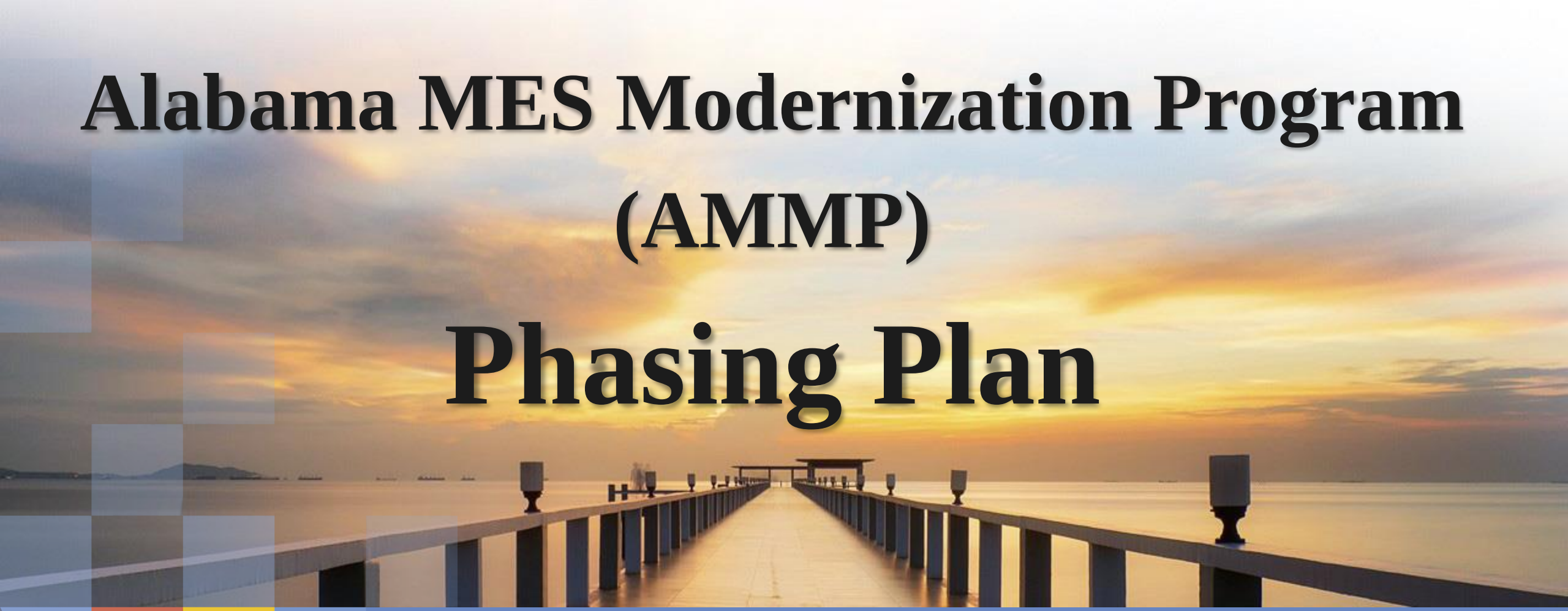


Alabama MES Modernization Program (AMMP)

Phasing Plan

A Tool For Mapping Major Change

Presented by: Mason Tanaka, Deputy Commissioner & CIO
Shannon Crane, Director - MES Division
Alabama Medicaid Agency
Moderator by: Lorrie Scardino, Managing Director, Blue Tack Consulting

August 17, 2022

Outline

- Overview of AMMP - Shannon Crane
- AMMP Phasing Plan Background - Mason Tanaka
- AMMP Phasing Plan - Mason Tanaka
- Where Are We Today? - Shannon Crane
- Summary - Mason Tanaka
- Discussion – Q&A - AMA Panel
- Reference Slides

Overview of AMMP

Presenter: Shannon Crane

Terms and Definitions

Medicaid Enterprise Systems (MES)

Umbrella term used to define the major Information Technology (IT) systems that support the mission of the Alabama Medicaid Agency.

Modularity/Modularization

The effort to replace the current MMIS (legacy) with modern suite of systems where each module supports unique and separate business function(s).

Alabama MES Modernization Program (AMMP)

Name of the Alabama Medicaid Agency's program to modularize, modernize and integrate the IT systems that fall under the Medicaid Enterprise Systems (MES) umbrella.

AMMP End Game Is Not Just Modularity

AMMP Goal and Opportunity:

- Our Goal is to implement an ecosystem of interoperable and interchangeable modules that meet the business goals of the Alabama Medicaid Agency, while complying with federal mandates.
- Create culture that understands this is not an IT Program -- it's a Business Transformation program that will…
  - Support and enhance the Agency's goal of improving healthcare outcomes
  - Improve business processes
  - Improve data quality

What Does This Mean?

