. RBPM supports the discovery, modeling, and analysis that ensures new automated solutions supports the business needs of the agency. The artifacts created by the RBPM team support Medicaid Enterprise Architecture MEA and will be utilized to create a roadmap to transition the Alabama Medicaid Agency from the current system state to the future system state.

Organizational Change Management (OCM) - Organizational Change Management is the process of helping an organization successfully transition from current to future systems. The OCM team works

to ensure the Agency and supporting workforce are prepared, trained, and equipped to work with the new systems and business processes.

Project Portfolio Management Office (PPMO) - The Project Portfolio Management Office is a division of the Department of Information Systems and Technology and is responsible for defining, monitoring, and enforcing the Agency's project management policies, standards, processes and procedures. The PPMO is a separate division and independent from the MES division.

Project Quality Assurance (PQA) – The Project Quality Assurance team is responsible for ensuring the Alabama MES Modernization Program and its projects are managed according to project management industry best practices and standards established by the Alabama Medicaid Agency Chief Information Officer and the expectations of the Centers for Medicare and Medicaid Services. The PQA team is within the Project Portfolio Management Office. The PQA team will summarize assessment results and report those results directly to the Chief Information Officer and the Alabama Medicaid Agency Executive Oversight Committee (EOC).

1.1 Module Introduction

Please provide a brief overview of your organization, not project level (project level details are to be demonstrated on the Detailed Test Plan) and solution relative to the module you are responsible for delivering to the Agency. Include solution types and components (ex: Software as a Service-SaaS, Platform as a Service-PaaS, and Infrastructure as a Service-IaaS):

1.2 Purpose

The purpose of this plan is to provide vendors a framework for use in documenting the current test approach or strategy for their organization. It also serves to level set Agency expectations of testing. This document identifies the test team methodology and approach of the process used to organize and coordinate testing of the < Insert Module Vendor System Here> solution.

This high-level test plan describes the strategies used to plan, organize and manage the testing effort of the vendor solution.

1.3 Scope

Vendors are required to add customized content to each of the sections contained within this template that adequately and accurately describes the following testing components:

- Test Objectives
- Methodology/ Approach
- Features and Functionality In Scope
- Features and Functionality Out of Scope
- Deliverables
- Test Guidelines and Standards
- Test Resource Requirements
- Centralized Test Management
- Vendor Test Management
- Test Tools
- Bug and Defect Management
- Quality Initiatives
- Milestones and Schedule

Vested audiences for this document include the module Project Manager, Quality Manager, Key Stakeholders, and Team Leads for whose support is needed to carry out the strategy.

Text displayed in red within a section indicates a response is required. If there is no applicable response, enter NA for the section.

Upon initial approval, the PMO Vendor will present the plan to the MES PMO for acceptance and, if applicable, payment authorization as per the standardized deliverable management and invoice process flow (**Section 1.4 Referenced Deliverables and Artifacts**).

1.4 Referenced Deliverables and Artifacts

Please enter any information pertaining to deliverables you have referenced within this document in this section. If there are no referenced documents, then enter N/A. Existing text (in black font) is inclusive with the document template.

The following deliverables and artifacts are cited in this document:

- MES-PMO-TST-004 Test Evaluation and Management Plan (TEMP)
- MES-PMO-TST-005 Detailed Test Plan
- MES-PMO-TST-006 Module Project Schedule
- MES-PMO-TST-007 Test Phase Acceptance (TPA)

2 Test Objectives

Please provide responses to each of the below paragraphs:

2.1 Primary Objective

The primary objective of testing the < Insert Module Vendor System Here> solution is:

< Insert Content Here>

2.2 Secondary Objective

A secondary objective of testing the < Insert Module Vendor System Here> solution is:

< Insert Content Here>

Note: Additional subsections may be added as needed to capture additional vendor objectives.

3 Methodology/Approach

The AMMP has determined quality is related to product success in meeting or exceeding the goal of improving our business processes and the services we provide to Alabama's recipients and providers.

Effectiveness and quality-enriched test methodology/approach, strategy, test execution and measurement, including Key Performance Indicators (KPIs) as defined in the Test Evaluation and Management Plan (TEMP), are essential to meeting that goal.

To support and provide oversight to testing efforts required of module vendors housed under the AMMP umbrella, the AMMP will establish a team of experts in the field of testing, the Alabama Testing Center of Excellence (TCOE).

