

## **Vendor Selection Announcement**

On May 4, 2015 the Alabama Medicaid Agency issued an Intent to Award Notice to HealthTech Solutions, LLC for the *Medicaid Information Technology Architecture State Self-Assessment Request for Proposal* (RFP Number 2014-MITA-01).

The final award of this contract is subject to review by the Legislative Oversight Committee, approval of the Centers for Medicare and Medicaid Services and signature by Governor Bentley.



ALABAMA MEDICAID AGENCY  
REQUEST FOR PROPOSALS

RFP Number: 2014-MITA-01	RFP Title: Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A) 3.0 RFP	
RFP Due Date and Time: February 4, 2015 by 5:00 pm Central Time	Number of Pages: 118	
<b>PROCUREMENT INFORMATION</b>		
Project Director: Clay Gaddis		Issue Date: December 19, 2014
E-mail Address: <a href="mailto:Tobias.Mense@medicaid.alabama.gov">Tobias.Mense@medicaid.alabama.gov</a>	Issuing Division: Portfolio Management Office	
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a>		
<b>INSTRUCTIONS TO PROPOSERS</b>		
Return Proposal to: Tobias Mense RFP Coordinator Technology Solutions Auburn Montgomery 400 S. Union St., Suite 335 Montgomery, AL 36104	Mark Face of Envelope/Package: RFP Number: 2014-MITA-01 RFP Due Date: February 4, 2015 by 5:00 pm Central Time	
	Firm and Fixed Price:	
<b>PROPOSER INFORMATION</b> (PROPOSER must complete the following and return with RFP response)		
PROPOSER Name/Address:	Authorized PROPOSER Signatory: (Please print name and sign in ink)	
PROPOSER Phone Number:	PROPOSER FAX Number:	
PROPOSER Federal I.D. Number:	PROPOSER E-mail Address:	

Alabama Medicaid Agency

REQUEST FOR PROPOSAL

Medicaid Information Technology Architecture  
State Self-Assessment (MITA SS-A) 3.0 RFP

RFP#: 2014 –MITA-01



December 19, 2014

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# **1 GENERAL INFORMATION**

## **1.1 Background and Objective**

This Request for Proposal (RFP) is issued under the authority of Section 41-16-72 of the Alabama Code and 45 CFR 74.40 through 74.48. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. In accordance with 45 CFR 74.43, the State encourages free and open competition among Vendors.

The Alabama Medicaid Agency is seeking proposals from qualified PROPOSERS to complete a Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) 3.0 for the Alabama Medicaid Agency, hereafter referred to as the AGENCY.

The MITA initiative is a national framework promulgated by the Federal Centers for Medicare & Medicaid Services (CMS) that provides guidance to State Medicaid agencies to improve business operations and supporting information technology (IT). The MITA initiative is intended to foster the integration of business and IT across each State's Medicaid Enterprise. The MITA initiative includes an architecture framework processes, and planning guidelines for enabling each state's Medicaid Enterprise to meet common objectives within the MITA framework.

The SS-A is a process that a state uses to review its strategic goals and objectives, measure its current business processes and capabilities against MITA business capabilities, and ultimately develop target capabilities to transform its Medicaid Enterprise to be consistent with MITA principles. CMS has placed restrictions on enhanced funding to encourage the adoption of MITA into the State Medicaid Enterprise. The MITA initiative includes an architecture framework process, and planning guidelines for enabling each state's Medicaid Enterprise to meet common objectives within the MITA framework.

The purpose of conducting the SS-A is to identify the "As-Is" operations and "To-Be" environment of business, information, and technical capabilities of the State Medicaid Enterprise. Using standard methodologies and tools to document the way a state conducts business now and intends to conduct business in the future, the SS-A facilitates alignment of the State Medicaid Enterprise to MITA Business, Information, and Technical Architectures, as well as the enhanced funding requirements associated with adherence to the Seven Conditions and Standards. The SS-A results will be used to create the RFP for future procurement activities.

The AGENCY, is requesting proposals to obtain a MITA 3.0 assessment consultant, hereinafter referred to as PROPOSER, to the AGENCY. The awarded PROPOSER will perform a MITA SS-A 3.0 assessment of the AGENCY.

## **1.2 Contract Duration**

The initial contract term shall be for a period of two years effective upon the date indicated in the signed contract. Alabama Medicaid shall have one, one year option for extending this contract. However, if exercised this option will not result in additional monies only additional time to complete the project. The selected PROPOSER must start at a time designated by the AGENCY.

The contract resulting from this RFP will be effective on the date indicated in the contract. The length of the defined project is estimated to be up to two (2) years. The project will conclude upon the AGENCY acceptance of the completed SS-A Report and procurement documentation.

### **1.3 RFP Name**

The AGENCY has assigned the following RFP identification name -- it must be referenced in all communications regarding the RFP:

#### **Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A) 3.0 RFP**

RFP#: 2014 – MITA - 01

### **1.4 Terminology**

The use of the term “must” in the RFP constitutes a “required” or “mandatory” requirement and mandates a response from the PROPOSER. Failure by the PROPOSER to respond to any of these requirements in the entire RFP may be considered non-responsive, and if deemed non-responsive may be rejected by the AGENCY.

Where a Section asks a question or requests information (e.g.: “The PROPOSER must provide...”), the PROPOSER 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 PROPOSER’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.

If the PROPOSER cannot adhere to a specific requirement or provide the specific answer or requested information, then the PROPOSER must respond with “EXCEPTION.” (See Section 3.3 for additional instructions regarding exceptions.)

### **1.5 Acronyms**

Acronyms used throughout this RFP can be found in Attachment 9.8.

### **1.6 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 PROPOSER, a basis for delay in performance, nor a basis for legal recovery of damages, either actual, consequential or punitive except to the extent that such inaccuracies are shown by clear and convincing evidence to be the result of intentional misrepresentation by the AGENCY.

### **1.7 Proposal Deadline**

Proposals must be submitted no later than the Proposal Deadline time and date, which is defined in Section 2, RFP Schedule of Events. A PROPOSER must respond to the RFP and any exhibits, attachments, or amendments. A PROPOSER's failure to submit a Proposal as required before the deadline will result in the Proposal being considered non-responsive and will cause the Proposal to be disqualified.

The PROPOSER assumes the risk of the method of dispatch chosen. The AGENCY assumes no responsibility for delays caused by any delivery service. Postmarking by the due date will not substitute for actual Proposal receipt by the AGENCY. Proposals delivered by facsimile transmission will not be accepted. Proposals must be submitted in the proper format as outlined in Section 3, Proposal Format and Content.

## **1.8 Communications Regarding the RFP**

### **1.8.1 Contact with Staff**

The integrity of the RFP process is of paramount importance to the AGENCY and will not be compromised. From the date this RFP is issued through the evaluation process, PROPOSERS and their associates and representatives must not initiate communication with any AGENCY staff, officials, or representatives regarding this Proposal except as provided by Section 1.8. Any unauthorized contact regarding this Proposal may disqualify the PROPOSER from further consideration.

Questions or inquiries regarding the RFP, or the selection process, will be considered only when submitted as directed by the provisions of Section 1.8.6. All communications must be via e-mail to the RFP Coordinator at the e-mail address noted in Section 1.8.2. Any oral communications will be considered unofficial and non-binding to the AGENCY.

### **1.8.2 RFP Coordinator**

The Coordinator for this RFP will be:

Tobias Mense  
Technology Solutions  
Auburn Montgomery  
[Tobias.Mense@medicaid.alabama.gov](mailto:Tobias.Mense@medicaid.alabama.gov)

### **1.8.3 RFP Website**

This RFP, and all notices, amendments, and public communication regarding this RFP will be posted at the following website:

[http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.4\\_Procurement.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.4_Procurement.aspx)

Reasonable effort will be made to maintain reliable and efficient access to this site and its associated content. However, the AGENCY is not liable for any PROPOSER problems or errors (including but not limited to missed deadlines) that may arise due to temporary technical failures related to this website.

### **1.8.4 News Releases**

News Releases pertaining to this RFP must not be made without prior written approval of the AGENCY.

### **1.8.5 Letter of Intent**

A letter of the AGENCY's intent to issue this RFP was mailed on 12/16/2014.

PROPOSER responses to the Letter of Intent to Issue RFP are being used only to collect correspondence information from interested PROPOSERS.

Submittal of a response to the Letter of Intent is not a prerequisite for submitting a Proposal, but it is necessary to facilitate a PROPOSER's notification via e-mail of RFP amendments and other communications regarding the RFP.

#### 1.8.6 Proposer Questions

PROPOSERS with questions requiring clarification or interpretation of any Section within this RFP must submit questions by e-mail to:

[Tobias.Mense@medicaid.alabama.gov](mailto:Tobias.Mense@medicaid.alabama.gov)

Submitted questions and requests for clarification must:

- Cite the subject RFP name identified in Section 1.3,
- List the Section number in question; and
- List the RFP page number.

The RFP Coordinator must receive these requests via e-mail by the deadlines specified in Section 2, RFP Schedule of Events. The AGENCY will review and provide official written answers to all questions received and post on the RFP website defined in Section 1.8.3.

Communications that result in a significant change to the RFP may be listed as an amendment to the RFP. Only posted responses to e-mailed communications will be considered official and binding upon the AGENCY. The AGENCY reserves the right, at its sole discretion, to determine appropriate and adequate responses to PROPOSER questions and requests for clarification.

The AGENCY will send, via e-mail, notice of the online posting of its written responses to written questions, to all PROPOSERS submitting a response to the Letter of Intent.

#### 1.8.7 Addendum

As a result of the questions received or due to other circumstances, the AGENCY may modify or change the RFP. In the event the RFP is modified, the modifications will be posted as a formal addendum and added to the RFP website as defined in Section 1.8.3 and the PROPOSER will be responsible to check for all posted changes. If the changes are major and extensive, the AGENCY may, at its discretion, withdraw this RFP and may or may not issue a replacement. Failure to incorporate addendums in the submitted response may result in the Proposal being considered non-responsive and may result in disqualification.

#### 1.8.8 Oral Presentations

The AGENCY reserves the right to request an oral presentation from the PROPOSERS. The AGENCY will not be liable for any costs associated with the presentation. This presentation must show the capabilities of a PROPOSER to provide the services as outlined in the PROPOSER's Proposal. These presentations could include requests for additional information

and may be part of the evaluation process. Additionally, in conducting presentations, the AGENCY may use information derived from Proposals submitted by competing PROPOSERS without disclosure of the identity of the other PROPOSER.

### **1.9 Legislative Contract Review**

Any consultant services contract resulting from this RFP is subject to review by the Contract Review Permanent Legislative Oversight Committee in accordance with Section 29-2-40, et seq., Code of Alabama (1975). A sample of the Contract Review Report has been provided in Attachment 9.10.

### **1.10 Licensure**

Before a Contract pursuant to this RFP is signed, the PROPOSER must hold all necessary, applicable business and professional licenses to do business in the State of Alabama. The AGENCY may require any or all PROPOSERS to submit evidence of proper licensure.

### **1.11 Proration**

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.

### **1.12 Insurance**

Before a Contract pursuant to this RFP is signed, the PROPOSER must obtain, pay for and keep in force a minimum liability insurance coverage of \$1,000,000 of general liability coverage for each occurrence and shall furnish a certificate to the AGENCY evidencing that such insurance is in effect.

The PROPOSER must ensure that any Subcontractor secure the same insurance coverage as prescribed in this Section.

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## 2 RFP Schedule of Events

The following RFP Schedule of Events represents the AGENCY's best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between 8:00 a.m. and 5:00 p.m., Central Time.

The AGENCY reserves the right, at its discretion, to adjust this schedule as necessary. Notification of any adjustment to the Schedule of Events will be provided via the RFP website defined in Section 1.8.3.

Event	Date
Public Notification of Intent to Issue RFP	12/16/2014
Issuance of RFP (PDF) via <a href="http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.4_Procurement.aspx">http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.4_Procurement.aspx</a>	12/19/2014
Deadline for Submitting Written Questions	01/05/2015
Responses to Proposer Questions Published on RFP Website	01/12/2015
Deadline for Additional Written Questions	01/20/2015
Responses to Proposer Questions Published on RFP Website	01/27/2015
Deadline for Submitting Proposals	02/04/2015
Oral Presentation (if necessary)	04/07/2015 – 04/09/2015 (Estimated Time Frame)
Evaluation Period	02/04/2015 – 04/16/2015
CMS Approval	06/02/2015 – 07/27/2015
Contract Review Committee **	TBD
Official Contract Award/Begin work	TBD

\* \*\*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 "Official Contract Award/Begin 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.

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### **3 Proposal Format and Content**

#### **3.1 General Format**

3.1.1 PROPOSERS must respond to this RFP with a Proposal divided into the following three major Sections:

- (1) Qualifications and Experience;
- (2) Technical Requirements;
- (3) Cost Proposal.

Each of these Sections must reference the RFP Sections to which the PROPOSER must respond.

3.1.2 The PROPOSER must structure its response in the same sequence, using the same labeling and numbering that appears in the RFP Section in question. For example, the Proposal would have a major Section entitled "Proposer Qualifications and Experience." Within this Section, the PROPOSER would include their response, addressing each of the numbered Sections in sequence, as they appear in the RFP: i.e. 4.2.1, 4.2.2, 4.2.3, and so on. The response to each Section must be preceded by the Section text of the RFP followed by the PROPOSER's response.

3.1.3 Use of Electronic Versions of this RFP

This RFP and its attachments are available by electronic means on the RFP website. If accepted by such means, the PROPOSER 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 PROPOSER'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 PROPOSER's proposal in the event of an inconsistency, ambiguity, or conflict.

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

3.1.5 Proposals must be prepared on standard 8 ½" x 11" paper and must be bound. All Proposal pages must be numbered unless specified otherwise. Foldouts containing charts, spreadsheets, and oversize exhibits are permissible. All responses, as well as, any reference material presented, must be written in English.

#### **3.2 Submission**

3.2.1 Location

Proposals must be received at the location below by the date and time specified as the Deadline for Submitting Proposal in the RFP Section 2, Schedule of Events.

Attn: Tobias Mense

RFP Coordinator  
Technology Solutions  
Auburn Montgomery  
400 South Union Street, Suite 335  
Montgomery, AL 36104

It will be the PROPOSER's sole risk to assure delivery at the designated location by the designated time. A Proposal received after the deadline stated in Section 2 will not be accepted and will be disqualified from further consideration.