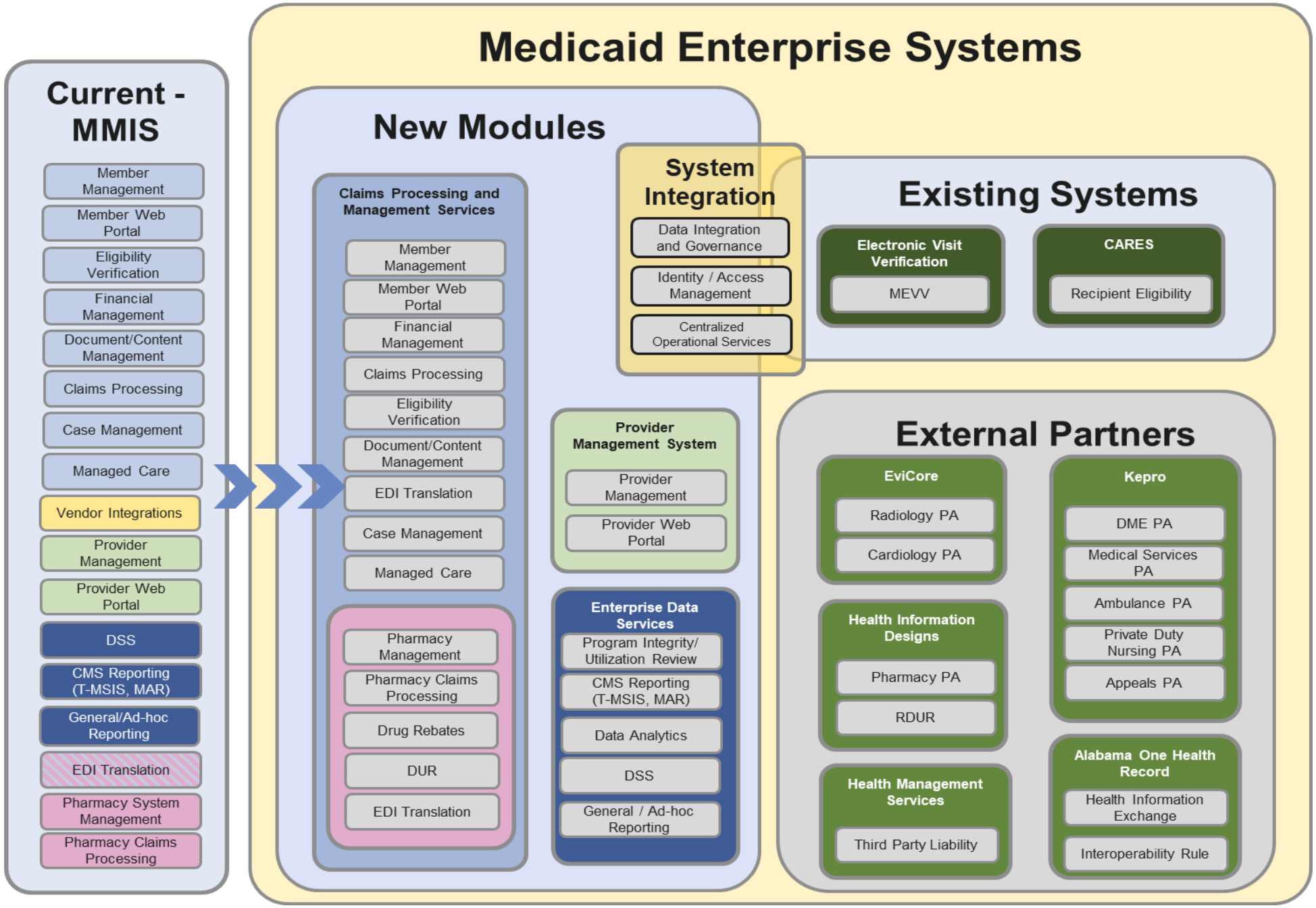
- Modularization of a single MMIS and the integration of existing stand-alone systems requires the realignment of the business services* provided by the current single system, to the business services that will be provided by the new systems.
- Modernization of the MES requires improving technical services provided by the systems (existing and new).
- Together, the modularization and modernization of the MES is an opportunity to reengineer and improve the Medicaid business processes, resulting in seamless, faster and more effective services provided to all stakeholders, both external and internal.

**See reference slides for a description of each Business Service.*

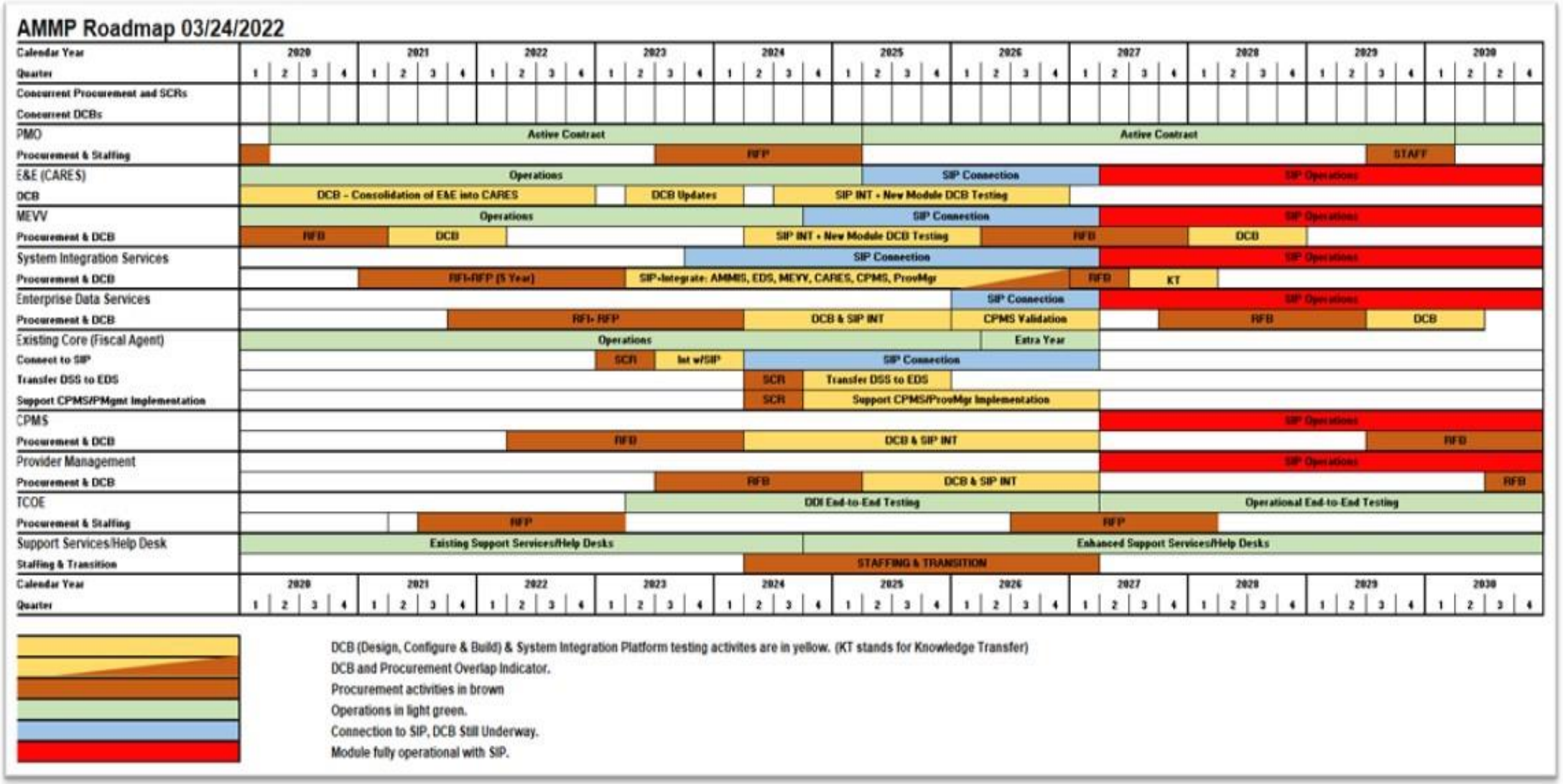
What is Systems are Impacted by AMMP?