The TCOE will determine standardized testing processes with consideration and flexibility to accommodate differences in solution types and methodologies inherent to modular systems.

The TCOE will support Agency expectations from module vendors and will monitor all AMMP testing activities to ensure consistent program quality.

As a final measurement of quality, the TCOE will execute end-to-end testing before implementation as indicated in the Program Test Approach.

The next few sections are designed to capture your organization's current test approach, strategy, schedule, milestones and processes.

3.1 Vendor Test Approach

Please provide a brief, high level description of your organization's Test Approach:

3.2 Vendor Test Methodology

As of this document's first iteration date, specifics of program methodologies are yet to be determined. The Alabama TCOE will gather information from onboarding modules and work with the AMMP ETM, QM, MES EA, PMO and modular strategy teams to develop recommendations for end-to-end testing methodologies as we progress.

It is anticipated that each module vendor will bring established methodologies and practices with their proffered solution(s).

As the AMMP advances, variances in individual module project methodologies, including testing, will be considered in the roll up strategy for the overarching program, ultimately leading to standardization of an implementation methodology.

Please describe your organization's current methodology (Agile, Scrum, Waterfall, etc.) including combinations (hybrids), if applicable. Provide details such as frequencies, processes, interface requirements, pre-conditions, etc.:

3.3 Vendor Test Strategy

The Alabama TCOE test strategy is to utilize PPMO and industry standards in development of quality test processes. Effective planning is essential. Resource and time management will align with program test needs, determined by analysis of the program roadmap's concurrent DDI and operations efforts and integration weight. Staggered onboarding of resources will increase cost efficiencies. Meaningful communications and sign-offs with Agency and program teams on plans and test results, gate checks at key milestones, and self-audits to review and implement quality assurance and control measures will ensure our test approach is successful in implementation and customer satisfaction.

Please describe the strategy your test team will utilize to support your test approach and test objectives:

3.4 Vendor Test Roles and Responsibilities

Vendors are required to provide adequate staffing for coverage of testing needs for each respective module for the entirety of the vendor contract.

Release 1.0			
	Functional Area or Feature Description	High Level Feature/Functionality	Test Focus
1	Provider Enrollment		
1.1		Submit Application	
1.1.1			Medicaid ID issued after successful enrollment
1.1.2			FEIN number already exists

Vendor Table:

Release <Insert Release Number or ID Here>			
No.	Functional Area or Feature Description	High Level Feature/Functionality	Test Focus
1	<Complete this table>		
1.1			
1.1.1			

5 Vendor Features and Functionality Out of Scope

Please list features and functionality (usage, implementation, other) determined out of scope for testing by your test team. Identify how these items will be validated (if applicable).

Sample Table:

	Functional Area or Feature Description	High Level Feature/Functionality	Mitigation
1	Data Maintenance	SQL Server Backup	Managed by OIT
2	Data Maintenance	SQL Server Recovery	Managed by OIT
3	Performance	Load Test	Managed by ISO

Vendor Table:

	Functional Area or Feature Description	High Level Feature/Functionality	Mitigation
1	<Complete this table. If none, enter N/A>		
2			
3			

6 Vendor Risks and Contingencies

Please describe risks and contingencies identified by your organization related to testing:

7 Vendor Assumptions and Constraints

Please describe assumptions and constraints identified by your organization related to testing:

8 Vendor Deliverables

Specific deliverables are required of vendors during the AMMP. These deliverables fall into several basic categories: Documents, Test Cases / Bug Write-ups, Services/Activities, Gate Checks and Reports. There is a progression from one deliverable to the next. Each deliverable has its own dependencies, without which it is not possible to fully complete the deliverable.

The following is a matrix depicting deliverables that testing will use/produce, identified as of the time of this template submission:

Deliverables	Phase	Stage(s)	Sign-Off
Documents			
Test Evaluation and Management Plan (TEMP)	Initial Vendor Onboarding	NA	Yes
Implementation Plan	Initial Vendor Onboarding	NA	NA
Detailed Test Plan	Planning	Unit	
High Level Test Cases (HLTCs)	Planning	Unit	
Test Case / Bug Write-ups			
Test Phase Acceptance (TPA)	Execution	SIT, UAT, E2E	
Reports			
Release Notes	Environment Set Up	All	
Weekly Status Reports <ul style="list-style-type: none"> Summarize weekly testing activities, bug count, etc. 			
Daily Status Reports to ETM (via daily call) Summarize testing results per day (bugs found, bugs fixed, env. Availability (%), RGB etc), comments (issues etc),	All	All	
Stage Completion Reports. Report must contain the following: <ul style="list-style-type: none"> Total Test Cases, Number Executed, Number Passes/Fail, Number Yet to Execute, Number of Manual, Number of Automated Breakdown of bugs by Severity / Priority Discussion of Unresolved Risks and Schedule Progress 	Closure	SIT, UAT, E2E	
Test Final Report - Sign-Off	Closure	SIT, UAT, E2E	Yes
Services/Activities			

Requirements Analysis	Requirements Analysis	Unit	
Test Cases Extract	Design	SIT, UAT, E2E	
Test Meetings, including: <ul style="list-style-type: none"> • Query Register • HLTC WalkThroughs 	Requirements Analysis and Test Planning	SIT, UAT, E2E	
Test Stage-Gate Sign off (Go/No-Go)	Closure	SIT, UAT, E2E	Yes

A full list of test deliverables is available in **Appendix C. MES-PMO-TST-001-002 AMMP ETS Test Deliverables Table.**

9 AMMP Test Guidelines and Standards

The following is a partial listing of the standards that AMMP has identified to-date that will be followed when identifying and creating NEW test cases:

- Test Cases must be created based on stated requirements. In cases where these are not available, these procedures will be followed:
 - The test member must NOT make any assumptions
 - Test members will document missing requirements as a discussion point with the AMMP ETM to try to obtain a decision as to how the system should behave
 - If no decision is made within a reasonable timeframe, then testing suspension (for major issues) will occur until the issue is resolved (**Section 10.6 – Testing Suspension and Resumption Criteria**)
- Test members must verify test cases cover all areas of the system interface with each other correctly and that there are no gaps in the data flow (black-box integration)
- Test cases will be documented and stored in a common area accessible by all members of the vendor test team with visibility given to the AMMP ETM and other agency staff on request
- Valid inputs and outputs that will be used to test each function must be identified and documented in vendor test case scripts
- Test cases must include positive and negative test conditions and corresponding test data requirements
- Clear error messages must be given for rejected input
- The following items will be included when defining test conditions as applicable:
 - Required fields
 - Boundary values
 - Data types

- Each test condition and its corresponding data must have an expected result to determine if the function behaves as defined in the specification. Any variance from the expected result will be documented in the bug module
- Test case steps should start at a specific point and end at the same point (ex. “Log on as...” and “Log out”). This provides modularity and ease of maintenance
- Write each case to be executed standalone. It should not depend on another test case. Avoid including steps in a test case that have already been identified in another test case. In the test setup section you can refer to the test case that includes these steps
- Keep your test cases small. A typical test case might have 10 – 15 steps
- Make sure the test steps are clear and specific. For example a test case steps might look something like this:
 - Step1. Enter <user_id> in the User ID field
 - Step2. Enter <password> in the Password field

9.1 Vendor Test Guidelines and Standards

Please provide a narrative overview of your current, established test guidelines and standards:
(Prepared presentations, documents or other existing material may be substituted or appended)

10 AMMP Test Resource Requirements

AMMP has determined best practice is test members will have access control to an application/server (test bed(s) and environment(s) separate from any used by non-test members of AMMP or affiliated vendor teams). Test environments should mirror production environment (structure, obfuscated data, jobs and services schedules).

The AMMP TCOE will execute End-to-End test scenarios on vendor-provided and supported test beds and environments. To support this approach, analysis of resource requirements for each vendor is needed.

10.1 Vendor Test Resource Requirements

Please identify hardware, software and other requirements needed to test your solution. Some components are added as suggestions. Add/delete rows or suggested content as needed:

10.2 Vendor Testing Client Hardware

The following hardware must exist per tester:	
Component(s)	Requirement(s)
CPU	
Memory	
HD	
Network Access	
Printers	

10.3 Vendor Testing Client Software

The following software must exist per tester:	
Component(s)	Requirement(s)
Operating System	

Browser Capabilities	
Other Software or Application Access (MS Office, Google Docs, etc.)	