### 3.2.2 Multiple Proposals

PROPOSERS must not submit multiple Proposals in response to this RFP. A PROPOSER is allowed to submit a Proposal in response to this RFP as the prime contractor and participate in other Proposals as a Subcontractor. There is no limitation regarding the number of Proposals naming a PROPOSER as a Subcontractor.

### 3.2.3 Joint Ventures

Joint ventures are not acceptable in response to this RFP. If multiple PROPOSERS are proposing to jointly perform the project, the Proposal must be submitted in the form of a prime Contractor/Subcontractor(s) arrangement.

### 3.2.4 Proposal Submittal

PROPOSERS must submit one (1) hardcopy Proposals and three (3) softcopy Proposals on CD/DVD or USB flash drive of the entire Proposal to the AGENCY in a sealed package and clearly marked:

**“Proposal in Response to Medicaid Information Technology Architecture 3.0 Self-Assessment RFP- Do Not Open”**

The hardcopy Proposals must be:

3.2.4.1 One (1) complete signed hardcopy Proposal

The softcopy CD/DVD or USB flash drive of the Proposal must contain the following:

3.2.4.2 One (1) complete copy of the Proposal in searchable Adobe Acrobat PDF format;

3.2.4.3 One (1) complete copy of the Proposal in Microsoft Word 2007 or later format;

3.2.4.4 One (1) redacted copy of the Proposal in Microsoft Word 2007 or later format with all material marked confidential removed;

3.2.4.5 Each PROPOSER provided attachment in Microsoft Word 2007 or later format or Acrobat PDF format.

### 3.2.5 Section Coversheet

The first page of each major Section must be a dated cover sheet identifying the PROPOSER signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it. Proposals without signatures of persons legally authorized to bind the PROPOSER to the Proposal may be rejected. The cover sheet must clearly identify the major Section and assigned RFP number. The cover sheet must also include the name of the contact person and contact information of the person authorized to act on behalf of the PROPOSER (do not number this page).

### 3.2.6 Table of Contents

The cover sheet must be followed by the “Table of Contents,” which must list all Sections, subsections, and page numbers.

### 3.2.7 RFP Proposal Sheet

The Proposal must include the completed and signed in ink RFP Proposal Sheet, and the first page of this RFP, as part of the Qualifications and Experience Section. The RFP Proposal Sheet must be signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it.

## 3.3 Exceptions

If a PROPOSER cannot comply with a requirement of the RFP, the PROPOSER must complete Attachment 9.2, Proposer Exceptions and include it as an attachment to the Proposer Qualifications and Experience Proposal. The PROPOSER must fill out a separate sheet for each exception.

## 3.4 Non-Responsiveness

Any Proposal that does not meet the requirements and provide all required documentation may be considered non-responsive; and if deemed non-responsive, the Proposal may be rejected.

## 3.5 Required Review and Waiver of Objections by PROPOSER

PROPOSERS should carefully review this RFP and all attachments for comments, questions, defects, objections, or any other matter requiring clarification or correction (collectively called “Questions”). Questions concerning the RFP must be made via e-mail directly to the RFP Coordinator and must be received by the AGENCY no later than the Deadline for Written Questions detailed in Section 2, RFP Schedule of Events. PROPOSERS are encouraged to submit any PROPOSER identified RFP errors and/or omissions by the AGENCY. This will allow issuance of any necessary amendments and help prevent the opening of defective Proposals upon which a contract award could not be made.

Protests based on any objection will be considered waived and invalid if these faults have not been brought to the attention of the AGENCY, in writing, by the Deadline for Additional Written Questions as defined in Section 2.

## 3.6 Proposal Preparation and Presentation Costs

The AGENCY will not pay any costs associated with the preparation, submittal, or presentation of any Proposal.

### **3.7 Proposal Withdrawal**

PROPOSERS may withdraw a submitted Proposal prior to bid opening. To withdraw a Proposal, the PROPOSER must submit a written request, signed by a PROPOSER representative authorized to sign the resulting contract, to the RFP Coordinator. After withdrawing a previously submitted Proposal, the PROPOSER may submit another Proposal at any time up to the deadline for submitting Proposals, as detailed in Section 2, RFP Schedule of Events.

### **3.8 Proposal Amendment**

The AGENCY will not accept any amendments, revisions, or alterations to Proposals after the deadline for Proposal submittal unless such is formally requested, in writing, by the AGENCY.

### **3.9 Proposal Errors**

The PROPOSER is liable for all errors or omissions contained in their Proposals. PROPOSERS will not be allowed to alter Proposal documents after the deadline for submitting a Proposal. If a PROPOSER needs to change a previously submitted Proposal, the PROPOSER must withdraw the entire Proposal and may submit the corrected Proposal before the Deadline for Submitting Proposals as defined in Section 2.

### **3.10 Incorrect Proposal Information**

If the AGENCY determines that a PROPOSER has provided, for consideration in the evaluation process or contract negotiations, incorrect information of which the PROPOSER knew or should have known was materially incorrect, that Proposal may be determined non-responsive, and the Proposal may be rejected.

### **3.11 Compliance**

All submitted proposals will be initially reviewed by the RFP Coordinator to determine compliance with proposal content requirements as specified in the RFP. The Committee and Medicaid reserve the right, at its sole discretion, to request clarifications of PROPOSER responses to ensure full understanding of the proposal. Clarifications will be limited to specific sections of the proposal identified by the Committee and Medicaid. The RFP Coordinator will contact the PROPOSER to solicit clarifications of responses. The PROPOSER must provide such clarifications in writing to the RFP Coordinator and will be subsequently provided to the Committee and Medicaid for consideration.

A more detailed checklist used by Medicaid can be found in **Attachment 9.14 : Compliance Checklist**.

### **3.12 Proposal Clarifications and Discussions**

The AGENCY reserves the right to request clarifications with any or all PROPOSERS if they are necessary to properly clarify 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 the AGENCY. If clarifications are requested, the PROPOSER must put such clarifications in writing within the specified time frame.

### 3.13 Rights Reserved

- 3.13.1 The AGENCY reserves the right, at its sole discretion, to reject any and all Proposals, to cancel this RFP in its entirety, and to not award any contract.
- 3.13.2 Any Proposal received which does not meet the requirements of this RFP, may be considered to be non-responsive, and the Proposal may be rejected. The PROPOSER must comply with all of the terms of this RFP and all applicable State laws and regulations. The AGENCY may reject any Proposal that does not comply with all of the terms, conditions, and performance requirements of this RFP. The AGENCY also reserves the right to 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).
- 3.13.3 The AGENCY reserves the unilateral right to amend this RFP in writing at any time. The AGENCY also reserves the right to cancel or reissue the RFP at its sole discretion. If an amendment is issued it will be provided to all PROPOSERS submitting a response to the Letter of Intent. The PROPOSER must respond to the final written RFP and any exhibits, attachments, and amendments.
- 3.13.4 The AGENCY reserves the right to adopt to its use all, or any part, of a Proposal and to use any idea or all ideas presented in a Proposal.
- 3.13.5 The AGENCY reserves the right to change its decision with respect to the selection and to select another proposal and negotiate with any PROPOSER whose proposal is within the competitive range with respect to technical plan and cost.

### 3.14 Disclosure of Proposal Contents

Proposals and supporting documents are kept confidential until the evaluation process is complete and a PROPOSER has been selected. The PROPOSER 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 PROPOSER should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "CONFIDENTIAL" on the bottom of the page. The PROPOSER 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" includes 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 Cost Proposal Section may not be marked confidential. It is the sole responsibility of the PROPOSER to indicate information that is to remain confidential. The AGENCY assumes no liability for the disclosure of information not identified by the PROPOSER as confidential. If the PROPOSER identifies its entire Proposal as confidential, the AGENCY may deem the Proposal as non-responsive and may reject it.

### **3.15 Copyright Permission**

By submitting a Proposal, the PROPOSER agrees that the AGENCY may copy the Proposal for purposes of facilitating the evaluation of the Proposal or to respond to requests for public records. By submitting a Proposal, the PROPOSER consents to such copying and warrants that such copying will not violate the rights of any third party. The AGENCY will have the right to use ideas or adaptations of ideas that are presented in Proposals. All proposals become the property of the AGENCY.

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## **4 Qualifications and Experience**

The response to the Proposer Qualifications and Experience Section must be divided into the following:

- RFP Proposal Sheet
- Section Cover Sheet
- Table of Contents
- Proposal Transmittal Letter
- Proposer's Mandatory Qualifications
- Proposer's General Qualifications and Experience
- References
- State and Local Governmental Contractual Experience
- Staffing

## 4.1 Proposal Transmittal Letter

The Proposal Transmittal Letter must be an offer from the PROPOSER 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.

- 4.1.1 The letter must be signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it; the letter must attach evidence-showing authorization to bind the company.
- 4.1.2 The letter must state that the Proposal remains valid for at least three hundred and sixty (360) days subsequent to the Deadline for Submitting Proposals (Section 2, RFP Schedule of Events) and thereafter in accordance with any resulting Contract between the PROPOSER and the AGENCY.
- 4.1.3 The letter must provide the complete legal entity name and Federal Employer Identification Number (FEIN) of the firm making the Proposal.
- 4.1.4 The letter must provide the name, physical location address (a PO Box address is unacceptable), e-mail address, and telephone number of the person the AGENCY should contact regarding the Proposal.
- 4.1.5 The letter must state whether the PROPOSER or any individual who will perform work under the Contract has a possible conflict of interest (i.e. employment by the AGENCY) and, if so, must state the nature of that conflict. The AGENCY reserves the right to cancel an award if any interest disclosed from any source could either give the appearance of a conflict of interest or cause speculation as to the objectivity of the offer. Such determination regarding any questions of conflict of interest will be solely within the discretion of the AGENCY.
- 4.1.6 The letter must state unequivocal understanding of the general information presented in all Sections and agree with all requirements/conditions listed in the RFP. Any and all exceptions to mandatory requirements of the RFP must be defined in Attachment 9.2, Proposer Exceptions.
- 4.1.7 The letter must state that the PROPOSER has an understanding of and will comply with the general terms and conditions as set out in Section 8. Additions or exceptions to the standard terms and conditions are not allowed.
- 4.1.8 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. The percentage of work, as measured by percentage of total contract price, to be performed by the prime consultant must be provided. Subcontracted work must not collectively exceed forty percent (40%) of the total contract price.
- 4.1.9 The letter must state that the PROPOSERS has an understanding of and will comply with the requirements of providing a Performance Bond as stated in Section 6.12.

- 4.1.10 The letter must state that the PROPOSER has an understanding of and will comply with the mandatory requirements as set out in Section 4.2 – Mandatory Requirements. If the PROPOSER cannot comply with one or more of the listed mandatory requirements, the AGENCY may deem the proposal as non-compliant and may reject it.
- 4.1.11 Statement from PROPOSER indicating that the PROPOSER is current on all taxes (federal, state, local) including, but not limited to, taxes on income, sales, property, etc.
- 4.1.12 The letter must state that the PROPOSER acknowledges and complies that the PROPOSER has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a PROPOSER. The AGENCY reserves the right to review and approve any additions or removal of Subcontractors, although such approval will not be unreasonably withheld.

## **4.2 Proposer’s Mandatory Qualifications**

The PROPOSER must reference and respond to the following subsections in sequence and include corresponding documentation as required.

- 4.2.1 The PROPOSER must provide written confirmation that they comply with the provisions of this RFP, without exceptions unless otherwise noted. If PROPOSER fails to provide such confirmation, the AGENCY, at its sole discretion, may determine the Proposal to be a non-responsive, and if deemed non-responsive the Proposal may be rejected.
- 4.2.2 The PROPOSER must complete and submit RFP Attachment 9.1 to comply with the listed conditions.
- 4.2.3 Act 2001-955 requires an Alabama 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. PROPOSERS must go to the URL to download a copy of the Alabama Disclosure Statement.

<http://www.ago.state.al.us/Page-Vendor-Disclosure-Statement-Information-and-Instructions>

The Alabama Disclosure Statement must be filled out by the PROPOSER as well as any Subcontractors and must be submitted with the Proposal and attached to the Qualifications and Experience Section.

## **4.3 Proposer’s General Qualifications and Experience**

### **4.3.1 Proposer General Qualifications and Experience**

To evidence the PROPOSER’s experience in delivering services similar to those required by this RFP, the General Proposer Qualifications and Experience must reference and respond to the following subsections in sequence and include corresponding documentation as required.

The PROPOSER must provide the following:

- 4.3.1.1 A brief, descriptive statement indicating the PROPOSER’s credentials to deliver the services sought under this RFP;
- 4.3.1.2 A brief description of the PROPOSER’s background and organizational history;

- 4.3.1.3 Number of years in business;
- 4.3.1.4 A brief statement of how long the PROPOSER has been performing the services required by this RFP;
- 4.3.1.5 Location of offices and personnel which will be used to perform services procured under this RFP;
- 4.3.1.6 A description of the number of employees and client base as relating to the services procured under this RFP;
- 4.3.1.7 Whether there have been any mergers, acquisitions, or sales of the PROPOSER company within the last five (5) years (and if so, an explanation providing relevant details);
- 4.3.1.8 Form of business;
- 4.3.1.9 A statement as to whether any PROPOSER employees to be assigned to this project have been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, an explanation providing relevant details;
- 4.3.1.10 A statement from the PROPOSER's counsel as to whether there is pending or current litigation which would impair PROPOSER's performance in a Contract under this RFP;
- 4.3.1.11 A statement as to whether, in the last ten (10) years, the PROPOSER has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details;
- 4.3.1.12 A statement as to whether the PROPOSER has ever been disqualified from competition for government contracts because of unsatisfactory performance on contracts; and if so, an explanation providing relevant details;
- 4.3.1.13 A detailed statement of relevant MITA experience and any relevant experience with RFP development in the public sector within the last five (5) years. The narrative in response to this Section must thoroughly describe the PROPOSER's experience with providing the services sought under this RFP and any relevant experience with RFP development. In this Section, the PROPOSER may also provide sample documents describing the PROPOSER's experience;
- 4.3.1.14 The PROPOSER must also include in this Section any experience with Federal requirements for Medicaid programs and/or Medicaid Management Information Systems, or other Federal programs such as Health Insurance Portability and Accountability Act (HIPAA), Food and Drug Administration (FDA), or related service areas.

#### 4.3.2 Subcontractor General Qualifications and Experience

The PROPOSER must be responsible for ensuring the timeliness and quality of all work performed by Subcontractors. If no Subcontractors will be proposed, the PROPOSER must indicate so in this Section.