- Modularization of the Alabama Medicaid Management Information System (AMMIS)
  - Systems Integration (SI)
  - Enterprise Data Services (EDS)
  - Provider Management (PM)
  - Claims Processing and Management Services (CPMS)
- Integration of Existing Stand-Alone Systems
  - Modular Electronic Visit Verification (MEVV)
  - Centralized Alabama Recipient Eligibility System (CARES)
- Interface with External Partners

Medicaid Enterprise System



AMMP Timeline* (March 2022)



*All dates are estimates and are subject to change.

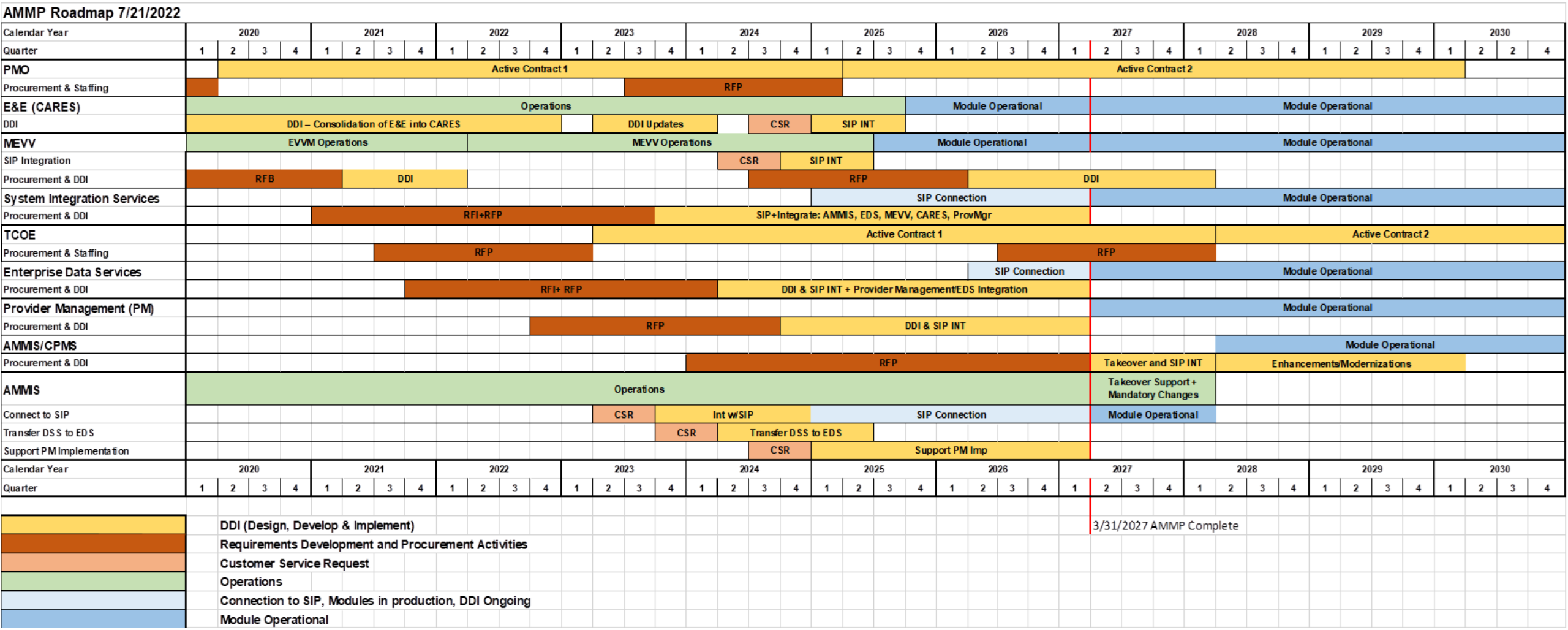
Major Updates to Our Strategic Roadmap

- Alabama Procurement Law Changes
  - » What Changed
    - Allows for contracts >5 years
    - Effective 10/1/2022
    - Applies only to RFPs released after effective date
  - » Impact to AMMP
    - Delays release of SI RFP from 7/2022 to 10/2022
    - Increase to 8-year contract (from 5 years)
    - Mitigates risk of a perpetual procurement cycle

Major Updates to Our Strategic Roadmap

- CPMS Module
  - » Current Direction
    - Full replacement of CPMS
  - » New Direction
    - Competitive Bid - Takeover w/ Enhancements
  - » Impact
    - Significantly reduces risk to AMMP
    - Minimizing change to the program areas
    - Procurement of Provider Management Module begins sooner
    - Reduces overall cost of AMMP

New AMMP Timeline* (July 2022)



*All dates are estimates and are subject to change.