10.4 Vendor – Other Requirements

The following must exist per tester:	
Component(s)	Requirement(s)
User Credential	Enrolled as valid member of user group XXX
License	
Other	Other Details

11 AMMP Centralized Test Management

The benefits of procuring established, proven solutions demands flexibility across multi-module vendors differing test management practices, methodologies and tools. Oversight for this new, modular world demands aggregation of key test criteria and outputs so that the AMMP has a clear, overarching picture of test efforts across the program and implementation of automated testing at identified opportunities.

Some of the major benefits of a centralized program-level test management system and test automation include:

- Provides a consistent, repeatable process for requirements analysis, test planning, integrated test run schedules, holistic results analysis, management of defects and change management, and project status analysis
- Built-in Traceability – bugs are traced back to tests and tests are traced back to requirements in one centralized location
- Gap analysis in test process and reporting easily performed
- Results are aggregated to a central repository, creating an accurate audit trail for analysis
- Provides data input and results consistency and accuracy
- Ensures no deviation from the expected results
- Provides a more effective and centralized test case documentation and maintenance

To stand up this centralized test management approach, the following requirements have been identified to-date:

- Extracts of vendor test cases is required (**Appendix D. Test Cases Extract Template**)
- Validation of executed tests, bugs and defects management, and traceability to requirements

11.1 Vendor Requirements Traceability

Please describe your organization's methodology used for requirement traceability:

- End-to-End test scenarios will be conducted by the TCOE on a dedicated environment provided and supported by each module vendor
- Module vendors are required to collaborate with the TCOE in configuration and validation of end-to-end environment test bed and test requirements, version and source control and verification, and schedule

11.2 Vendor Test Environment Point of Contact

Please list Point of Contact (POC) information for your module for end-to-end test environment requirements:

Test Bed and Environment Vendor Coordinator(s)			
Name	Title	Location	Contact Information (Phone, Email)

11.3 AMMP Test Daily Touchpoint

A Review Team comprised of the AMMP ETM, QM, TCOE, PMO and MES leads will ensure maximum efficiency of the implementation and testing teams for the AMMP through close collaboration of all involved parties. This will be achieved through testing progress review and bug review meetings and reports.

Daily touchpoints with all vendor test leads and the ETM will include the following topics:

1. Current test effort status vs. planned (Ahead/Behind/On Schedule)
2. Progress of tasks planned for previous week
3. Raised bug statuses
4. Classification and Prioritization of valid bugs
5. Content and timescale for releases into test
6. Tasks planned for the next week, including tasks carried over from previous weeks
7. Issues which may affect the performance or progression of testing
8. Any Other Business (AOB)

The attendees at this daily touchpoint will be:

- Deborah Hall – AMMP Enterprise Test Manager
- Sandy Plotzker – AMMP Quality Manager
- To Be Determined – PMO Lead
- To Be Determined – TCOE Test lead
- <Insert Lead Name> Vendor Test Team Lead
- <Insert Lead Name> - Vendor DevOps Lead
- <Insert Lead Name> - Vendor Other Lead <update as needed>
- Other Medicaid Agency Staff as identified

11.4 AMMP Knowledge Transfer Requirement

Testing of the AMMP end-to-end requires knowledge transfer from each solution vendor to TCOE and other AMMP test members. Within 3 weeks of onboarding, vendors are required to provide knowledge transfer of their solution to these individuals. The methodology can include:

- User guide documentation
- System technical documentation
- Web-based training material
- 1-page user tips and tricks
- Formal introductory presentations

After initial knowledge transfer is performed, ongoing support will be needed to answer questions, provide clarification of deviation from expected system behavior and other troubleshooting needs.

11.5 Vendor Knowledge Transfer Resources

Please complete the following Staff and Resource Training table. Additional rows may be added/deleted as needed. Suggested Resource Types may be modified, added or deleted:

Resource Type	Resource Title/Description	#	Who/What/Where	Preferred Contact Information
Vendor Manager				
Project Management				
QA Management	Testing Supervisor			
Analysts	Business Analyst			
Test Team Testers and Lead	<Insert>			

Development and Support Team	Programmers			
	Technical Support			
	Network Support			
	DB Administrator			
	Release Coordinator			
Training and Use Groups	Training and Use Groups			
User Guide	Web-Based Training Site	www.thisismytraininglocation.com	Trainingsitesupport@email.com	
System Design Document				
Technical Specification Document				

11.6 AMMP Test Team Partners

The AMMP is complex and ever-evolving. The Agency recognizes collaborating with established Alabama Medicaid departments and relative business partners is essential for development and/or implementation of your module solution(s).