For each proposed Subcontractor, the PROPOSER must provide the following:

- 4.3.2.1 Subcontractor firm name;
- 4.3.2.2 Percentage of total project and task-specific work the Subcontractor will be providing based upon cost;
- 4.3.2.3 Written statement signed by the Subcontractor that clearly verifies that the Subcontractor is committed to render the services required by the contract;
- 4.3.2.4 A brief, descriptive statement indicating the Subcontractor credentials to deliver the services sought under this RFP;
- 4.3.2.5 A brief description of the Subcontractor's background and organizational history;
- 4.3.2.6 Number of years in business;
- 4.3.2.7 A brief statement of how long the Subcontractor has been performing the services required by this RFP;
- 4.3.2.8 Location of offices and personnel which will be used to perform services procured under this RFP;
- 4.3.2.9 A description of the number of employees and client base;
- 4.3.2.10 Whether there have been any mergers, acquisitions, or sales of the Subcontract's company within the last five (5) years (and if so, an explanation providing relevant details);
- 4.3.2.11 Form of business;
- 4.3.2.12 A statement as to whether any Subcontractor employees to be assigned to this project have been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, an explanation providing relevant details;
- 4.3.2.13 A statement as to whether there is any pending litigation against the Subcontractor; and if such litigation exists, attach an opinion of counsel as to whether the pending litigation will impair the Subcontractor's performance in a Contract under this RFP;
- 4.3.2.14 A statement as to whether, in the last ten (10) years, the Subcontractor has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details;

- 4.3.2.15 A statement as to whether the Subcontractor has ever been disqualified from competition for government contracts because of unsatisfactory performance on contracts; and if so, an explanation providing relevant details;
- 4.3.2.16 A detailed statement of relevant MITA experience in the public sector within the last five (5) years. The narrative in response to this Section must thoroughly describe the Subcontractor's experience with providing the services sought under this RFP. In this Section, the PROPOSER must also provide sample documents describing the Subcontractor's experience;
- 4.3.2.17 A detailed statement of relevant experience with MMIS RFP development (PAPD, IAPD, APD), bid evaluations and contract awards;
- 4.3.2.18 The Subcontractor must also include in this Section any experience with Federal requirements for Medicaid programs and/or Medicaid Management Information Systems, or other Federal programs such as Health Insurance Portability and Accountability Act (HIPAA), Food and Drug Administration (FDA), or related service areas.

#### **4.4 References**

##### **4.4.1 Proposer References**

The PROPOSER must provide three (3) references of similar size and scope for which the PROPOSER served as the prime contractor, within the last five (5) years. These references can be from the private, non-profit, or government sector, but should differ from the State and/or Local Governmental Experience requested in Section 4.5. PROPOSER must not list the AGENCY as a reference. The AGENCY will contact these references to verify PROPOSER's ability to perform the services sought under this RFP. The PROPOSER must notify listed references prior to the submission of the Proposal that representatives from the AGENCY will directly contact the references for scheduling interviews. For each reference, the PROPOSER must provide:

- 4.4.1.1 Client name, address, and telephone number;
- 4.4.1.2 Description of service provided;
- 4.4.1.3 A description of the PROPOSER's roles and responsibilities;
- 4.4.1.4 Projected cost and actual cost of the project;
- 4.4.1.5 Maximum number of staff on-site with the client (over entire period of client service);
- 4.4.1.6 The time period of the project and/or contract must be stated in the form of "from-to" dates (e.g., "Jan. 12 -- March 13"). Do not state this as a length of time (e.g., "two (2) years"), without start and end dates;
- 4.4.1.7 Client's contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each client. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within

ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact a reference after a reasonable effort, evaluation will proceed as if the reference were unfavorable;

- 4.4.1.8 Label the reference responses as follows: "PROPOSER Reference # 1," followed by specific responses to 4.5.1.1 through 4.5.1.7; etc.;

#### 4.4.2 Subcontractor References

For each Subcontractor proposed, the PROPOSER must provide three (3) references of similar size and scope for which the Subcontractor served as the Contractor, preferably within the last five (5) years. These references can be from the private, non-profit, or government sector. Subcontractors must not list the AGENCY as a reference. The AGENCY will contact these references to verify Subcontractor's ability to perform the services sought under this RFP. The PROPOSER must notify listed references prior to the submission of the Proposal that representatives from the AGENCY will directly contact the references for scheduling interviews. For each Subcontractor reference, the PROPOSER must provide:

- 4.4.2.1 Client name, address, and telephone number;
- 4.4.2.2 Description of service provided;
- 4.4.2.3 A description of the Subcontractor's roles and responsibilities;
- 4.4.2.4 Projected cost and actual cost of the project;
- 4.4.2.5 Maximum number of staff on-site with the client (over entire period of client service);
- 4.4.2.6 The time period of the project and/or Contract must be stated in the form of "from-to" dates (e.g., "Jan. 12 -- March 13"). Do not state this as a length of time (e.g., "two (2) years"), without start and end dates;
- 4.4.2.7 Client's contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each client. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact a reference after a reasonable effort, evaluation will proceed as if the reference were unfavorable;
- 4.4.2.8 Label the reference responses as follows: "Subcontractor #1 Reference # 1," followed by specific responses to 4.5.2.1 through 4.5.2.7; etc.

#### **4.5 State and/or Local Governmental Contractual Experience**

4.5.1 The PROPOSER must provide a list of three (3) most recent contractual relationships with other State and/or Local Governmental entities with similar scope and size. PROPOSERS must not list a contractual relationship with the AGENCY. The AGENCY will contact the listed references to verify PROPOSER's ability to perform the services sought under this RFP. The PROPOSER must notify listed references prior to the submission of the Proposal that representatives from the AGENCY will directly contact the references for scheduling interviews. The listing must include:

- 4.5.1.1 Contract number;
- 4.5.1.2 Time period of the project and/or contract;
- 4.5.1.3 Procuring State Agency or Local entity;
- 4.5.1.4 Number of State Agency or Local entity employees;
- 4.5.1.5 Brief description of the services provided;
- 4.5.1.6 Maximum number of staff assigned to project at one time;
- 4.5.1.7 A percentage value of the PROPOSER's involvement in terms of cost of the total project;
- 4.5.1.8 Projected cost and actual cost of the project; and
- 4.5.1.9 Entity contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each entity. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact the entity after a reasonable effort, evaluation will proceed as if the reference were unfavorable.

#### **4.5.2 Subcontractor State and/or Local Governmental Contractual Experience**

For each Subcontractor proposed, the PROPOSER must provide a list of three (3) most recent contractual relationships with other State and/or Local Governmental entities with similar scope and size. Subcontractors must not list a contractual relationship with the AGENCY. The AGENCY will contact the listed references to verify the Subcontractor's ability to perform the services sought under this RFP. The PROPOSER must notify listed references prior to the submission of the Proposal that representatives from the AGENCY will directly contact the references for scheduling interviews. The listing must include:

- 4.5.2.1 Contract number;
- 4.5.2.2 Time period of the project and/or contract;
- 4.5.2.3 Procuring State Agency or Local entity;
- 4.5.2.4 Number of State Agency or Local entity employees;

- 4.5.2.5 Brief description of the services provided;
- 4.5.2.6 Maximum number of staff assigned to project at one time;
- 4.5.2.7 A percentage value of the PROPOSER's involvement in terms of cost of the total project;
- 4.5.2.8 Projected cost and actual cost of the project; and
- 4.5.2.9 Entity contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each entity. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact the entity after a reasonable effort, evaluation will proceed as if the reference were unfavorable.

## **4.6 Staffing**

The PROPOSER must provide the following information for the staff to be assigned to the AGENCY for the duration of contract time.

### **4.6.1 Project Organization Chart**

The PROPOSER must provide a project organization chart that, at a minimum, identifies each key position. The AGENCY reserves the right to interview and approve the individuals assigned to those positions, as well as to approve any later reassignment or replacement, although such approval will not be unreasonably withheld. For each position shown in the project organizational chart, the following must be provided (referencing the subsections in sequence):

- 4.6.1.1 Title;
- 4.6.1.2 Designation as a Key or Non-Key position. The Project Manager and individuals leading teams would be Key positions. Senior technical positions will also be Key and any other positions where the sudden departure of the incumbent would affect the team's ability to stay on schedule;
- 4.6.1.3 Description of project role and responsibilities;
- 4.6.1.4 Percentage of time to be assigned; and
- 4.6.1.5 Percentage of time to be spent onsite.

### **4.6.2 Key Positions**

At a minimum, the Key Positions must include the roles of a Project Manager, a MITA Business Lead and a MITA Technical Lead. Though the PROPOSER may use different position titles, the PROPOSER must clearly specify which is the Project Manager and the MITA Specialists (or clearly described equivalent). The PROPOSER must affirm that their team will be able to meet with the AGENCY either in person, teleconference, webinar, or any other way deemed satisfactory to the AGENCY through the duration of this project.

For each position designated as a Key position, the PROPOSER must provide:

- 4.6.2.1 Name and title of the individual proposed to that position;
- 4.6.2.2 Description of project role and responsibilities;
- 4.6.2.3 Completed Key Position Resume Sheet for each individual as provided in Attachment 9.3 (All Key Position Resume Sheets must be attached to the Proposer Qualification and Experience Section); and
- 4.6.2.4 Designation of the individual as a Contract employee (compensation paid by an organization other than the PROPOSER submitting this Proposal) or staff (compensation paid by the PROPOSER submitting this Proposal);

#### 4.6.3 Staffing Time

The PROPOSER must indicate the normal time required to start work after a Contract is awarded and provide assurances as to the availability of staff for Key positions within that timeframe. The PROPOSER must also indicate the normal timeframe for filling Non-Key positions.

#### 4.6.4 Employment Certification

By submission of this information, the PROPOSER is certifying that the individuals submitted are currently employed within the PROPOSER organization or have been contacted by the PROPOSER and have agreed to join the PROPOSER organization upon Contract award. The AGENCY reserves the right to contact and/or interview submitted personnel prior to Contract award, and the AGENCY reserves the right to approve or reject such personnel.

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## **5 Technical Requirements**

The response to the Technical Section must be divided into the following:

- Section Cover Sheet
- Table of Contents
- Scope of Work
- Definition of Deliverables
- Selected PROPOSER Compensation Structure
- AGENCY Responsibilities
- Additional PROPOSER Responsibilities
- Proposer Technical Requirements

## 5.1 Background

Congress created Medicaid in 1965, under the provisions of Title XIX of the 1965 amendments to the Social Security Act. Medicaid started in Alabama in 1970 as a State Department of Public Health (DPH) program. In 1977, the Alabama Medical Services Administration was made an independent State Agency. In 1981 it was renamed the Alabama Medicaid Agency. The AGENCY is responsible for assuring that Medicaid eligible Alabamians have the opportunity to request and receive Medicaid services by qualifying through an eligibility process. Providers of direct services are reimbursed for medical services received by Medicaid beneficiaries. The AGENCY makes reimbursement for different services and functions using Federal and State matching funds. The Federal Financial Participation's (FFP) Federal Medical Assistance Percentage match (FMAP) for specific Medicaid costs can be up to seventy-five percent (75%) or higher with most other administrative costs receiving fifty percent (50%) Federal funding. The remaining funding percentage is made up of State or other funding sources. Enhanced Federal match of ninety percent (90%) is also available for information systems projects, such as the modernization of the eligibility and enrollment system, for meeting requirements set out in State Medicaid Manual (SMM), 11210 and 42 CFR-433.15 and complying with the Seven Conditions and Standards as defined in the CMS publication Enhanced Funding Requirements: Seven Conditions and Standards of April 2011. As part of the state-federal partnership in administering the Medicaid and Children's Health Insurance Program (CHIP) programs, CMS issues guidance in the form of letters to State Medicaid Directors, letters to State Health Officials (often regarding CHIP policy or financing issues), Informational Bulletins, and Frequently Asked Questions to communicate with states and other stakeholders regarding operational issues related to Medicaid and CHIP. In addition, CMS issues federal regulations that codify statutory provisions and also policies that have been previously outlined in sub-regulatory guidance.

During Fiscal Year 2013, there were 1,095,266 persons eligible for Medicaid in at least one month of the year. The annual average of persons eligible for Medicaid per month was 947,594. The monthly average is the more useful measure of Medicaid coverage because it takes into account the length of eligibility. Of those persons eligible for Medicaid in FY 2013, about 83% actually received care for which the AGENCY paid. These 910,562 persons are referred to as recipients. The remaining persons incurred no medical expenses paid for by the AGENCY. Many of the individuals who had no medical expenses paid for by the AGENCY were partially eligible such as Qualified Medicare Beneficiaries (QMBs) only or Specified Low-income Medicare Beneficiaries (SLMBs).

Alabama's population grew from 4,802,740 in 2011 to 4,878,189 in 2013. The segment of the population eligible for Medicaid services dropped from 22.9% in FY 2012 to 22.5% in FY2013.

The AGENCY'S overall vision is to streamline the eligibility and enrollment process, improve user experiences thereby becoming a national model for enterprise level transformation, modernization and interoperability for Eligibility and Enrollment systems, Medicaid Managed Information Systems (MMIS), Health and Human Services (HHS) Systems and Health Information Systems (HIS) based on the current MITA Framework.

The Alabama Medicaid Mission Statement, Vision, and Values are listed below.