Strategic Roadmap: Next Steps

- Bridge the Strategic and Execution Gap
- Validate Strategic Roadmap
- Further leverage Enterprise Architecture and Business Process Modeling efforts
- Resulted in our AMMP Phasing Plan…

AMMP Phasing Plan Background

Presenter: Mason Tanaka

What is a Phasing Plan?

- A high-level, step-by-step Tactical Roadmap
- Translates and decomposes the AMMP Strategic Roadmap
- Is a sequential view of key milestones
- Outlines the migration of the MES ‘AS-IS' Business Services and Data to the MES ‘TO-BE' environment

Benefits of the Phasing Plan

- Identified opportunities to…
  - »Accelerate AMMP schedule
  - »Act on financial benefits sooner
- Validated AMMP Strategic Roadmap
- Enhances communications to key stakeholders

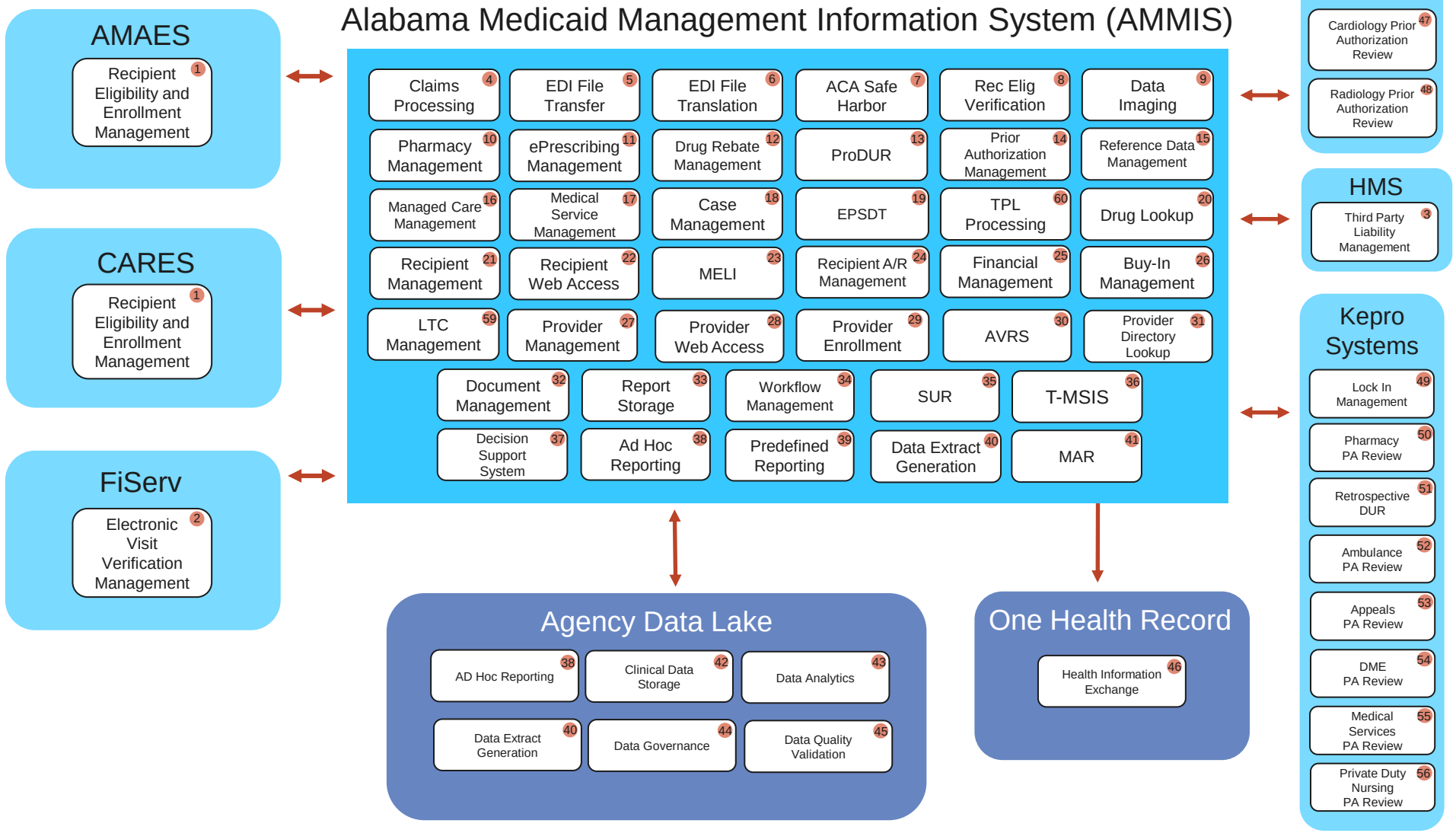
How Did We Develop Our Phasing Plan?

- Formed Workgroup
- Identified All Business Services & Data
- Engaged Stakeholders to Validate Business Services & Data
- Mapped Business Services & Data to Systems
- Formulated Sequencing of Module Implementations
- Drafted Initial Phasing Plan
- Validated Phasing Plan Against Roadmap
- Presented to & Received Governance Approval (CCB & EOC)