Minimally, the Agency expects cooperative collaboration and communication between your organization’s test and development team to the AMMP ETM, the TCOE, PMO Vendor, the Alabama ISO, DGO and MES. Communication guidelines are specified in the program **Communication Plan**.

11.7 Vendor Test Team Partners

Please describe additional individuals, entities, agencies or partners you anticipate engaging to ensure successful testing outcomes:

12 Vendor Test Management

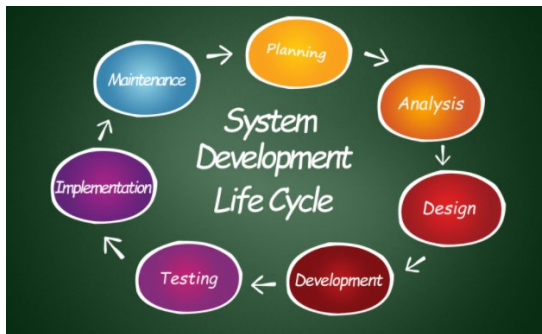
The following sections are designed to capture vendors' current test processes and procedures across the test life cycle.

12.1 Conventional Life Cycles

The Agency recognizes unique challenges and benefits exist for this modular approach to modernization of the MMIS. As vendors onboard the AMMP, there is potential for variances in development (test and implementation) methodologies, including release and test processes and procedures. The assumption is your solution or service delivered to the AMMP is successfully tested and in operation. Hence, the emphasis for testing under the AMMP umbrella will focus on modifications and enhancements needed for implementation specific to Alabama's requirements, integration/interfaces with other modules, and upgrade (enhancement) validations.

The Alabama TCOE will require industry recognized Systems Development Life Cycle (SDLC) phases to be factored into test planning, however, the traditional Software Testing Life Cycle (STLC) may or may not serve as a One-Size-Fits-All process model for our modular, cloud-based solutions.

Industry recognized Systems Development Life Cycle¹:



In contrast, an example of a SaaS Development Lifecycle² is:



¹ Svitia Systems

² SaaSTesting

12.2 Vendor Test Life Cycle/Phases

As a module vendor under the AMMP umbrella, you are required to submit a **Detailed Test Plan** for each planned release. This plan must be reviewed and approved prior to version changes, deployment or initiating testing. This requirement may be modified at the Agency's discretion upon request, in consideration of variance in development and release methodologies and project impact analysis.

Please describe the established test phases, stages and types (Ex. Unit, System) currently defined by your organization. Graphics may be used. Include details such as inclusion or exclusion criteria, and analytical processes:

12.3 Vendor Test Development and Execution Cycles Entrance Acceptance Exit Criteria

Vendors are required to develop/update existing test scripts, execute test cases and document results of test runs to validate your solution meets the AMMP requirements.

Development

Requirements Analysis -> Test Suites -> Test Cases -> Test Steps -> Expected Results ->Pre-requisites

Execute

Run Test Case -> Document/Verify Execution -> Document Results -> Report Results

Please describe your organization's current Test Management Process. Describe how your team identifies, validates, creates and organizes comprehensive test scripts and processes. Include entry, acceptance and exit criteria for each test stage; pass/fail criteria; and process for moving to next test stage:

12.4 Vendor Test Tasks and Activities

Regardless of development methodology, the Alabama TCOE will require planning, documentation and sign off (where indicated) for industry recognized high level tasks and activities associated with ALL stages of testing, as indicated in the **Program Test Approach** document.

Please describe your organization's test team's current tasks, activities and gate checks (Sign Offs):

12.5 Vendor Test Environment and Management

As a module vendor under the AMMP umbrella, you are required to verify solutions and upgrades prior to implementation.

Please describe current test environments, configuration considerations and integration/interface points, tools and processes for test environment management, including automation tools and processes:

12.6 AMMP Testing Suspension and Resumption Criteria

Suspension – User Acceptance Testing, End-to-End Testing and pre- and post- implementation testing will be suspended for one or more affected modules when a significant bug(s) is discovered. A bug report will be filed in the applicable vendor Bug Tracking System and AMMP Test Case Management and Defect Tracking tool and development and product management will be notified. To suspend testing, the bug must be:

- Significant (show stopper)
- Reproducible
- Clearly defined
- Without known/feasible workaround

After fixing the bug, development will follow the drop criteria (**Release Management Plan**) to provide its latest drop to testing. At that time, the test team will regress the bug. If the bug fix is validated, testing of the module(s) will resume.