Alabama Medicaid Agency Guiding Principles and Objectives

Alabama Medicaid Guiding Principles	
Alabama Medicaid Mission Statement	To serve eligible, low-income Alabamians by efficiently and effectively financing medical services in order to ensure patient-centered, quality focused healthcare.
Alabama Medicaid Vision	To be a leader through innovation and creativity, focusing on quality and transforming Alabama's healthcare system.
Alabama's Values	<p>“Respect</p> <ul style="list-style-type: none"> <li>We are a caring organization that treats each individual with dignity, empathy, and honesty</li> </ul> <p>Integrity</p> <ul style="list-style-type: none"> <li>Our stakeholders can depend on the quality, trustworthiness, and reliability of the AGENCY's employees and representatives</li> </ul> <p>Excellence</p> <ul style="list-style-type: none"> <li>We are committed to maximizing resources to ensure the residents of Alabama have access to quality healthcare</li> </ul> <p>Teamwork</p> <ul style="list-style-type: none"> <li>Our success depends upon establishing and maintaining effective collaborative partnerships</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>We willingly embrace new ideas and new ways of doing things to effectively meet a changing healthcare environment”</li> </ul>

Medicaid in Alabama currently covers the following groups:

- Infants born to Medicaid-eligible pregnant women;
- Children under age 6 and pregnant women whose family income is at or below one hundred and thirty-three percent (133%) of the Federal poverty level (FPL);
- Children ages 6-18 whose family income is up to one hundred percent (100%) of the Federal poverty level;
- Recipients of adoption assistance;
- Children in foster care through the Department of Human Resources (DHR);
- Children in the care of the Department of Youth Services (DYS);
- Low income families with at least one (1) child under nineteen (19) living in the home who meet the eligibility requirements in the State's Aid to Families with Dependent Children (AFDC) plan in effect on July 16, 1996;
- Supplemental Security Income (SSI) recipients determined eligible by the Social Security Administration (SSA) ;

- Certain Medicare beneficiaries whose income is below a certain limit;
- Special protected groups, including those who lose eligibility for cash assistance or supplemental security income (SSI) due to an increase in earnings from work, Social Security benefits, or child/spousal support;
- Institutionalized individuals with income and resources below a specified level;
- Certain aliens may receive emergency services if they meet all other program requirements except for citizenship/alien status;
- Females under age 65 in need of treatment for breast or cervical cancer who have been referred through the National Breast and Cervical Cancer Early Detection Program;
- Individuals who qualify for optional waiver programs, such as Plan First (family planning), State of Alabama Independent Living (SAIL), Elderly and Disabled, Intellectually Disabled, Technology Assisted, and Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS);

## 5.2 Scope of Work

The following subsections identify tasks the awarded PROPOSER must perform. The PROPOSER must respond to Subsections 5.2.1 until 5.2.14 with separate acknowledge and comply statements.

The awarded PROPOSER must conduct its assessments according to the CMS SS-A Companion Guide, and should refer to that document for recommended details (mostly in tabular form) on how to proceed at each step. In addition to the Companion Guide, it is expected that the PROPOSER will refer to the entire set of CMS MITA 3.0 documentation when actually completing the SS-A.

The assessment of capabilities allows states to categorize business, information, and technical maturity into one (1) of five (5) levels where each higher level brings more operational effectiveness to the State Medicaid Enterprise.

CMS recommends that the SS-A be conducted in five steps as follows:

- Step 1: Prepare for the SS-A project;
- Step 2: Conduct the business architecture SS-A;
- Step 3: Conduct the information architecture SS-A;
- Step 4: Conduct the technical architecture SS-A;
- Step 5: Conduct the Seven Conditions and Standards SS-A;

This five-step process must be followed for each of the major areas (Medicaid business processes, MMIS, systems ancillary to MMIS, and interfaces and interactions between MMIS and Alabama Medicaid's Eligibility and Enrollment systems). Regarding Step 1, an overall SS-A plan will need to be developed, with further details for each major area. For each major area, the following artifacts must be produced for each of Steps 2 through 5 above:

- Current capabilities (as-is);
- Target capabilities (to-be);
- Supporting evidence references;
- SS-A scorecards;

- MITA roadmap;
- Proposed system changes to bridge the gap between as-is and to-be capabilities, along with tentative schedules and cost estimates, plus feasibility and associated costs and target dates for going beyond the to-be levels to achieve full maturity.

In addition, a high-level MITA roadmap and Concept of Operations (COO) document must be developed for the overall Alabama Medicaid Enterprise. The PROPOSER will assist the AGENCY in determining the procurement strategy for the future MMIS by supplying a Procurement Strategy and Recommendation Report. The PROPOSER's report must include cost benefits analysis, recommendation and justification for all procurement options including but not limited to; full procurement, modification and modularization. Also, the PROPOSER will support the procurement activities and develop the core RFP deliverables for the future MMIS.

Medicaid is and necessarily must be a business driven enterprise in order to meet the needs of its consumers, providers, regulators, and other stakeholders. This review will focus on State Medicaid business processes and their degree of alignment with the MITA 3.0 business model with its ten (10) business areas, twenty-one (21) business categories, and eighty (80) business processes. It will lay the foundation for later system-specific assessments.

In preparation for this review, the selected PROPOSER will prepare and present MITA training to State staff, including both the MITA business architecture and the Seven Conditions and Standards. Later training will include the MITA information and technical architectures.

### 5.2.1 Medicaid Business Process Review

The selected PROPOSER must:

- 5.2.1.1 Review the Alabama 2010 MITA 2.0 State Self-Assessment and understand the business model and MITA levels at that time; also review the business model that the AGENCY used in developing its business requirements for the original MMIS Invitation to Bid (ITB);
- 5.2.1.2 Work with the AGENCY staff to document Medicaid business processes and align them with the ten (10) business areas, twenty-one (21) business categories, and eighty (80) business processes of the MITA 3.0 business architecture (BA) to create the as-is business process model (BPM). If necessary, expand the BPM to include any state-specific business processes not covered in the MITA 3.0 BPM;
- 5.2.1.3 Determine the as-is level of maturity by MITA 3.0 business area and business process using MITA 3.0 business capability matrices (BCM); also develop business process descriptions and BCMS for any processes that are not covered by the MITA 3.0 BA;
- 5.2.1.4 Complete an as-is Medicaid business process scorecard;
- 5.2.1.5 Assess, to the extent possible without consideration of actual system architecture, the degree of compliance for each of the ten (10) business areas with each of the Seven

Conditions and Standards using the Seven Conditions and Standards Capability Matrix (SCM);

- 5.2.1.6 Complete the BA portion of an as-is Seven Conditions and Standards scorecard;
- 5.2.1.7 Make recommendations on how Medicaid business areas/processes could be improved to:
  - 5.2.1.7.1 Be more efficient and streamlined;
  - 5.2.1.7.2 Eliminate redundancy;
  - 5.2.1.7.3 Align with the Seven Conditions and Standards, including MITA 3.0. Here, an objective is to identify where principles captured in the Seven Conditions and Standards could be applied, such as modularity, use of business rules and their separation from core programming, application of service-oriented architecture to promote reuse locally and with other states, etc.
- 5.2.1.8 Document these revised business processes and associated workflows in the context of the MITA 3.0 business model;
- 5.2.1.9 Identify to-be levels of maturity and potential timeframes and complete a to-be Medicaid business process scorecard;
- 5.2.1.10 Conduct a gap analysis between the as-is and to-be views and develop a MITA roadmap proposing whether, how, and when the gaps could be closed.

## 5.2.2 MMIS Assessment

The selected PROPOSER must:

- 5.2.2.1 Work with the following stakeholders in order to do the MMIS assessment:
  - 5.2.2.1.1 Alabama Medicaid Agency, and other State Agencies' staff;
  - 5.2.2.1.2 HP, the fiscal agent for Alabama MMIS;
  - 5.2.2.1.3 Other Alabama Medicaid vendors; and
  - 5.2.2.1.4 Alabama Medicaid Project Management/MMIS Office.
- 5.2.2.2 Determine what further training, if any, is necessary to prepare State staff and other stakeholders for the MMIS assessments.

## 5.2.3 Conduct the Business Architecture SS-A

The selected PROPOSER must:

- 5.2.3.1 Review the results of the Medicaid business process with the Medicaid business areas and the MMIS fiscal agent. Identify any recommended changes;

- 5.2.3.2 Validate the as-is level of maturity for each MITA 3.0 business area and business process using MITA 3.0 BCMs. To do this will require that the selected PROPOSER:
  - 5.2.3.2.1 Work with the MMIS fiscal agent and the AGENCY to understand the MMIS business architecture and how individual MITA 3.0 business processes map to MMIS software modules and vice versa. The PROPOSER must give us estimates of the time needed from the MMIS fiscal agent to be included in the APD.
  - 5.2.3.2.2 Become familiar with the operational MMIS system, obtain access to the user acceptance testing (UAT) environment, and actually use the system when deciding the as-is levels of maturity for each business process as measured against the BCM. (Note that the selected PROPOSER will have to sign a business agreement to bind it and its project staff to HIPAA requirements)
- 5.2.3.3 Complete the as-is BA scorecard;
- 5.2.3.4 Work with the AGENCY and MMIS vendor to establish goals and objectives for each business area and business process to determine to-be levels (capabilities, priorities, and dependencies) that are feasible within the constraints of the current MMIS architecture. (Note that some higher level to-be targets, including some from the Medicaid business process review may not be possible with the current system);
- 5.2.3.5 Work with the AGENCY and the MMIS vendor to conduct a gap analysis to determine target levels for the various business areas, summarize the development work necessary to reach those levels, estimate the costs; and assess what changes are cost effective to consider. Document this information in supporting evidence references;
- 5.2.3.6 Based on the results of steps 5.2.3.4 and 5.2.3.5, identify the to-be levels of maturity and timeframes; complete the to-be BA scorecard and fill in the as-is and to-be levels on the business architecture profile.

#### 5.2.4 Conduct the Information Architecture SS-A

The selected PROPOSER must:

- 5.2.4.1 Use the MITA 3.0 BPM (especially shared data) and information capability matrices (ICMs), to evaluate the as-is information architecture (IA) environment for each of the ten (10) business areas. Assess each of the four (4) information capabilities: data management strategy (DMS), conceptual data model (CDM), logical data model (LDM), and data standards;
- 5.2.4.2 Develop (or obtain from the MMIS Vendor/fiscal agent) the as-is CDM for important high level functions, and inputs and outputs of each of the business areas. Document the as-is DMS and data standards;
- 5.2.4.3 Assign an as-is IA level of maturity for each business area;

- 5.2.4.4 Complete the as-is IA scorecard;
- 5.2.4.5 Work with the AGENCY and the MMIS vendor/fiscal agent to establish IA goals and objectives for each business area and business process to create a to-be view;
- 5.2.4.6 Work with the AGENCY and the MMIS vendor/Fiscal agent to conduct a gap analysis to determine realistic IA target levels for the various business areas, summarize the development work necessary to reach those levels, and estimate the costs; assess what changes are cost-effective to consider;
- 5.2.4.7 Based on the results of steps 5.2.4.5 and 5.2.4.6, identify the to-be levels of maturity and timeframes;
- 5.2.4.8 Complete the to-be IA scorecard and fill in the as-is and to -be levels on the information architecture profile.

#### 5.2.5 Conduct the Technical Architecture SS-A

The selected PROPOSER must:

- 5.2.5.1 Use the MITA 3.0 BPM and technical capability matrices (TCMs), to evaluate the as-is technical architecture (TA) environment for each of the ten (10) business areas. Evaluate ODM's as-is TA environment from the perspectives of the technical management strategy, business services, technical services, application architecture, and technology standards;
- 5.2.5.2 Develop, with the support of the MMIS vendor/fiscal agent the as-is technical service models for important high level functions and messages of each of the business areas. Document the as-is technical service areas and classifications;
- 5.2.5.3 Assign an as-is TA level of maturity for each business area;
- 5.2.5.4 Complete the as-is TA scorecard;
- 5.2.5.5 Work with the State and the MMIS vendor/fiscal agent to establish TA goals and objectives for each business area and business process to create a to-be view;
- 5.2.5.6 Work with the State and the MMIS vendor/fiscal agent to conduct a gap analysis to determine realistic TA target levels for the various business areas, summarize the development work necessary to reach those levels, and estimate the costs; assess what changes are cost-effective to consider;
- 5.2.5.7 Based on the results of steps 5.2.5.5 and 5.2.5.6, identify the to-be levels of maturity and timeframes;
- 5.2.5.8 Complete the to-be TA scorecard and fill in the as-is and to-be levels on the technical architecture profile.

#### 5.2.6 Conduct the Seven Conditions and Standards SS-A

The selected PROPOSER must:

- 5.2.6.1 Evaluate Alabama Medicaid's as-is BA, IA, and TAs as they relate to the Seven Conditions and Standards: Modularity, MITA, Industry Standards, Leverage, Business Results, Reporting, and Interoperability. Use the SCM to assess the current level of maturity.
- 5.2.6.2 Use State high level plans for meeting the Seven Conditions and Standards from Alabama Medicaid's latest IAPD as a starting point to prepare for this assessment
- 5.2.6.3 Work with the MMIS vendor/fiscal agent and the AGENCY to understand the MMIS architecture (business, information, and technical) and to what extent it meets each of the Seven Conditions and Standards
- 5.2.6.4 Develop documentation for BA, IA, and TA compliance with each of the Seven Conditions and Standards;
- 5.2.6.5 Assign an as-is level of maturity for each of the Seven Conditions and Standards;
- 5.2.6.6 Complete the as-is Seven Conditions and Standards scorecard;
- 5.2.6.7 Work with the AGENCY and the MMIS vendor/fiscal agent to establish goals and objectives for each business area as it relates to the Seven Conditions and Standards to create a to-be view;
- 5.2.6.8 Work with the AGENCY and MMIS vendor/fiscal agent to conduct a gap analysis to determine Realistic target levels for each business area for each of the Seven Conditions and Standards and summarize the development work necessary to reach those levels. Estimate the costs versus benefits and determine what changes are cost-effective to consider;
- 5.2.6.9 Based on the results of steps 5.2.6.5 and 5.2.6.6, identify the to-be levels of maturity and timeframes;
- 5.2.6.10 Complete the Seven Conditions and Standards scorecard and fill in the as-is and to-be levels on the Seven Conditions and Standards profile.

#### 5.2.7 MMIS MITA Roadmap:

The selected PROPOSER must:

- 5.2.7.1 Work with the AGENCY and the MMIS vendor/fiscal agent to assess whether, how, when, and at what cost the MMIS could be modified to reach full maturity according to the maturity curves for MITA 3.0 and the Seven Conditions and Standards;
- 5.2.7.2 Capture the information pertaining to achieving full maturity, along with the MITA steps that came out of the above MMIS assessments, in a MMIS MITA roadmap.

#### 5.2.8 Ancillary Medicaid Systems Assessment

The following stand-alone systems support the Alabama Medicaid program in some way.