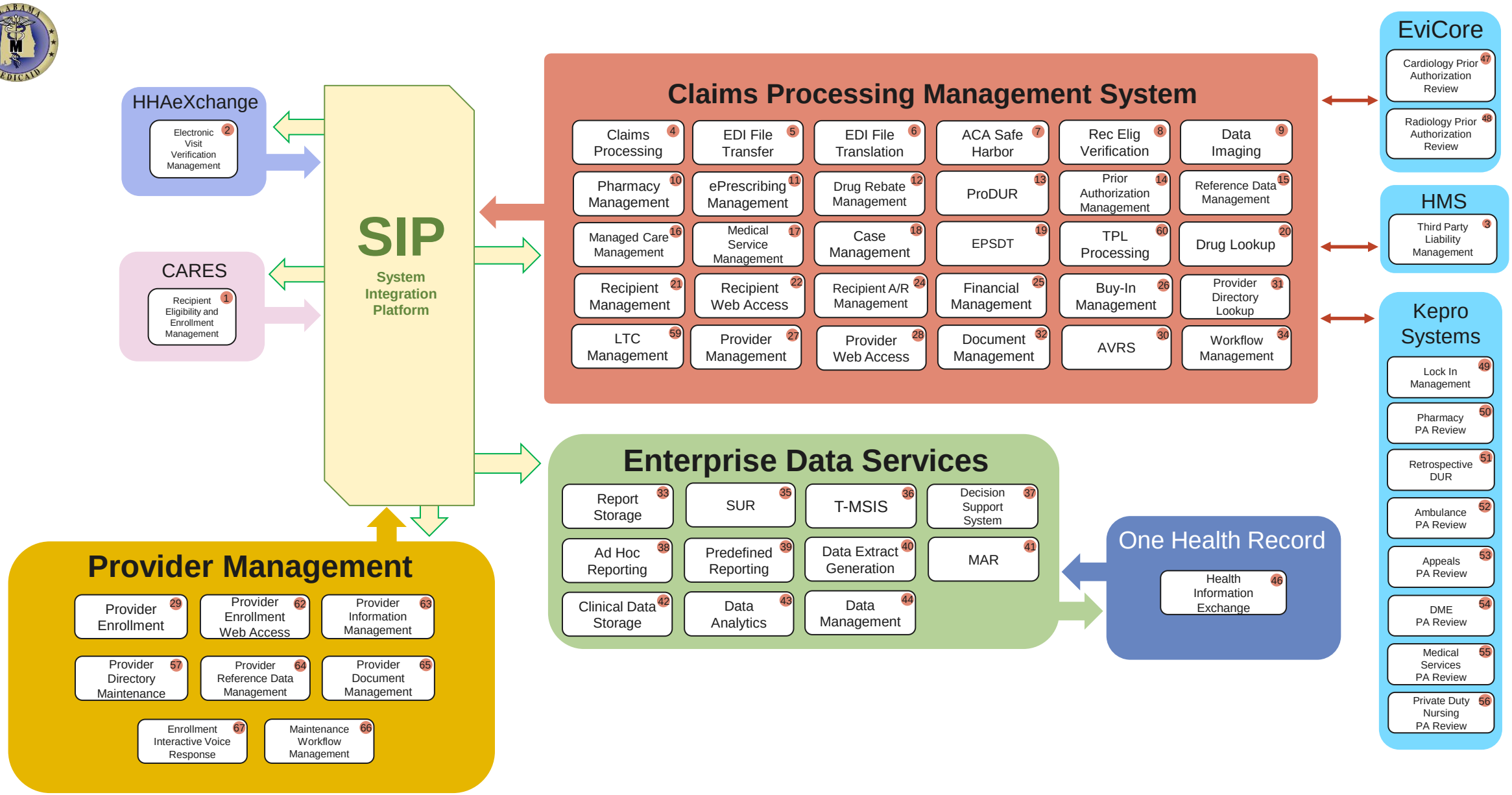
AMMP Phasing Plan

Presenter: Mason Tanaka

Alabama Medicaid Management Information System (AMMIS) 'AS IS'



Medicaid Enterprise System (MES) 'TO BE'



Phase Descriptions

- **Phase 1 – Stand-Up Modular Electronic Visit Verification (MEVV)**
- **Phase 2 – Eligibility & Enrollment System Integration**
- **Phase 3 – Stand-Up EDS Transitional Data Repository**
- **Phase 4 – Stand-Up System Integration Platform (SIP)**
- **Phase 5 – Connect System Integration Platform (SIP) to AMMIS**
- **Phase 6 – Stand-Up Enterprise Data Services (EDS)**
- **Phase 7 – Connect MEVV to SIP**
- **Phase 8 – Connect Eligibility & Enrollment to SIP**
- **Phase 9 – Connect EDS to AMMIS via SIP**
- **Phase 10 – Enterprise Data Services Goes Live**
- **Phase 11 – Connect One Health Record (HIE) to EDS**
- **Phase 12 – Stand-Up Provider Management**
- **Phase 13 – Connect Provider Management to SIP**
- **Phase 14 – Provider Management Goes Live**
- **Phase 15 – AMMIS Becomes CPMS. AMMP Completed!**

Phasing Plan: Next Steps

- Multi-Disciplinary teams assigned to each phase to:
  - Document all requirements needed for execution
  - Identify linkages to and validate vendor project plans – feeds Integrated Master Schedule
  - Catalog all changes and associated action plans
- Align Organizational Change Management tasks
- Continuously refine Strategic Roadmap and Phasing Plan

Where Are We Today?

Presenter: Shannon Crane

Modular Electronic Visit and Verification (MEVV) *

The MEVV solution provides users with access to service information in real-time to ensure there are no gaps in care throughout a recipient's care plan.

- Vendor: HHAeXchange
- CMS Operational Readiness Review (ORR) completed on 1/18/2022
- System Went Live on 2/14/2022
- CMS Certification Review (CR) targeted for 2/2023

*All dates are estimates and are subject to change.

Centralized Alabama Recipient Eligibility System (CARES) *

The Centralized Alabama Recipient Eligibility System (CARES) is a custom agency-developed application responsible for Medicaid and CHIP eligibility and enrollment.

- Vendor: Alabama Medicaid Agency
- OBC Certified 10/2020 (CMS Pilot program)
- SSA Certified 10/2020
- Migrate E&D population. Est completion date: 3/2023
- Next: Some redesign and reengineering for integration with SIP

*All dates are estimates and are subject to change.

Enterprise Quality Program (EQP) *

The Enterprise Quality Program (EQP) was formed to support and implement AMMP Quality goals. In support of this initiative, the Agency is pursuing services for a Testing Center Of Excellence (TCOE) contract. The TCOE will provide oversight and coordination on ALL phases of testing including but not limited to: System Integration, User Acceptance, and End-to-End Testing.