Additional suspension criteria may include:

- Testing resources are unavailable (e.g. network failure, computer failure...)
- Consistent instability of solution or hosted server (constant crashing of the application)
- Large rewrite of a critical core module

Resumption - Testing is resumed when sufficient functionality of the failed modules is regained. If any major (large re-write or high-priority) issues are still outstanding, then an implementation risk must be created and signed off as acceptable by the AMMP Risk Manager.

12.7 Vendor Testing Suspension and Resumption Criteria

Please describe your organization's policies and procedures for Testing Suspension and Resumption Criteria for unit and/or System Integration Testing stages:

13 Vendor Test Tools

Please provide a description of tools used by your organization in test management.

14 Vendor Bug and Defect Management

The AMMP will require reporting of bugs and defects found during **all** testing stages. Vendors are required to describe comprehensive bug and defect management details in a separate document, **Test Change and Defect Management Plan**, hence references in this document relate to high level test-impact and methodologies only.

Please describe your organization's test team bug and defect management process in-line with testing life cycles.

15 Vendor Quality Initiatives

Module vendors are expected to bring or implement effective quality initiatives with implementation of give solution(s). Preventative, not reactive, standard processes and procedures will be required by the Agency to promote customer confidence and satisfaction in the AMMP product and/or service delivery.

Please describe Quality Initiatives of your organization's test-focused area:

15.1 Vendor Quality Controls

The Alabama TCOE will review and/or monitor each module vendor's test processes, self-checks, testing performance and outcomes, to align with the AMMP quality expectations as defined in Key Performance Indicators (KPIs) (**Appendix E. Key Performance Indicators KPIs**). Program level analysis of bug and defect reports identified in various test phases and environments by individual modules will be conducted to identify opportunities for process improvement.

Please describe your organization's current Quality Control model, standards and tools:

15.2 Vendor Quality Assurance

The Agency requires scheduled reports of testing outcomes, bugs and defects, risks and issues from module vendors. The Alabama TCOE strives to identify quality checkpoints early in the process timeline to meet the preventative, not reactive, actionable processes acceptable to the Agency.

Please describe your organization's Quality Assurance processes, tools and objectives:

15.3 Vendor Quality Innovation

The Alabama TCOE will analyze measurements and processes at each phase of the program development lifecycle to identify opportunities for increase in quality of products and services, test requirements and standards for the program as a whole.

Each module vendor is required to participate in continuous process improvement activities such as Lessons Learned, audits and metrics reporting to support program quality innovations.

Please describe activities, models, tools and other resources currently used to monitor and improve quality across your organization's testing efforts:

16 Projected Test Schedule Timeline and Milestones

Please provide a high-level schedule of your planned releases for testing and implementation, identified milestones, scheduled start date and update with actual date as needed. You may append this information from an existing source or complete the table below. Suggested text in 'red' in the below table may be edited or deleted as needed.

#	Milestone Name	Scheduled Date	Actual Date
1	<i>Unit Testing Started</i>	-- / -- / --	-- / -- / --
2	<i>Unit Testing Completed</i>	-- / -- / --	-- / -- / --
3	<i>Go-No Go Stage Gate Check</i>	-- / -- / --	-- / -- / --
4	<i>System Testing Started</i>	-- / -- / --	-- / -- / --
5	<i>System Testing Completed</i>	-- / -- / --	-- / -- / --
6	<i>QA and Beta Testing Started</i>	-- / -- / --	-- / -- / --
7	<i>QA and Beta Testing Complete</i>	-- / -- / --	-- / -- / --
8	<i>User Acceptance Testing Completed</i>	-- / -- / --	-- / -- / --
9	<i>Release into Production and Post-Production</i>	-- / -- / --	-- / -- / --

17 Appendices

17.1 Appendix A. Acronyms/Glossary

For a complete list of Acronyms and Glossary of Terms, please reference the [MES Acronyms and Glossary](#).

17.2 Appendix B. Applicable Project, Federal, State, or Industry Standards

Update this section as appropriate.

This appendix contains applicable project, federal, state or industry standards.

- N/A

17.3 Appendix C. Test Deliverables Table

For a complete list of test deliverables identified to-date, please reference the [MES-PMO-TST-001-002 AMMP ETS Test Deliverable Table](#).