- AMAES – Alabama Medicaid Application and Enrollment System – The legacy State system for determination of eligibility for Medicaid;
- CARES (Centralized Alabama Recipient Eligibility System) –The new state system for determination of Medicaid eligibility.
- LTC – Long Term Care - A stand-alone system that interfaces with our MMIS used in connection with long-term care;
- EDI Translator (Sybase) – A suite of EDI tools that handle EDI message transformation and EDI message handling;
- DSS – Decision Support System – A system fed primarily from the MMIS that uses Business Intelligence for reporting; mainly used by the business areas but also supports SUR and MAR ;
- AVRS – Automated Voice Response System – A telephone system used by provider and recipients for inquiry on eligibility and claim status;
- Provider Electronic Solutions Version 3.3 – The free desktop software supplied to the providers for claims submission, eligibility and prior authorization;
- Provider Web – A web portal that allows providers to update their information, submit claims, check eligibility, check claim status, download reports and 835s;
- Recipient Web – A web portal that allows recipients to verify eligibility, check benefits available, and select managed care providers;
- FEITH – A document management and work flow system;
- EHR - Electronic Health Record Incentive Program) – A systematic collection of electronic health information about an individual patient or population;
- Provider Screening and Enrollment - A system that processes and screens providers for enrollment into the Medicaid program;
- HIE - Health Information Exchange – A system designed to exchange health information within the State of Alabama;

The selected PROPOSER must:

- 5.2.8.1 Perform a SS-A and gap analysis of the MMIS for each of the thirteen (13) systems noted above.
- 5.2.8.2 Consider how each system is used in Medicaid and complete an assessment as outlined in the Scope of Work Section.
- 5.2.8.3 Include how the MMIS may integrate or interact with any health information technologies with development in the state, including but not limited to Centralized Alabama Recipient Eligibility System (CARES)

#### 5.2.9 Seven Conditions and Standards Ancillary Medicaid Systems

The SS-A will include an assessment of compliance with the Seven Standards and Conditions; the process for doing so is as follows:

- 5.2.9.1 With support from the AGENCY and any applicable vendors, evaluate Alabama Medicaid as-is BA, IA, and TAs as they relate to the Seven Conditions and Standards: Modularity, MITA, Industry Standards, Leverage, Business Results, Reporting, and Interoperability;

- 5.2.9.2 Develop documentation for BA, IA, and TA compliance with each of the seven conditions and standards;
- 5.2.9.3 Assign an as-is level of maturity for each of the Seven Conditions and Standards using the SCM;
- 5.2.9.4 Complete the as-is Seven Conditions and Standards scorecard;
- 5.2.9.5 Work with the AGENCY and any applicable vendors to establish goals and objectives for BA, IA, and TA compliance with the Seven Conditions and Standards to create a to-be view;
- 5.2.9.6 Work with the AGENCY and any applicable vendors to conduct a gap analysis to determine realistic target levels for each of the Seven Conditions and Standards and summarize the development work necessary to reach those levels. Estimate the costs versus benefits and determine what changes are cost-effective to consider;
- 5.2.9.7 Identify the to-be levels of maturity and timeframes based on the results of steps 5.2.9.5 and 5.2.9.6;
- 5.2.9.8 Complete the Seven Conditions and Standards scorecard and fill in the as-is and to-be levels of the Seven Conditions and Standards profile.

#### 5.2.10 MITA Roadmaps for Standalone Ancillary Systems:

For each system ancillary to MMIS as a stand-alone system, the selected PROPOSER must:

- 5.2.10.1 Work with the AGENCY and any applicable vendor to assess whether, how, when, and at what cost that system could be modified to reach full maturity according to the maturity curves for the Seven Conditions and Standards;
- 5.2.10.2 Capture the information pertaining to achieving full maturity, along with the to-be steps that came out of the corresponding assessment of the Seven Conditions and Standards, in a MITA roadmap for that system.

#### 5.2.11 Interfaces and Interactions with the Eligibility and Enrollment System

Alabama's current eligibility systems, known as AMAES and CARES, provides intake and eligibility determination support for several of Alabama's Medicaid programs. AMAES is a legacy system that was designed over 30 years ago. As a result, Alabama Medicaid has initiated an eligibility modernization project, the CARES system, to simplify client eligibility based on income, this system is partially implemented. It streamlines eligibility determinations, improves consumer experience and significantly reduces the costs associated with eligibility processes.

## 5.2.12 MITA Roadmaps

As stated earlier, CMS expects all states to prepare and submit a MITA roadmap, and it expects states to continue to make measurable progress implementing its roadmap.

5.2.12.1 As described earlier, the PROPOSER is required to produce initial MITA roadmaps for business processes, MMIS, and each of the ancillary systems. The key MITA roadmap requirements from CMS are:

- The MITA roadmap must address goals and objectives, as well as key activities and milestones, covering a five (5) year outlook for proposed system solutions, as part of the APD process;
- The MITA roadmap document must be updated on an annual basis;
- States should demonstrate how they plan to improve in MITA maturity over the five (5) year period and their anticipated timing for full MITA maturity;
- States should ensure that they have a sequencing plan that considers cost, benefit, schedule, and risk; and
- States must ensure that their BA conforms to the COO and BPM distributed by CMS for specific business functions, or identify any differences.

5.2.12.2 To receive enhanced FFP, States submitting partial system updates will need to submit and have an approved MITA roadmap for achieving full compliance with the Seven Conditions and Standards. (For example, the portion of the MITA roadmap for a system will document plans for future phases). CMS will track progress against the approved roadmap when determining if system updates meet the Seven Conditions and Standards for the enhanced match.

The State MITA roadmap must include:

5.2.12.2.1 Statement of goals and objectives;

5.2.12.2.2 Project management plan;

5.2.12.2.3 Proposed project budget;

Further details are contained in the State Self-Assessment Companion Guide located on the Alabama Medicaid Agency Procurement website.

## 5.2.13 Concept of Operations and Business Process Models

The PROPOSER must collaborate with the AGENCY to produce an overall COO along with business workflows for the business functions that comprise Medicaid. The purpose of the COO is to provide a framework within which the AGENCY can advance its alignment with the MITA Maturity Model. The key business functions will be provided in the following systems/solutions:

5.2.13.1 All Alabama Medicaid business functional areas;

5.2.13.2 MMIS;

5.2.13.3 Systems ancillary to MMIS that support Medicaid; and

#### 5.2.13.4 CARES

The PROPOSER must lead the effort to produce the COO and be responsible for MMIS and the smaller systems ancillary to MMIS. This COO must be updated annually to keep pace with the evolution of the Alabama Medicaid Agency.

#### 5.2.14 Other Work

In addition to the assessment artifacts relating to the Seven Conditions and Standards and MITA 3.0, the PROPOSER must produce the deliverables that are detailed in this Section. The PROPOSER must also be required to keep all of its assessment reports and other artifacts in the standard version control Alabama Medicaid Agency SharePoint site. At a minimum, these artifacts must be checked into the repository at the time of delivery.

##### 5.2.14.1 Project Plan and Schedule

The SS-A Project Plan must be in Microsoft Project for the work breakdown structure, tasks, schedule, and resources and in Microsoft Word for other planning components. It must follow Project Management Body of Knowledge (PMBOK) principles, and must include:

- 5.2.14.1.1 A document describing how the PROPOSER will approach the project and complete the assessments described in the State Self-Assessment Companion Guide, and how it will go about developing target MITA maturity levels supported by plans for achieving those levels;
- 5.2.14.1.2 A complete work breakdown structure (WBS) with detailed descriptions of the work to be performed;
- 5.2.14.1.3 A viable schedule with clearly defined tasks, deliverables, and milestones;
- 5.2.14.1.4 Assumptions, constraints, and dependencies;
- 5.2.14.1.5 Project organization and staffing plan including estimated PROPOSER, AGENCY, fiscal agent and other resources;
- 5.2.14.1.6 Other relevant project artifacts such as management approach, quality management plan, risk and issue management plan, and communications plan; and
- 5.2.14.1.7 Plans for document management and change control.

The PROPOSER must meet with the AGENCY and other vendors at the start of the project for the purpose of:

- Getting familiar with MMIS and systems ancillary to MMIS;
- Becoming familiar with AGENCY strategic modernization initiatives for the Alabama Medicaid Enterprise;
- Agreeing on the approach, plans, goals, and objectives for the SS-A project;
- Establishing the project team(s) that will support the assessments overall, and in each of the major SS-A project areas (MMIS, systems ancillary to MMIS, and planned interactions between MMIS and CARES);

- Solidifying communication plans, including interactions with AGENCY vendors working in the major project areas;
- Updating the project plan;

#### 5.2.14.2 Monthly Status Reports

Throughout the project, the PROPOSER is required to produce regular monthly project status reports along with formal debriefing presentations of the highlights of the status reports.

These reports must include:

- A dashboard (whose format and content has been accepted by the AGENCY) that shows on a single page the overall status of the project;
- A summary of work completed during the previous month along with the PROPOSER's analysis of progress (tasks, deliverables, milestones, and work breakdown elements);
- A summary of work to be performed for the upcoming month (tasks, deliverables, milestones, and work breakdown elements), including any AGENCY and vendor/fiscal agent staff who are needed;
- Analysis of critical issues including any schedule variance/slippage; and
- Risk tracking and assessment, with mitigation strategies.

#### 5.2.14.3 MITA Training

The selected PROPOSER must work with the AGENCY to finalize the training plan, including what will be taught to whom and when. This training should be delivered on a just-in-time basis to the AGENCY staff and identified vendors associated with each area of assessment.

Subtasks relevant to MITA training include:

##### 5.2.14.3.1 Development of a curriculum that includes:

5.2.14.3.1.1 An overview of the systems to be evaluated along with key elements of the SS-A work plan and schedule;

5.2.14.3.1.2 MITA 3.0 terminology and the MITA 3.0 business, information, and technical architecture;

5.2.14.3.1.3 The Seven Conditions and Standards;

5.2.14.3.1.4 The State Self-Assessment Companion Guide and associated CMS requirements;

5.2.14.3.1.5 The roles and responsibilities of the AGENCY staff.

##### 5.2.14.3.2 Preparation (in coordination with the AGENCY) and electronic delivery of all training materials (e.g., written overview, goals and objectives, and handouts for participants);

- 5.2.14.3.3 At a minimum, provision for two (2) on-site half-day training sessions for approximately thirty (30) people for each of the major assessment areas (MMIS, systems ancillary to MMIS, and a high-level view of interfaces between MMIS and the rest of the Medicaid Enterprise);
- 5.2.14.3.4 Tracking the number of participants at each session via a sign-in log and attachments of training materials;
- 5.2.14.3.5 Training classes end with a Survey approved by the AGENCY and results should be provided to the AGENCY.

#### 5.2.14.4 MITA, Seven Conditions and Standards and COO Governance Plan

The PROPOSER is required to work with the AGENCY to develop and document MITA and Seven Conditions and Standards governance process.

This process must include:

- 5.2.14.4.1 Method to identify representative for each impacted area;
- 5.2.14.4.2 A governance structure;
- 5.2.14.4.3 Proposed meeting frequency;
- 5.2.14.4.4 Method to identify changes
- 5.2.14.4.5 Method to update and maintain MITA 3.0 and Seven Conditions and Standards and COO.

#### 5.2.14.5 Software Licensing

The PROPOSER must provide the AGENCY all software necessary to maintain SS-documentation, MITA roadmaps, and/or any other documentation. The PROPOSER represents and warrants each of the following:

- 5.2.14.5.1 PROPOSER has sufficient right, title, and interest in all Software to grant the license required in this RFP;
- 5.2.14.5.2 All software used on the project must be approved by the AGENCY.
- 5.2.14.5.3 All software provided does not infringe upon or constitute a misuse or misappropriation of any patent, trademark, copyright, trade secret, or other proprietary right;
- 5.2.14.5.4 All software provided does not contain any hidden files not known and approved by the AGENCY;
- 5.2.14.5.5 All software provided does not replicate, transmit or activate itself without control of a human operating the computing equipment on which it resides in a manner not known and approved by the AGENCY;
- 5.2.14.5.6 All software provided does not alter, damage or erase any data or computer

programs without control of a human operating the computing equipment on which it resides in a manner not known and approved by the AGENCY;

- 5.2.14.5.7 All software provided and any software Updates, software maintenance, software patches/fixes, and software upgrades provided must not contain viruses, malware, spyware, key logger, back door or other malicious or unrequested covert communications, or any computer code intentionally designed to disrupt, disable, harm, restrict, impair, or otherwise impede in any manner, including aesthetical disruptions or distortions, the operation of the computer program, or any other associated software, firmware, hardware, or computer system, (including local area or wide-area networks), in a manner not known and approved by the AGENCY;
- 5.2.14.5.8 All software provided does not and will not contain any computer code that would disable the software or impair in any way its operation based on the elapsing of a period of time, exceeding an authorized number of copies, advancement to a particular date or other numeral, or other similar self-destruct mechanisms (sometimes referred to as a “time bombs”, “time locks”, or “drop dead” devices), or that would permit PROPOSER to access the Software to cause such disablement, restriction, or impairment (sometimes referred to as “trap door” devices) of the AGENCY’s access.
- 5.2.14.5.9 PROPOSER must ensure that all software licenses, warranties and support contracts required to use, maintain and support are in the AGENCY’s name.
- 5.2.14.5.10 PROPOSER must provide to the AGENCY any passwords or IDs for the software.

### 5.3 Definition of Deliverables

This Section provides details for the assessments that comprise the initial scope for the State Self-Assessment.