- Vendor: TBD
- Received TCOE RFP CMS approval on 3/7/2022
- Released TCOE RFP on 3/21/2022
- RFP submission close-out 7/8/2022. (5 bid responses)
- Estimated Contract Start Date: 3/1/2023

ACTIVE PROCUREMENT

*All dates are estimates and are subject to change.

System Integration (SI) *

The SI will provide a fully transferrable central integration point for the MES modules, MES identity management services and centralized incident, and change management.

- Vendor: TBD
- Released Request For Information (RFI) on 1/11/2021
- SI RFP approved by CMS
- Estimated SI RFP Release Date: 10/17/2022
- Estimated Contract Start Date: 11/1/2023

ACTIVE PROCUREMENT

*All dates are estimates and are subject to change.

Enterprise Data Services (EDS) *

The EDS will provide the technical environment to deliver integrated data from disparate data sources, to generate reports, perform analytics, and provide data visualizations for the Agency to make informed decisions.

- Vendor: TBD
- Determined initial scope of work for EDS
- Release EDS Request for Information (RFI) on 2/14/2022
- Estimated Contract Start Date: 4/1/2024

ACTIVE PROCUREMENT

*All dates are estimates and are subject to change.

Provider Management (PM) *

The Provider Management Services module will provide a modern, web-based self-service solution allowing providers to enroll with Alabama Healthcare Programs to provide healthcare services to recipients. Providers will be able to view and maintain their information on file and revalidate their enrollment details online.

- Vendor: TBD
- Determining initial scope of work for PM
- Evaluating NASPO Options
- Estimated Contract Start Date: 10/1/2024

*All dates are estimates and are subject to change.

Claims Processing and Management Services (CPMS) *

The Claims Processing and Management Services (CPMS) module will be the remnants of include the following: member management, financial management, claims processing, eligibility verification, content management, EDI translation, case management and managed care, pharmacy management.

- Vendor: TBD
- Determining initial scope of work for CPMS
- Pivot to Takeover with Enhancements
- Estimated Contract Start Date: 4/1/2027

Summary, Discussion, Q&A

Alabama Contact Information

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Thank you for Attending!

Appendix

Alabama Medicaid Agency (AMA)

Business Service Descriptions

AMA Business Service Descriptions

1. Recipient Eligibility and Enrollment Management	High-level business service that represents the functionality of determination of recipient eligibility and the process for recipient enrollment in Medicaid.
2. Electronic Visit Verification Management	High-level business service that represents the functionality of the Electronic Visit Verification System that supports the electronic verification of home healthcare visits.
3. Third Party Liability Management	The management of third-party liability recovery processes and data for carriers, recipient coverage, cases, etc.
4. Claims Processing and Management	High-level business service that represents the functionality of the Claims Processing and Management Services System and supports claims processing and overall management of Medicaid transactions.
5. Electronic Data Interchange Transfer	Provides support for collecting, tracking, and reporting on Electronic Data Interchange (EDI) transaction files as they are processed through the application. EDI provides an interface for external entities to submit transactions using standard communication protocols and data structures.
6. Electronic Data Interchange File Translation	The translation of Electronic Data Interchange (EDI) files for validation and formatting for downstream subsystems.
7. ACA Safe Harbor	Provides a way for proving Affordable Care Act (ACA) affordability based on demographics. Supports the Eligibility Verification request/response (270/271) and the Claim Status request/response (276/277) transaction sets and provides a capability to upload a 999 Acknowledgement as a result of processing a file from Alabama Medicaid.
8. Recipient Eligibility Verification	Allows providers to check a recipient's eligibility 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, Third Party Liability, 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 service supports real time transaction processing as well as batch EDI X12 transactions.
9. Data Imaging	Supports capturing paper claims through Optical Character Recognition (OCR) and manual data entry where OCR was not able to properly process the document. The data captured is used to initiate an electronic claim and stored in the Document Management solution where the original document can be searched by based on metadata and retrieved by users.

AMA Business Service Descriptions

10. Pharmacy Management	Subset of Claims Processing and Management. Ensures 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 encounters and produces related reports and extracts. It uses data from other subsystems in its processing.
11. ePrescribing Management	Provides prescribers the ability to electronically send a prescription directly to a pharmacy from the point-of-care using SureScripts. Alabama Medicaid provides eligibility and medical history data to SureScripts for reference by prescribers.
12. Drug Rebate Management	Supports the process of invoicing drug manufacturers for expected rebates, posts collected amounts, and generates reports on owed and collected amounts. Federal regulations require drug manufacturers to enter into an agreement with the Centers for Medicare and Medicaid Services (CMS) to provide rebates for their drug products when paid for by Medicaid.
13. Claims Processing and Management	High-level business service that represents the functionality of the Claims Processing and Management Services System and supports claims processing and overall management of Medicaid transactions.
14. Prospective Drug Utilization Review	Performs Prospective Drug Utilization Review (ProDUR) against drug claims, alerting the pharmacist of potentially inappropriate prescriptions. Criteria supplied by both First Databank (FDB) and the Agency is used in the real-time editing of the Point of Sale (POS) drug claims.
15. Reference Data Management	Maintains a consolidated source of reference information used for claims, prior authorization, third party liability, and other transaction processing throughout the system. Contains logical data groupings such as benefit plan, diagnosis, drug, edit and audit criteria, modifier, procedure, and revenue code data sets. This data is also used to support reporting functions.
16. Managed Care Management	Provides the ability to develop and implement various managed care programs that enable recipient access to necessary medical care while controlling costs. Recipients are assigned primary medical providers responsible for managing their healthcare needs. 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..