17.4 Appendix D. Test Cases Extract Template

For details required for extraction of vendor test cases, please reference [MES-PMO-TST-007-005 Test Cases Extract Template](#)

17.5 Appendix E. Key Performance Indicators (KPIs)

For more details on AMMP ETS KPIs, please reference [MES-PMO-TST-001-005 AMMP ETS Test KPIs](#)

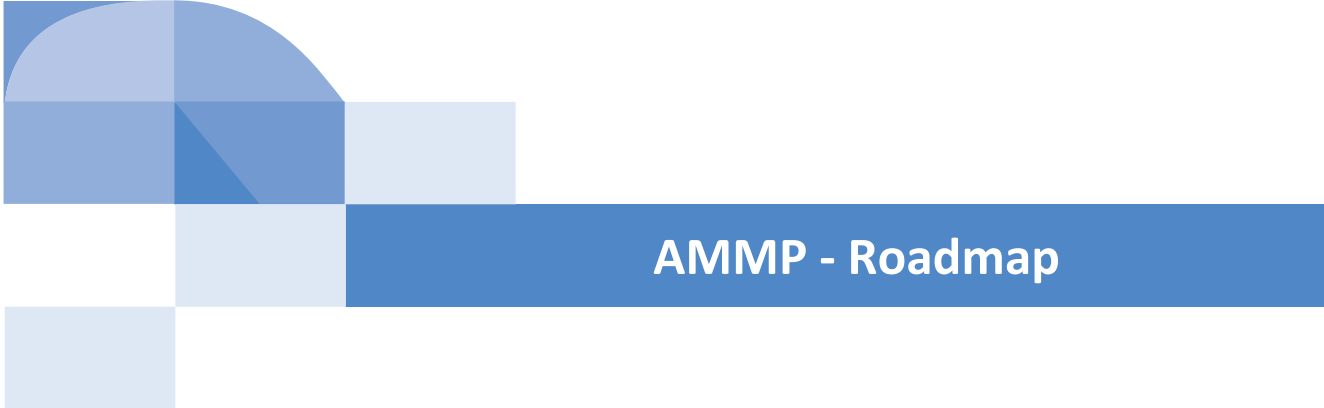
18 Deliverable Comment Log

Please complete the Deliverable Comment Log as part of the DED review. A sample row is found above No. 1. You may leave this sample in your completed log. All reviewers will enter one or more comments. If you have no comments, please specify "No comments" in the Comment field, include your name and your Agency Group (such as PPMO).



Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by		Recommendation	
MES		PMO-TST-001-004		Test Approach Template		0.1	03/18/2021		04/01/2021			
*Type: NC -Non-Compliance, R -Required, Q -Question, R/C -Recommendation/Cosmetic Recommendation: A -Accept, CA -Conditional Approval, R -Reject												
Document Information			Reviewer(s) Section					Vendor Section				
No.	Section	Page No.	Identifier	Comment	Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date		
	1.1	3	Paragraph 2; First sentence	Enter your comment here for the Section/Page/Identifier. For example: Missing words at the end of the sentence – add words needed to complete it.	R	First Last	IV&V	Inserted "specific text added would go here" in the paragraph	XX/XX/2020			
1	16			Milestones should contain an action verb.... I see some have it but some don't. Recommend (for example) changing "Unit Testing" to 'Unit Testing Started'.	R/C	Andrea Cathey	PPMO/PQA	Revised as indicated	04/01/2021	4/2/21		

Project		Deliverable No.		Deliverable Title		Ver No.	Submission Date		Return Comments by		Recommendation
MES		PMO-TST-001-004		Test Approach Template		0.1	03/18/2021		04/01/2021		
<i>*Type: NC-Non-Compliance, R-Required, Q-Question, R/C-Recommendation/Cosmetic Recommendation: A-Accept, CA-Conditional Approval, R-Reject</i>											
Document Information				Reviewer(s) Section				Vendor Section			
No.	Section	Page No.	Identifier	Comment		Type*	Name	Agency Group	Vendor Resolution	Resolution Date	Acceptance Date



AMMP - Roadmap

Alabama Medicaid Enterprise Systems (MES)

Prepared for:
Alabama Medicaid Agency

Version 2.0
March 24, 2022

NOTE: AMMP Roadmap will only be updated after CCB approval through an AMMP decision.