Deliverables	Description	Comments
State Self-Assessment (SS-A) Project Plan – Approach to SS-A	Comprehensive description of how the PROPOSER will approach the MITA SS-A	Meet with AGENCY and revise within one (1) month of start of project
SS-A Project Plan – WBS, Schedule, Contractor, fiscal agent, AGENCY and PROPOSER resources	This part of the project plan must be submitted in Microsoft Project	Meet with AGENCY and revise within one (1) month of start of project
SS-A Project Plan – Other artifacts	Plans for risk, communications, change control, and quality management; training plan; metrics, constraints and assumptions, tools, lessons learned etc.	Meet with AGENCY and revise within one (1) month of start of project
MITA, Seven Conditions and Standards and COO Governance	Plan to maintain the MITA 3.0 assessment, Seven Conditions	

Plan	and Standards and COO	
Monthly Status Reports	Report and presentation of project status including a one (1)page dashboard, tasks completed in previous month and planned for next month, issues, risks, variance, etc.	
MITA Training Plan and Delivery	MITA training will be needed for AGENCY employees and identified vendors who will support the SS-A process. The AGENCY and PROPOSER will decide on how much training is needed once the project begins.	
Medicaid Business Process SS-A – As-Is Assessment	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- As-is BPM with capability levels</li> <li>- As-is BA scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> <li>- As-is documentation for BA compliance with the seven conditions and standards and assignment of the level of maturity using the SCM as a guideline</li> <li>- As-Is Seven Conditions and Standards scorecard for BA</li> </ul>	
Medicaid Business Process SS-A – To-Be Assessment	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- To-be BA goals and objectives</li> <li>- To-be BA targets and levels of maturity</li> <li>- To-be BA Scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> <li>- Documented to-be business processes and workflows that align with MITA 3.0</li> <li>- To-be documentation for BA compliance with the seven conditions and standards and</li> </ul>	

	<p>assignment of the level of maturity using the SCM as a guideline</p> <ul style="list-style-type: none"> <li>- To-be Seven Conditions and Standards scorecard for BA</li> <li>- Gap analysis</li> <li>- BA profiles for BPM and Seven Conditions and Standards</li> </ul>	
<p>Medicaid Business Process MITA Roadmap</p>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- Statement of goals and objectives, which includes the five (5) year roadmap</li> <li>- To-be steps that will be made in the short term to advance along the MITA maturity curves for MITA 3.0 and the Seven Conditions and Standards</li> <li>- Assessment of whether, how, when, and at what cost Medicaid business processes could be modified to reach full maturity according to the maturity curves for MITA 3.0 and the Seven Conditions and Standards</li> <li>- Project management plan</li> <li>- Proposed project budget</li> </ul>	
<p>MMIS Business Architecture SS-A – As-Is Assessment</p>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- As-is BPM with capability levels</li> <li>- As-is BA scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> </ul>	
<p>MMIS Business Architecture SS-A – To-Be Assessment</p>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- To-be BA goals and objectives</li> <li>- To-be BA targets and levels of maturity</li> <li>- To-be BA Scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> <li>- Gap analysis</li> </ul>	

	- BA profile	
MMIS Information Architecture SS-A – As-Is Assessment	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- As-is IA environment for each of the ten (10) business areas (using the BPM and ICMs) with capability levels based upon evaluation of DMS, CDM, LDM, and data standards</li> <li>- As-is IA scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> </ul>	
MMIS Information Architecture SS-A – To-Be Assessment	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- To-be IA goals and objectives</li> <li>- To-be IA targets and levels of maturity for each BA (using the BPM and ICMs) to evaluate DMS, CDM, LDM, and data standards</li> <li>- To-be IA scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> <li>- Gap analysis</li> <li>- IA profile</li> </ul>	
MMIS Technical Architecture SS-A – As-Is Assessment	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- As-is TA environment for each of the ten (10) business areas (using the BPM and TCMs) with capability levels based upon evaluation of technical management strategy, business services, technical services, application architecture, and technology standards</li> <li>- As-is technical service models for high-level functions and messages for each BA</li> <li>- As-is IA scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> </ul>	

<p>MMIS Technical Architecture SS-A – To-Be Assessment</p>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- To-be TA goals and objectives</li> <li>- To-be TA targets and levels of maturity for each BA (using the BPM and TCMs) to evaluate technical management strategy, business services, technical services, application architecture, and technology standards</li> <li>- To-be TA scorecard – including levels, performance measures, and supporting evidence references</li> <li>- Exceptions</li> <li>- Gap analysis</li> <li>- TA profile</li> </ul>	
<p>MMIS – Seven Conditions and Standards SS-A – As-Is Assessment</p> <ul style="list-style-type: none"> <li>- Modularity</li> <li>- MITA</li> <li>- Industry Standards</li> <li>- Leverage</li> <li>- Business Results</li> <li>- Reporting</li> <li>- Interoperability</li> </ul>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- As-is documentation for BA, IA, and TA compliance with the Seven Conditions and Standards and assignment of the level of maturity using the SCM as a guideline</li> <li>- As-is with the Seven Conditions and Standards scorecard – including levels, performance measures, and supporting evidence references</li> </ul>	
<p>MMIS – Seven Conditions and Standards SS-A – To-Be Assessment</p> <ul style="list-style-type: none"> <li>- Modularity</li> <li>- MITA</li> <li>- Industry Standards</li> <li>- Leverage</li> <li>- Business Results</li> <li>- Reporting</li> <li>- Interoperability</li> </ul>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- To-be goals and objectives for the seven conditions and standards</li> <li>- To-be target levels of maturity for BA, IA, and TA compliance with the Seven Conditions and Standards</li> <li>- To-be Seven Conditions and Standards scorecard – including proposed levels, performance measures, and supporting evidence references</li> <li>- Seven Conditions and Standards profile for as-is and to be levels</li> </ul>	

<p>MMIS MITA Roadmap</p>	<p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- Statement of goals and objectives that includes the five (5) year roadmap</li> <li>- To-be steps that will be made in the short term to advance along the MITA maturity curves for MITA 3.0 and the Seven Conditions and Standards</li> <li>- Assessment of whether, how, when, and at what cost MMIS could be modified to reach full “to-be” maturity according to the maturity curves for MITA 3.0 and the seven conditions and standards</li> <li>- Project management plan</li> <li>- Proposed project budget</li> </ul>	
<p>Screening of Ancillary Medicaid Systems –</p>	<p>For each system:</p> <ul style="list-style-type: none"> <li>- Document its functions and interfaces</li> <li>- Conduct an SS-A of compliance with the seven conditions and standards</li> <li>- Artifacts from this analysis include: <ul style="list-style-type: none"> <li>- A summary document the functions and interfaces for each system.</li> </ul> </li> </ul>	<p>Within two (2) months of start of project</p>
<p>Ancillary Systems – Seven Conditions and Standards SS-A – As-Is Assessments</p> <ul style="list-style-type: none"> <li>- Modularity</li> <li>- MITA</li> <li>- Industry Standards</li> <li>- Leverage</li> <li>- Business Results</li> <li>- Reporting</li> <li>- Interoperability</li> </ul>	<p>For all ancillary system, conduct an as-is assessment of compliance with the seven conditions and standards</p> <p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- As-is documentation for BA, IA, and TA compliance with the Seven Conditions and Standards and assignment of the level of maturity using the SCM as a guideline</li> <li>- As-Is Seven Conditions and Standards scorecard – including levels, performance measures, and supporting evidence</li> </ul>	

	references	
<p>Ancillary Systems – Seven Conditions and Standards SS-A – To-Be Assessments</p> <ul style="list-style-type: none"> <li>- Modularity</li> <li>- MITA</li> <li>- Industry Standards</li> <li>- Leverage</li> <li>- Business Results</li> <li>- Reporting</li> <li>- Interoperability</li> </ul>	<p>For all ancillary system, conduct an to-be assessment of compliance with the seven conditions and standards</p> <p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- To-be goals and objectives for the Seven Conditions and Standards</li> <li>- To-be target levels of maturity for BA, IA, and TA compliance with the Seven Conditions and Standards</li> <li>- To-be Seven Conditions and Standards scorecard –including proposed levels, performance measures, and supporting evidence references</li> <li>- Seven Conditions and Standards profile for as-is and to-be levels</li> </ul>	
<p>MITA Roadmap for Ancillary Systems – Seven Conditions and Standards SS-A – To-Be Assessment</p> <ul style="list-style-type: none"> <li>- Modularity</li> <li>- MITA</li> <li>- Industry Standards</li> <li>- Leverage</li> <li>- Business Results</li> <li>- Reporting</li> <li>- Interoperability</li> </ul>	<p>Create a MITA roadmap for each ancillary system</p> <p>Artifacts include:</p> <ul style="list-style-type: none"> <li>- Statement of goals and objectives which includes the five (5) year roadmap</li> <li>- To-be steps that will be made in the short term to advance along the MITA maturity curves for the seven conditions and standards</li> <li>- Assessment of whether, how, when, and at what cost each retained system ancillary to MMIS could be modified to reach full maturity according to the maturity curves for the Seven Conditions and Standards</li> <li>- Project management plan</li> <li>- Proposed project budget</li> </ul>	
<p>Alabama Medicaid Enterprise MITA Roadmap – Covers Alabama Medicaid Agency MMIS, Ancillary Systems, and Eligibility Systems</p>	<p>Consolidate MITA roadmaps for Alabama Medicaid Agency, the MMIS, systems ancillary to MMIS, and the eligibility systems</p> <p>Artifacts include:</p>	

	<ul style="list-style-type: none"> <li>- Statement of goals and objectives which includes the five (5) year roadmap</li> <li>- Project management plan</li> <li>- Proposed project budget</li> </ul>	
State Medicaid Concept of Operations and Business Process Models	<p>Develop a COO along with business workflows, for the different business functions of Alabama Medicaid's program and align it with what is provided by CMS</p> <p>This COO should cover MMIS, the ancillary systems, and the Eligibility systems</p>	
State Medicaid Procurement Documentation	<p>Provide deliverables for the procurement of the future MMIS including, but not limited to;</p> <ul style="list-style-type: none"> <li>• Procurement Strategy and Recommendation Report</li> <li>• Any Advanced Planning Documents (IAPD, PAPD, APD-U)</li> <li>• Technical and application system requirements</li> <li>• Any attachments or data required for supporting documents</li> </ul>	

**5.4 Selected PROPOSER Compensation Structure**

- 5.4.1 Compensation will be made on a reimbursement basis for the deliverables produced to meet the scope of work identified in this RFP. All overhead and administrative costs must be included in the proposed cost for each deliverable.
- 5.4.2 The PROPOSER must provide an invoice to the AGENCY in a fashion that enables the AGENCY to identify what work has been done, at what cost, and on which deliverable. Other invoice details may be required for processing.
- 5.4.3 The contract must be formally amended to accommodate any changes in, or additions to the work before any additional costs are incurred. Any such amendments are subject to all required contract and funding approvals.

5.4.4 All overhead costs, including administrative, indirect, travel, etc., must be included in the deliverable costs. The AGENCY will not reimburse the selected PROPOSER for these costs separately.

## **5.5 AGENCY Responsibilities**

The following subsections identify tasks the AGENCY will perform. PROPOSER must respond to Subsections 5.5.1 until 5.5.4 with separate acknowledge and comply statements.

### **5.5.1 AGENCY Project Management Responsibilities**

The AGENCY will:

- 5.5.1.1 Provide input and clarifications to the MITA 3.0 PROPOSER for developing the deliverables.
- 5.5.1.2 Manage the MITA 3.0 Project Risk Management Plan and process.
- 5.5.1.3 Ensure required AGENCY staff members are available to the PROPOSER based on the approved Project Plan.
- 5.5.1.4 Review and approve Project Management and status reporting protocols.
- 5.5.1.5 Review and comment on draft deliverables.
- 5.5.1.6 Review and approve final deliverables.
- 5.5.1.7 Review all deliverables within ten (10) working days, unless otherwise determined by the AGENCY PM.
- 5.5.1.8 Monitor the MITA 3.0 PROPOSER performance.

### **5.5.2 AGENCY Project Initiation Responsibilities**

The AGENCY will:

- 5.5.2.1 Support project kickoff activities including but not limited to meeting scheduling, meeting space, AGENCY participation.
- 5.5.2.2 Provide input and clarifications to the PROPOSER for developing the deliverables.
- 5.5.2.3 Review and comment on draft deliverables.
- 5.5.2.4 Review all deliverables within ten (10) working days, unless otherwise determined by the AGENCY PM.
- 5.5.2.5 Monitor the MITA 3.0 PROPOSER performance.

### 5.5.3 AGENCY Assessment Activities

The AGENCY will:

- 5.5.3.1 Provide current MITA 3.0 and related systems documentation, including user manuals, system narratives, program logic; file structures, record forms, data definitions, and performance standards.
- 5.5.3.2 Respond to the MITA 3.0 PROPOSER's questions regarding Alabama's Medicaid Program policy, procedures, scope of services, and business processes.
- 5.5.3.3 Provide staff to participate in planning sessions and to participate in scheduled meetings and walk-through of MITA 3.0 Project deliverables.
- 5.5.3.4 Review and comment on draft deliverables.
- 5.5.3.5 Review and approve final deliverables.
- 5.5.3.6 Provide all deliverables within ten (10) working days, unless otherwise determined by the AGENCY PM.
- 5.5.3.7 Monitor MITA 3.0 PROPOSER's performance.

### 5.5.4 AGENCY Training Responsibilities

The AGENCY will:

- 5.5.4.1 Provide training facilities.
- 5.5.4.2 Participate in training sessions.
- 5.5.4.3 Review and comment on draft deliverables.
- 5.5.4.4 Review and approve final deliverables.
- 5.5.4.5 Review all deliverables within ten (10) working days, unless otherwise determined by the AGENCY PM
- 5.5.4.6 Monitor MITA 3.0 PROPOSER's performance.

## **5.6 Additional PROPOSER Responsibilities**

The following subsections identify tasks the awarded PROPOSER must perform. The PROPOSER must respond to Subsections 5.6. 1 until 5.6. 4 with separate acknowledge and comply statements.

### 5.6.1 MITA 3.0 PROPOSER Project Management Responsibilities

The PROPOSER must:

- 5.6.1.1 Provide a structured method for documenting and analyzing the AGENCY's current Medicaid Business Enterprise, including consideration of the Seven Conditions and Standards maturity guidelines and scorecards, and the completion of SS-A scorecards used to assist with data collection and maturity evaluation.
- 5.6.1.2 Align Medicaid business areas to MITA business areas and business processes.
- 5.6.1.3 Define levels of business maturity to help shape the future vision of the State Medicaid Enterprises.
- 5.6.1.4 Provide a comprehensive MITA 3.0 Strategy and Methodology for the MITA Management Task.
- 5.6.1.5 Produce and deliver an initial MITA 3.0 Project Work Plan. The Project Work Plan must include the estimated schedule showing the tasks, subtasks, and associated MITA 3.0 resources that will be required to satisfy the scope of work. This Project Work Plan will be adjusted and coordinated with the MITA 3.0 Project schedule and work plan.
- 5.6.1.6 Provide updates to MITA 3.0 Strategy and Methodology document throughout the project.
- 5.6.1.7 Prepare and submit MITA 3.0 monthly Project Status Reports. The MITA 3.0 Monthly Status Report must include Risk Assessment status and risk mitigation recommendations. The PROPOSER must attend meetings and present the MITA 3.0 Project status report, as required by the AGENCY PM and CMS.
- 5.6.1.8 Prepare and submit MITA 3.0 PROPOSER deliverables for AGENCY PM review and comment.
- 5.6.1.9 Conduct walk through of deliverables as required by AGENCY PM.
- 5.6.1.10 Coordinate with the MITA Project team to assure resolution of identified issues.
- 5.6.1.11 Maintain copies of all project documents in the AGENCY's SharePoint repository
- 5.6.1.12 Provide MITA 3.0 Strategies and Methodology document for the Project Initiation Task.
- 5.6.1.13 Provide templates for project documents.
- 5.6.1.14 Deliver MITA plans including, but not limited to:
  - MITA 3.0 Project Plan - Detailed
  - MITA 3.0 Project Schedule
  - Change/Issue Management Plan
  - Internal and External Communication Plan
  - Quality Assurance Plan

- Risk Management Plan
- Project Charter

5.6.1.15 Conduct project Kick-Off Meeting.

## 5.6.2 MITA 3.0 PROPOSER Administrative Responsibilities

The PROPOSER must:

- 5.6.2.1 Provide MITA 3.0 Strategy and Methodology for Documentation Review (Technical and Operational) and update as needed.
- 5.6.2.2 Provide meeting agenda prior to the scheduled meetings.
- 5.6.2.3 Schedule meetings a minimum of two (2) days in advance.
- 5.6.2.4 Provide necessary paper handouts for meetings.
- 5.6.2.5 Produce and distribute meeting minutes within three (3) days following the meetings and update as requested.
- 5.6.2.6 Track and follow-up on any action items identified during the meetings.
- 5.6.2.7 Participate in review of documentation deliverables, as determined by the AGENCY.
- 5.6.2.8 Verify and validate MITA 3.0 Project draft and final deliverables.
- 5.6.2.9 Provide written comments on MITA 3.0 Project draft and final deliverables.