AMA Business Service Descriptions

17. Medical Services Management	Allows the ability to develop and implement various medical service plans to ensure recipient access to necessary medical care, while at the same time controlling medical assistance program costs. The Agency uses a combination of programs such as Maternity Care and Partnership Hospital Program. In addition, recipients receive pharmacy and certain other wrap-around services outside of the managed care plan.
18. Case Management	Implemented as part of the 2019 ACHN Project to support the processing and payments of care coordination by the ACHN Network Entities. The Case Management model allows the Agency to collect a care coordinator's activity and pay for the intensity of care coordination for a given month.
19. EPSDT	Supports the Alabama Medicaid's Well Child Check-Up program. 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 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and to generate EPSDT downloadable reports for providers informing them of upcoming recommended screenings for their eligible recipients.
20. Drug Lookup	Allows users to perform a drug search on the web without having to securely log in to the web portal.
21. Recipient Management	Receives, stores, and maintains recipient eligibility and demographic information for individuals. The recipient data is used to support claims processing to determine coverage for a service based on Alabama Medicaid policy. The data is also used for evaluating Managed Care assignments and Long Term Care applications. The recipient data also supports reporting functions and eligibility verification.
22. Recipient Web Access	Provides online access for recipients to access and update their personal information, request a new Medicaid ID card, check eligibility coverage, etc. This service focuses on the operational aspect of enrolled recipients. The web access service associated to applying for enrollment is provided by Centralized Alabama Recipient Eligibility System (CARES).

AMA Business Service Descriptions

23. Medicaid Eligibility Linking Interface	Subsystem positioned between the Alabama Medicaid Agency Eligibility System (AMAES), Centralized Alabama Recipient Eligibility System (CARES), and the Alabama Medicaid Management Information System (AMMIS). Medicaid Eligibility Linking Interface (MELI) receives updates from both AMAES and CARES and merges data for any pairs of IDs between AMAES and CARES who at the time of merging have the same Social Security Number, 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, the ID will be the current ID for the person. This also drives the AMMIS extract process because the data for the owning ID is used for much of the extract. In the future state as CARES becomes the single eligibility and enrollment platform, the MELI process will no longer be required.
24. Recipient Accounts Receivable Management	Track payments from Medicaid recipients. The payments are a result of Medicaid requesting money from the recipients for which 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.
25. Financial Management	Includes claim payment processing, accounts receivable, payable, and all associated financial transaction programs. Verifies all funds are appropriately disbursed for claim payments and all post-payment transactions are accounted for and applied. 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.
26. Buy-In Management	Supports the processes associated to Medicaid paying the Part B premium, co-payment, and deductibles for Qualified Medicare Beneficiaries.
27. Provider Management	Provides the functionality of managing the operational aspect of enrolled providers. While the Provider Management module is focused on managing enrollment and provider information, this service is focused on managing provider contracts, participation in Managed Care and similar programs, recipient assignments, payments, etc.
28. Provider Web Access	Provides online access for providers and supports operational interaction with Medicaid. This includes verifying recipient eligibility, submitting claims, voiding claims, managing prior authorization requests, etc. While the Provider Management module focuses on provider web access that supports enrollment and provider information management, this service is focused on the operational aspect of provider web access.

AMA Business Service Descriptions

29. Provider Enrollment	Provides potential Alabama Medicaid providers the ability to apply for enrollment and supports the workflow associated to processing applications.
30. Interactive Voice Response	Provides the functionality for providers and recipients to call and access information though and automated phone system. This service represents the central Interactive Voice Response (IVR) and provides access to operational information such as claims, eligibility, etc. If the call is associated to information provided by another module (such as Provider Management), this service will interact with the IVR service in the other module.
31. Provider Directory Lookup	Allows users to access a link via the Medicaid Agency's website to perform a search of provider data. This link is also available on the Recipient Portal. In the future-state, this service will utilize the data provided by the Provider Management system's Provider Directory Maintenance service.
32. Document Management	Provides the functionality for capturing images, electronic documents, faxes, computer reports, e-mails, web forms with their content, and non-electronic files. Document imaging, document management, records management, and COLD (automatic indexing, storing, and distributing computer-generated reports) are done through this service. Once documents are stored, they are indexed via OCR, ICR, Bar Code and Universal Text Recognition allowing for structured searches.
33. Report Storage	Feith is the conduit for generating multi-page custom reports for review. These reports are stored in File Cabinets within FDD for viewing by credentialed users and can also be sent directly to pre-defined users based on report type. Reports are generated through various avenues from data entered on the Provider Portal to custom report generation via MMIS databases. Reports for the following subsystems are stored for retrieval in Feith: Case Management, Claims, Drug Rebate, DUR, EDI, EPSDT, ePresribing, Financial, LTC, Managed Care, MAR, Prior Authorization, Provider, Recipient, Reference, and TPL.

AMA Business Service Descriptions

34. Workflow Management	Provides functionality for managing and routing documentation. Workflows automate business processes allowing for seamless digital task completion of documents, so that all stakeholders can engage in real-time to complete a document from entry into the system to the issuance of final discussion. A workflow allows team members to monitor their tasks in real-time, automatically assign work into a user's queue for processing, send notifications, reminders and prompts via email, document decisions for auditing purposes, apply business rules for contractual obligations, and automatically reassign work in the event of personnel changes such as vacations, sick leave, or short-term absences. Workflows include submission and approval of Non-Emergency Transportation (NET) vouchers, consent form receipt and approval, Qualis records receipt and retention, Prior Authorization approval, digital upload of additional documentations, and Third Party Liability claims processing.
35. Surveillance and Utilization Review	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. Components include case type, peer and case group maintenance, case tracking, episode treatment grouper, and a random sample generator.
36. T-MSIS	CMS requires State Medicaid Agencies to submit extract files containing information on Inpatient Claims, Outpatient Claims, Long Term Care (LTC) Claims, Pharmacy Claims, Provider, Eligibility, Managed Care Plans and Third Party Liability (TPL) Resources. T-MSIS 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, 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.
37. Decision Support System	The Data Warehouse subsystem, otherwise known as Decision Support System (DSS), provides access to the Alabama Medicaid Management Information System (AMMIS) data and various external data sources. The data is stored in Relational Database Management System (RDBMS) and is accessed through a Business Intelligence (BI) application. Within the BI application, universe data models are created by functional area that show the relationships among the individual elements. The universes reduce the technical knowledge needed to develop and run queries. Data elements are given practical names and logically grouped for location and selection.
38. Ad Hoc Reporting	The Decision Support System (DSS) utilizes tools and processes to make enterprise data accessible for ad hoc query and reporting in addition to producing regularly scheduled reports.