Version	Effective Date	Revision Owner
2.0	3/24/2022	David Skillman
1.0	11/19/2021	Vince Hall

Description of Change

Updates incorporated from:

Decision #124 - AMMP Roadmap - Approved by EOC.

Decision #116 - Updated Roadmap based on EDS RFI and TCOE updates

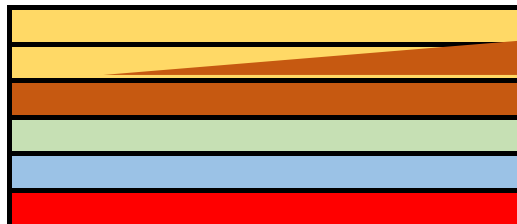
Decision #104 - Phasing Plan

Approve by CCB on 2/17/22 and EOC on 3/24/22

Decision #50 - Modular Approach

AMMP Roadmap 03/24/2022

Calendar Year	2020				2021				2022				2023				2024				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3		
Concurrent Procurement and SCRs																					
Concurrent DCBs																					
PMO	Active Contract																				
Procurement & Staffing																			RFP		
E&E (CARES)	Operations																				
DCB	DCB – Consolidation of E&E into CARES												DCB Updates								
MEVV	Operations																				
Procurement & DCB	RFB				DCB												SIP				
System Integration Services																					
Procurement & DCB					RFI+RFP (5 Year)								SIP+Integrate: AMMIS, EDS, MEV								
Enterprise Data Services																					
Procurement & DCB					RFI+ RFP																
Existing Core (Fiscal Agent)	Operations																				
Connect to SIP													SCR		Int w/SIP						
Transfer DSS to EDS																		SCR			
Support CPMS/PMgmt Implementation																		SCR			
CPMS																					
Procurement & DCB					RFB																
Provider Management																					
Procurement & DCB																	RFB				
TCOE																					
Procurement & Staffing									RFP												
Support Services/Help Desk	Existing Support Services/Help Desks																				
Staffing & Transition																					
Calendar Year	2020				2021				2022				2023				2024				
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3		



DCB (Design, Configure & Build) & System Integration Platform testing activities are in yellow
 DCB and Procurement Overlap Indicator.
 Procurement activities in brown
 Operations in light green.
 Connection to SIP, DCB Still Underway.
 Module fully operational with SIP.

2025					2026				2027				2028				2029				2030			
4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Active Contract																								
																STAFF								
SIP Connection									SIP Operations															
SIP INT + New Module DCB Testing																								
SIP Connection									SIP Operations															
INT + New Module DCB Testing					RFB					DCB														
SIP Connection									SIP Operations															
v, CARES, CPMS, ProvMgr									RFB		KT													
					SIP Connection				SIP Operations															
DCB & SIP INT					CPMS Validation				RFB				DCB											
					Extra Year																			
SIP Connection																								
Transfer DSS to EDS																								
Support CPMS/ProvMgr Implementation																								
									SIP Operations															
DCB & SIP INT									RFB															
									SIP Operations															
		DCB & SIP INT																		RFB				
DDI End-to-End Testing									Operational End-to-End Testing															
									RFP															
Enhanced Support Services/Help Desks																								
STAFFING & TRANSITION																								

w. (KT stands for Knowledge Transfer)

Appendix E: Key Personnel Resume Sheet

This form must be used to respond to key positions. For each named individual a separate Key Personnel Resume Sheet must be submitted.

Vendor Organization: _____

Key Position: _____

Candidate:

Full Name: Last Name First Name MI

Address Street: City: State: Zip:

U.S. Citizen Non-U.S. Citizen Visa Status:

Status: Employee Self Employed Subcontractor (Name: _____)

Other:

Education:

Mark highest level completed.	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary						
School Name			Degree/Major		Degree Earned	Year Received

Work Experience:

Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.

Work Experience #:			
Job Title:			
From	To	Reason for Leaving:	Hours per week
Describe your duties and responsibilities as they relate to the Request for Proposal:			

Professional References:

List 3 Professional References below.

Reference 1		
Name	Title	Organization

Address	Phone () -	E-mail Address
---------	----------------	----------------

Reference 2		
Name	Title	Organization
Address	Phone () -	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone () -	E-mail Address

Candidate and Vendor Certification

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Alabama Medicaid Agency may be investigated.

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

Authorized Vendor Signature

Date