## 5.6.3 MITA 3.0 PROPOSER Procurement Responsibilities

The PROPOSER must:

- 5.6.3.1 Support the procurement activities and develop the core RFP deliverables for the future MMIS Fiscal Agent and MMIS Solution
- 5.6.3.2 Support the evaluation process by action as Subject Matter Expert as needed
- 5.6.3.3 Produce procurement documents including, but not limited to any Advanced Planning Documents (IAPD, PAPD, APD-U), the content of the procurement documents, technical and application system requirements, any attachments or data required for supporting documents, and proposal evaluation
- 5.6.3.4 Provide documentation to rationalize the recommended requirements
- 5.6.3.5 Identify/make recommendations for MMIS to become more modular Track and follow-up on any action items identified during the meetings.

## 5.6.4 Acceptance Criteria

The following criteria will be used, but not limited to, by the AGENCY to determine acceptance of the services and/or deliverables provided by the PROPOSER under this RFP:

- Project plans to be executed according to a standard dictated by the AGENCY PM
- Deliverables document the validity of the requested development process relative to current industry standards
- Documentation and deliverables conform to the acceptance and adequacy standards dictated by the AGENCY PM
- All required documentation, as specified by the AGENCY PM, will be delivered within mutually agreed-upon time frames
- All required documentation will meet minimum standards for quality as specified by the AGENCY PM

## 5.7 Proposer Technical Requirements

### 5.7.1 Relevant Technical Experience

The PROPOSER must describe the proposed project team's experience in regards to each of the following items:

- 5.7.1.1 Contracts with other state Medicaid Agencies relative to SS-A and MITA.
- 5.7.1.2 Working with CMS on IT Gate Reviews and Enterprise Life Cycle Models;
- 5.7.1.3 Performing Business Process Analyses and IT Assessments.
- 5.7.1.4 Providing technical assistance for projects involving an enterprise-wide architecture, networking, multiple systems integration, hardware, and software.
- 5.7.1.5 Performing assessments on Medicaid-related systems and offering best practices for improvement
- 5.7.1.6 Supporting projects that involve the CMS Seven Conditions and Standards including MITA and its three (3) sub architectures – business, information and technical.
- 5.7.1.7 Understanding of HHS programs such as Medicaid and Medicare, TANF, SNAP, and other public assistance programs, and their associated business processes.
- 5.7.1.8 Providing Technical Writing.
- 5.7.1.9 Working with MS SharePoint.

### 5.7.2 Project Approach and Methodology

The PROPOSER must:

- 5.7.2.1 Describe the proposed project team's experience in regards to a structured Project Management methodology.
- 5.7.2.2 Describe the formal Project Management methodology to be used.
- 5.7.2.3 Describe the PROPOSER's mechanism to track the progress of project activities.
- 5.7.2.4 Describe a proposed communication plan to detail how the PROPOSER will communicate with stakeholders, the Project Management Office, and the development team.
- 5.7.2.5 Describe how the PROPOSER will monitor and report the project status to the PMO.
- 5.7.2.6 Provide a proposed MITA 3.0 project schedule to be used in completing this project. The description of the project plan must include but is not limited to the following items:
  - Summary of the overall plan for MITA 3.0 consultant services
  - Description of necessary relationships between the PROPOSER, Subcontractors and AGENCY personnel to include:
    - Gantt chart which describes assignments, who will perform them and when they will be performed, to include completion dates
    - Estimated time requirements for all AGENCY employees corresponding to the Gantt chart
  - Preliminary project timelines and milestones

### 5.7.3 Roles and Responsibilities Strategies

For each of the following Sections (5.7.3.1 until 5.7.3.11), the PROPOSER must describe in detail the following four (4) questions:

- How will the task be performed?
- What problems need to be overcome?
- What functions will be performed by PROPOSER's staff?
- What assistance will be needed from the AGENCY, if any?

- 5.7.3.1 Medicaid Business Process Review
- 5.7.3.2 MMIS Assessment
- 5.7.3.3 Conduct the Business Architecture SS-A
- 5.7.3.4 Conduct the Information Architecture SS-A
- 5.7.3.5 Conduct the Technical Architecture SS-A
- 5.7.3.6 Conduct the Seven Conditions and Standards SS-A

- 5.7.3.7 MITA Roadmaps
- 5.7.3.8 Concept of Operations and Business Process Models
- 5.7.3.9 MITA, Seven Conditions and Standards and COO Governance Plan
- 5.7.3.10 MITA 3.0 PROPOSER Procurement Responsibilities
- 5.7.3.11 MITA 3.0 PROPOSER Administrative Responsibilities

#### 5.7.4 Documentation and Reporting

The PROPOSER must:

- 5.7.4.1 Describe the PROPOSER's guidelines and standards for documentation and reporting.
- 5.7.4.2 Describe the types of deliverables typically performed as part of the requested MITA 3.0 consultant services
- 5.7.4.3 Provide a sample of a monthly status report as described in Section 5.2.14.2.

#### 5.7.5 MITA Training

Training is defined as any task necessary from the PROPOSER for the intentions of bringing AGENCY personnel to an agreed standard of proficiency in the areas of MITA 3.0 SS-A. The AGENCY will not be limited to this definition but will require the PROPOSER to ensure proper proficiency in all aspects of required methodologies for the AGENCY's MITA 3.0 SS-A. The task must be in the formats of on-site train the trainer and on-site classroom training.

The PROPOSER must describe:

- 5.7.5.1 Training approach and methodology
- 5.7.5.2 The role and experience of Key Trainers
- 5.7.5.3 A proposed MITA 3.0 training plan
- 5.7.5.4 Training on any necessary tools and methodologies used to develop and update the MITA 3.0 and provide +a sample curriculum.
- 5.7.5.5 Sample training materials (e.g. training day overview, training goals and objectives, and other training handouts and materials)
- 5.7.5.6 Provide a sample end of training survey

#### 5.7.6 MITA 3.0 SS-A Software

The PROPOSER must provide information on the software including:

- 5.7.6.1 Screenshot of the tool
- 5.7.6.2 Description of the software
- 5.7.6.3 Warranty and Support information for the software
- 5.7.6.4 Security for the software
- 5.7.6.5 Reporting capabilities within the software

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## **6 Cost Proposal**

- 6.1** The Cost Proposal will be used as the primary representation of the PROPOSER's cost/price, and will be used during the Proposal evaluation. Additional information should be included as necessary to explain in detail the PROPOSER's cost/price.
- 6.2** Pricing information must be included in the Cost Proposal Section, and only in the Cost Proposal Section; no pricing information must be included in any other Section responses. Inclusion of Cost Proposal information in any other Section may result in the Proposal being considered as non-responsive, and may result in disqualification.
- 6.3** The AGENCY will only accept firm and fixed cost Proposals for this project. No time-and-materials Proposals will be considered.
- 6.4** Pricing is to be the best and final price.
- 6.5** PROPOSERS must submit pricing for all consultant services to be delivered as a full-service model, including the staffing of maintenance and administrative positions for on-going operation.
- 6.6** PROPOSERS must use Attachment 9.6 - Cost Proposal Template I and Attachment 9.7 – Cost Proposal Template II to submit proposed costs.
- 6.7** Cost Proposal Template I and Cost Proposal Template II must be signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it.
- 6.8** The PROPOSER must include all expenses, including travel, lodging, and any Subcontractor costs when preparing their Cost Proposal.
- 6.9** Payments will only be made on the final approval of the deliverables by the AGENCY.
- 6.10** A Total Fixed Price of all line items in Cost Proposal Template II is required and must be the same amount that is entered on the RFP Proposal Sheet for the Firm and Fixed Price. In the event of a discrepancy, the Firm and Fixed price entered on the RFP Proposal Sheet will govern. Only the overall cost proposal, which refers to the Total Fixed Price in Cost Proposal Template II, will be used for scoring purposes. Hourly Rates provided as part of Cost Proposal Template I may or may not be used by the AGENCY for additional work that was not included in the original statement of work.
- 6.11** The Cost Proposal will be scored using standardization, so that the lowest overall cost proposal receives the maximum allotted points as defined in Section 7. All other proposals receive a percentage of the points available based on their cost relationship to the lowest.
- 6.12** In order to assure full performance of all obligations imposed on a PROPOSER contracting with the State of Alabama, the PROPOSER will be required to provide a performance guarantee in the amount of \$300,000.00. The performance guarantee must be submitted by PROPOSER 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 PROPOSER 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.

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## **7 Evaluation and Proposer Selection**

### **7.1 Initial Classification of Proposals**

All submitted proposals will be initially reviewed by the RFP Coordinator to determine compliance with proposal content requirements as specified in the RFP. The RFP Coordinator will present a blind list of the PROPOSER's items that may need clarification to the AGENCY.

The Evaluation Committee, hereafter referred to as the Committee, and the AGENCY reserve the right, at its sole discretion, to request clarifications of PROPOSER responses to ensure full understanding of the proposal. Clarifications will be limited to specific Sections of the proposal identified by the Committee and the AGENCY. The RFP Coordinator will contact the Proposer on behalf of the AGENCY to solicit clarifications of responses. The PROPOSER must provide such clarifications in writing to the RFP Coordinator and will be subsequently provided to the Committee and the AGENCY for consideration.

### **7.2 Evaluation Committee**

Prior to the issuance of the RFP, a formal Committee comprised of cross-disciplined subject matter experts that represent the critical stakeholders of the services to be provided will be assembled for the explicit purpose of performing a comprehensive evaluation of the proposals.

### **7.3 Scoring**

The 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:

Qualifications and Experience	37
Technical Requirements	37
Cost	26

### **7.4 Determination of Successful Proposal**

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

When the final approval is received, the State will notify the selected PROPOSER. If the State rejects all proposals, it will notify all PROPSERS. The State will post the award on the AGENCY's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). The award will be posted under the applicable RFP number.

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## **8 General Terms and Conditions**

### **8.1 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

### **8.2 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.

### **8.3 Term of Contract**

The initial contract term shall be for a period of two years effective upon the date indicated in the signed contract. Alabama Medicaid shall have one, 1-year option for extending this contract. However, if exercised this option will -not result in additional monies only additional time to complete the project.

Contractor acknowledges and understands that this contract is not effective until it has received all requisite state and federal 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.

### **8.4 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.

### **8.5 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 Agency (Attachment 9.5).

### **8.6 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.

### **8.7 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.

### **8.8 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.

### **8.9 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.

### **8.10 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.

### **8.11 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.

### **8.12 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 State. 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.

### **8.13 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, or court order; such nonperformance shall not be a ground for termination for default.

### **8.14 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.

### **8.15 Small and Minority Business Enterprise Utilization**

In accordance with the provisions of 45 CFR Part 74 and paragraph 9 of 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.

### **8.16 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.

### **8.17 Employment of State 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.

### **8.18 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 9.13. 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 Alabama Medicaid 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.

### **8.19 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.

### **8.20 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.

### **8.21 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.

### **8.22 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.

### **8.23 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.

### **8.24 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.

### **8.25 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.

### **8.26 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.

### **8.27 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.

### **8.28 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.

### **8.29 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.

### **8.30 Disclosure Statement**

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

### **8.31 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.

### **8.32 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.

### **8.33 Qualification to do Business in Alabama**

Should a foreign corporation be selected to provide professional services in accordance with this RFP, it must be qualified to transact business in the State of Alabama in accordance with Section 10-2B-15.01, et seq., Code of Alabama (1975), and possess a Certificate of Authority issued by the Secretary of State at the time a professional services contract is executed. To obtain forms for a Certificate of Authority, contact the Secretary of State, Corporations Division, (334) 242-5324, [www.sos.state.al.us](http://www.sos.state.al.us). The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the proposal.

### **8.34 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 laws 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.

### **8.35 Alabama interChange Interface Standards**

Contractor hereby certifies that any exchange of MMIS data with the Agency's fiscal agent will be accomplished by following the Alabama interChange Interface Standards Document, which is contained in the RFP library.

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## 9 Attachments

### 9.1 Certificate of Compliance

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PROPOSER Organization Name

By indication of the authorized signature below, the PROPOSER does hereby make certification and assurance of the PROPOSER's compliance with:

1. The laws of the State of Alabama;
2. Title VI of the Civil Rights Act of 1964;
3. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
4. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
5. The condition that the submitted Proposal was independently arrived at, without collusion, under penalty of perjury;
6. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Alabama as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, Subcontractor, or consultant to the PROPOSER in connection with the procurement under this RFP;
7. The condition that if selected workmen's compensation insurance will be provided as required by the laws of Alabama;
8. The State of Alabama Proposer Disclosure form; and
9. Other terms and conditions as described in the Attachments as they apply.

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PROPOSER Name, Authorized Signature, Title, and Date

**9.2 Proposer Exceptions**

PROPOSER Organization: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Exception ID1
Exception to2
Scope of Exception
Ramifications for the AGENCY
Benefits and Disadvantages to be incurred by the AGENCY

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<sup>1</sup> Exceptions must be numbered in order as they occur within the RFP starting at 1

<sup>2</sup> PROPOSER must fill this form for each exception separately

### 9.3 Key Position Resume Sheet

This form must be used to respond to Section 4.6.2 – Key Positions. For each named individual a separate Key Position Resume Sheet must be submitted.

PROPOSER 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:			

References:

List 3 References below.

Reference 1
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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

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**Candidate and Proposer Certification**

By submitting this data sheet to the AGENCY, the Candidate and PROPOSER 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 the AGENCY may be investigated.

By submitting this data sheet to the AGENCY, the Candidate and PROPOSER 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 PROPOSER. Any candidate that is submitted by more than one PROPOSER for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the PROPOSER.