AMA Business Service Descriptions

39. Predefined Reporting	Predefined queries that are stored in a formatted report within the Business Intelligence (BI) tool.
40. Data Extract Generation	The ability to manually generate data extracts in certain business processes for distribution internally or to external entities and business partners.
41. Management and Administrative Reporting	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.
42. Clinical Data Storage	Supports the storage and access of clinical data from external sources. This includes: - Lab data from Health Tech Solutions (HTS) - Chronic Conditions Data Warehouse (CCDW) data from Centers for Medicare and Medicaid Services (CMS) - Admission, Dischange, and Transfer (ADT) data from One Health Record (OHR) - Medicare Dual Eligible Special Needs Plans (DSNP) data from individual insurance providers.
43. Data Analytics	Supports the analysis of data to identify trends and insights.
44. Data Management	Provides support to align with the Agency's Enterprise Data Governance policies, processes, and procedures. Establishes and maintains data governance and data quality processes. Utilizes metadata and business rules from the Agency's Data Governance Tool, applies them to data, and stores the results of data governance and data quality processes.
45. Data Quality Validation	<TBD>
46. Health Information Exchange	Supports the exchange of health information through connection to Electronic Health Record platforms or through a provider web portal. The Health Information Exchange is also scoped to support the Centers for Medicare and Medicaid Services' Interoperability Rule.
47. Cardiology Prior Authorization Review	Supports the review and determinations associated to prior authorizations for cardiology services.
48. Radiology Prior Authorization Review	Supports the review and determinations associated to prior authorizations for radiology services.

AMA Business Service Descriptions

49. Lock In Management	Supports "locking in" a recipient to specific providers if the recipient is proven to have abused the Medicaid program.
50. Pharmacy Prior Authorization Review	Supports the review and determinations associated to prior authorizations for pharmacy services and medications.
51. Retrospective Drug Utilization Review	Retrospective Drug Utilization Review supports detection of patterns in drug utilization based on defined clinical criteria and interventions to reduce recurrence of inappropriate drug utilization.
52. Ambulance Prior Authorization Review	Supports the review and determinations associated to prior authorizations for ambulance services.
53. Appeals Prior Authorization Review	Supports the review and determinations associated to prior authorizations appeals.
54. DME Prior Authorization Review	Supports the review and determinations associated to prior authorizations for durable medical equipment.
55. Medical Services Prior Authorization Review	Supports the review and determinations associated to prior authorizations for medical services.
56. Private Duty Nursing Prior Authorization Review	Supports the review and determinations associated to prior authorizations for private duty nursing services.
57. Provider Directory Maintenance	The service of maintaining a directory of providers for the purpose of a public directory that the Provider Directory Lookup business service will utilize. Since Provider Management is considered the system of record for provider data, the data used by the lookup service should be provided by Provider Management. This service was previously part of the Provider Directory Lookup overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.
59. Long Term Care Management	The Long Term Care function supports the processing of medical approvals submitted through the Long Term Care (LTC) software from LTC facilities, hospice providers, and waiver providers for recipients who are found financially eligible for long term care or waiver services.

AMA Business Service Descriptions

60. Third Party Liability Processing	The service of processing Third Party Liability (TPL) recovery, claims, and payments performed in Alabama Medicaid Management Information System (AMMIS). Tracks, reports, and pursues dollars owed to Medicaid when claims are paid for recipients who have other insurance coverage. 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.
61. Recipient Enrollment Web Access	Provides web access for recipients to enroll in Medicaid online. While Claims Processing and Management Services (CPMS) will provide the Recipient Web Access service for enrolled recipients to interact with Medicaid online, this service is specifically focused on recipients applying for enrollment. This service was previously part of the Recipient Web Access overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.
62. Provider Enrollment Web Access	Provides an online platform for providers that supports the enrollment process. The functions of this service include submitting applications, managing enrollment information, viewing application status, viewing documents, submitting documents, etc. This service was previously part of the Provider Web Access overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.
63. Provider Information Management	Provides the functionality for maintaining information associated to enrolled providers including demographics, credentials, Medicare status, service location, W9, payments, etc. This service was previously part of the Provider Management overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.

AMA Business Service Descriptions

64. Provider Reference Data Management	Provides the functionality of maintaining reference data about providers including National Provider Identifiers (NPI), license files, and other relevant data sets for provider management. This service was previously part of the Reference Data Management overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.
65. Provider Document Management	Stores and maintains documentation associated to a provider (e.g., provider applications, attestation forms, tax forms, etc.) This service was previously part of the Provider Web Access overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.
66. Provider Enrollment / Maintenance Workflow Management	Provides the workflow functionality for managing applicant providers and enrolled providers. This includes reviewing applications, processing enrollments, and performing maintenance/information updates on provider records. This service was previously part of the Workflow Management overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.
67. Provider Enrollment Interactive Voice Response	Previously labeled as Automated Voice Response, updated to reflect the current proper name. Provides the functionality of automated phone calls for a provider to call to obtain information associated to enrollment. While Claims Processing and Management Services (CPMS) will provide the primary functionality for Interactive Voice Response, provider enrollment related calls will be routed to this functionality in Provider Management. This service was previously part of the Interactive Voice Response (previously Automated Voice Response) overall business service and was further broken down to identify functionality division between Claims Processing and Management Services System (CPMS) and Provider Management modules.