\_\_\_\_\_  
Authorized PROPOSER Signature

\_\_\_\_\_  
Date

### 9.4 Sample Key Position Resume Sheet

PROPOSER 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"/>
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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.</p> <p>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</p> <p>Tracks software development effort by creating and maintaining records in the approved tracking management tool.</p> <p>Analyzes, evaluates, and verifies requirements, software and systems by using software engineering practices.</p>			

References:

List 3 References below.

Reference 1		
Name Bob Thornton	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 Daniels	Title Software Director	Organization Red Brick Software Services

Address 987 Daniels Dr.	Phone (123) 456 - 7589	E-mail Address j@daniels.com
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Candidate and Proposer Certification

By submitting this data sheet to the AGENCY, the Candidate and PROPOSER 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 the AGENCY may be investigated.

By submitting this data sheet to the AGENCY, the Candidate and PROPOSER 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 PROPOSER. Any candidate that is submitted by more than one PROPOSER for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the PROPOSER.

[SIGNATURE]

\_\_\_\_\_  
Authorized PROPOSER Signature

\_\_\_\_\_  
Date

## 9.5 Business Associate Addendum

### ALABAMA MEDICAID AGENCY BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum (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

- a. Covered Entity and Business Associate are parties to a contract entitled \_\_\_\_\_ (the "Contract"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.
- b. 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 Privacy Rule (as defined below).
- c. The Parties enter into this Business Associate Addendum to the Contract with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information to a business associate, and may allow 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

Unless otherwise clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

- a. "Breach" shall have the meaning set forth in 45 C.F.R. § 164.402.
- b. "Electronic Health Record" shall mean an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.
- c. "Electronic Protected Health Information" means Protected Health Information that is transmitted by Electronic Media (as defined in the Security and Privacy Rule) or maintained in Electronic Media.
- d. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- e. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- f. "Personal Health Record" shall mean an electronic record of identifiable health information on an individual that can be drawn from multiple sources and that is managed, shared and controlled by or primarily for the individual.
- g. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

- h. “Protected Health Information” (PHI) shall have the same meaning as the term “protected health information” in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- i. “Required By Law” shall have the same meaning as the term “required by law” in 45 CFR 164.103.
- j. “Secretary” shall mean the Secretary of the United States Department of Health and Human Services or his designee.
- k. “Security Incident” shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- l. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Parts 160 and 162, and Parts 164, Subparts A and C. The application of Security provisions Sections 164.308; 164.310, 164.312, and 164.316 of title 45, Code of Federal Regulations shall apply to a business associate of a covered entity in the same manner that such Sections apply to the covered entity.
- m. Unless otherwise defined in this Agreement, capitalized terms used herein shall have the same meaning as those terms have in the Privacy Rule.
- n. “Unsecured Protected Health Information” is protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary of Health and Human Services in the guidance issued under Section 13402(h)(2) of Public Law 111–5 on the HHS Web site.

### 3. OBLIGATIONS OF BUSINESS ASSOCIATE

- a. Use and Disclosure of PHI. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.
- b. Appropriate Safeguards. Business Associate agrees to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI other than as provided for by this Agreement. The Business Associate agrees to take steps to safeguard, implement and maintain PHI in accordance with the HIPAA Privacy Rule.
- c. Mitigation. Business Associate agrees to 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.
- d. Report Unauthorized Use or Disclosure. Business Associate agrees to promptly report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- e. Applicability to Business Associate’s Agents. In accordance with 45CFR 164.502(e)(1)(ii) and 164.308(b)(2), Business Associate shall ensure that any Subcontractors or agents 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. The Business Associate agrees to have HIPAA-compliant Business Associate Agreements or equivalent contractual agreements with agents to whom the Business Associate discloses Covered Entity PHI.

- f. Access. Upon receipt of a written request from Covered Entity, Business Associate agrees to provide Covered Entity, in order to allow Covered Entity to meet its requirements under 45 CFR 164.524, access to PHI maintained by Business Associate in a Designated Record Set within thirty (30) business days.
- g. Amendments to PHI. Business Associate agrees to make any amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 CFR 164.526 at the request of Covered Entity, within thirty (30) calendar days after receiving a written request for amendment from Covered Entity.
- h. Availability of Documents. Business Associate agrees to 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 for purposes of the Secretary determining Covered Entity's compliance with the Privacy and Security Rules, within five (5) business days after receipt of written notice.
- i. Documentation of PHI Disclosures. Business Associate agrees to keep records of disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.
- j. Accounting of Disclosures. The Business Associate agrees to provide to Covered Entity, within thirty (30) days of receipt of a written request from Covered Entity, information collected in accordance with the documentation of PHI disclosure of this Agreement, to permit 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 CFR 164.528.
- k. The Business Associate shall 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.
- l. The Business Associate shall notify the Covered Entity within five (5) business days following the discovery of a breach of Protected Health Information (PHI).
- m. The Business Associate shall provide the Covered Entity the following information when a breach of unsecured protected health information is discovered:
  - 1. The number of recipient records involved in the breach.
  - 2. A description of what happened, including the date of the breach and the date of the discovery of the breach if known.
  - 3. 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).
  - 4. Any steps the individuals should take to protect themselves from potential harm resulting from the breach.
  - 5. 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.
  - 6. 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.
  - 7. A proposed media release developed by the Business Associate.

- n. The Business Associate shall obtain Covered Entity approval prior to reporting any breach required by 45 CFR Part 164, Subpart D.
- o. The Business Associate shall, after receiving Covered Entity approval, provide the necessary notices to the recipient, prominent media outlet, or the Secretary of Health and Human Services (HHS) to report Business Associate breaches as required by 45 CFR Part 164, Subpart D.
- p. Covered Entity will coordinate with the Business Associate in the determination of additional specific actions that will be required of the Business Associate for mitigation of the breach.
- q. If the Business Associate is a vendor of personal health records, notification of the breach will need to be made with the Federal Trade Commission.
- r. The Business Associate shall be responsible for any and all costs associated with the notification and mitigation of a breach that has occurred because of the negligence of the Business Associate.
- s. The Business Associate shall pay all fines or penalties imposed by HHS under 45 CFR Part 160 HIPAA Administrative Simplification: Enforcement rule for breaches made by any employee, officer, or agent of the Business Associate.
- t. The Business Associate shall be subject to prosecution by the Department of Justice for criminal violations of HIPAA if the Business Associate obtains, accesses or discloses individually identifiable health information without authorization, and shall be responsible for any and all costs associated with prosecution.

#### 4. PERMITTED USES AND DISCLOSURES

- a. Except as otherwise limited in this Agreement, if the Contract per MMIS, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the Subpart E of 45 CFT Part 164 if done by Covered Entity;
- b. Except as otherwise limited in this Agreement, if the Contract per MMIS, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- c. Except as otherwise limited in this Agreement, if the Contract per MMIS, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that:
  - 1. disclosures are Required By Law; or
  - 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.
- d. Except as otherwise limited in this Agreement, if the Contract per MMIS, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).
- e. Business Associate may not use or disclose PHI if the use or disclosure would violate any term of the Contract.

## 5. REPORTING IMPROPER USE OR DISCLOSURE

- a. The Business Associate shall report to the Covered Entity any use or disclosure of PHI not provided for by this agreement immediately from the time the Business Associate becomes aware of the use or disclosure.
- b. The Business Associate shall report to the Covered Entity any Security Incident and/or breach immediately from the time the Business Associate becomes aware of the use or disclosure.

## 6. OBLIGATIONS OF COVERED ENTITY

- a. Covered Entity shall notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect Alabama Medicaid's use or disclosure of PHI.
- b. Covered Entity shall 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.
- c. Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.
- d. Covered Entity shall 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.
- e. Covered Entity shall provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services.

## 7. TERM AND TERMINATION

- a. Term. The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.
- b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:
  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;
  2. Immediately terminate this Agreement; or
  3. If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.
- c. Effect of Termination.
  1. Except as provided in paragraph (2) of this Section or in the Contract, 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.

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:
  - a. Retain only that protected health information which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;
  - b. Return to covered entity or, if agreed to by covered entity, destroy the remaining protected health information that the business associate still maintains in any form;
  - c. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR 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 protected health information;
  - d. Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at Section 4, "Permitted Uses and Disclosures" which applied prior to termination; and
  - e. Return to covered entity or, if agreed to by covered entity, destroy the protected health information 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.

d. Survival

The obligations of business associate under this Section shall survive the termination of this Agreement.

## 8. GENERAL TERMS AND CONDITIONS

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the Privacy Rule shall prevail. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.
- d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.
- e. 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 Privacy Rule and HIPAA.

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

ALABAMA MEDICAID AGENCY

Signature: \_\_\_\_\_

Printed Name: Clay Gaddis

Title: Privacy Officer

Date:

BUSINESS ASSOCIATE

Signature: \_\_\_\_\_

Printed Name:

Title:

Date:

## 9.6 Cost Proposal Template I

During the course of the contract, the AGENCY may identify additional volume of work within the original statement of work that may be of importance to the progression of the project. PROPOSERS must provide hourly rates for various roles to be used through the end of the project. These rates must be classified by position; i.e., Functional Business Analyst, Project Manager etc. The PROPOSER must provide the hourly rates, inclusive of travel and living expenses and include a brief description of the position. The proposed hourly rates must be effective through the end of the original contract term and any exercised options as described in Section 8.3 – Term of Contract. Hourly Rates provided as part of Cost Proposal Template I may or may not be used by the AGENCY for additional volume of work.

Proposer:		
Authorized Signature:		Date:
Resource	Description and Typical Activities	Hourly Rate

## 9.7 Cost Proposal Template II

Enter the price of each deliverable.

Proposer:	
Authorized Signature:	Date:
Deliverables	Cost
State Self-Assessment (SS-A) Project Plan – Approach to SS-A	
SS-A Project Plan – WBS, Schedule, Contractor, fiscal agent, state and PROPOSER resources	
SS-A Project Plan – Other artifacts	
MITA, Seven Conditions and Standards and COO Governance Plan	
Monthly Status Reports	
MITA Training Plan and Delivery	
Medicaid Business Process SS-A – As-Is Assessment	
Medicaid Business Process SS-A – To-Be Assessment	
Medicaid Business Process MITA Roadmap	
MMIS Business Architecture SS-A – As- Is Assessment	
MMIS Business Architecture SS-A – To- Be Assessment	
MMIS Information Architecture SS-A – As- Is Assessment	
MMIS Information Architecture SS-A – To- Be Assessment	
MMIS Technical Architecture SS-A – As- Is Assessment	
MMIS Technical Architecture SS-A – To- Be Assessment	
MMIS – Seven Conditions and Standards SS-A – As-Is Assessment	
MMIS – Seven Conditions and Standards SS-A – To-Be Assessment	
MMIS MITA Roadmap	
Screening of Ancillary Medicaid Systems –	
Ancillary Systems – Seven Conditions and Standards SS-A – As-Is Assessments	
Ancillary Systems – Seven Conditions and Standards SS-A – To-Be Assessments	
MITA Roadmap for Ancillary Systems – Seven Conditions and Standards SS-A – To-Be Assessment	
Alabama Medicaid Enterprise MITA Roadmap – Covers Alabama Medicaid Agency MMIS, Ancillary Systems, and Eligibility Systems	
State Medicaid Concept of Operations and Business Process Models	
State Medicaid Procurement Documentation – IAPD, PAPD, and RFP	
<b>TOTAL FIRM AND FIXED PRICE</b>	

## 9.8 Acronyms

Acronym	Definition
AGENCY	Alabama Medicaid Agency
APD	Advanced Planning Document. The term APD refers to a Planning APD, Implementation APD, or to an Advance Planning Document Update
APDU	Advanced Planning Document Update - An update to an ongoing APD. It is sent when requesting funding for unexpected changes that significantly affect project costs and outcomes.
AS – IS	Current Business operations
Assumption	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
BA	Business Architecture
BCM	Business Capability Model
BPM	Business Process Model
CDM	Conceptual Data Model
Business Process	A collection of related, structured activities (a chain of events) that produce a specific service or product for a particular customer or customers. An activity that begins with a unique trigger event and produces a specific result.
CMS	Centers for Medicare & Medicaid Services
COO	Concept of Operation
DMS	Data Management Strategy
FDA	Food and Drug Administration
EHR	Electronic Health Record Incentive Program
HIPAA	Health Insurance Portability and Accountability Act
HITEC	Health Information Technology for Economic and Clinical Health
IA	Information Architecture
IAPD	Implementation Advanced Planning Document- Implementation (IAPD) addresses systems analysis, design, development, integration, testing and deployment; completes the planning phase; requests funding for enhancements to ongoing operations; and obtains approval to conduct implementation activities.
ICMs	Information Capability Matrices
ITB	Invitation To Bid
LDM	Logical Data Model

MITA	Medicaid Information Technology Architecture
MITA SS-A	MITA State Self-Assessment
MMIS	Medicaid Management Information System
Must	Indicates a mandatory requirement or condition to be met; see "shall" and "will"
PM	Project Manager
PROPOSER	Bidder with whom the State has successfully executed a contract under this ITB.
RFP	Request for Proposal
Seven Conditions and Standards	The Seven Standards and Conditions Maturity Model establish the boundaries and measures used to determine whether a standard or condition capability is correctly and sufficiently defined.
SOA	Service-oriented architecture
SOW	Statement of Work
Subcontractor	Any and all corporations, partnerships, agents, and/or individuals retained by the PROPOSER (with prior written approval from the AGENCY) to perform services under this ITB, regardless of the amount, duration, or scope of the services provided and regardless of whether identified in the PROPOSER's proposal in response to this ITB or subsequently retained during the contract term. This definition does not include entities that only provide commercial off the shelf software and technical support of such software. Examples of these types of entities are Microsoft, Feith, Business Objects, Oracle, etc.
TA	Technical Architecture
TCM	Technical Capability Matrices
TBD	To Be Determined

**9.9 Sample Contract**

CONTRACT  
BETWEEN  
THE ALABAMA MEDICAID AGENCY  
AND

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

Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Request for Proposal (RFP Number \_\_\_\_\_, dated \_\_\_\_\_, 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 RFP and the price provided on the RFP Cover Sheet response, in an amount not to exceed \_\_\_\_\_.

Contractor and the Alabama Medicaid Agency agree that the initial term of the contract is \_\_\_\_to \_\_\_\_\_.

This contract specifically incorporates by reference the RFP, any attachments and amendments thereto, and Contractor’s response.

CONTRACTOR

ALABAMA MEDICAID AGENCY

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

\_\_\_\_\_  
Contractor’s name here

\_\_\_\_\_  
Stephanie McGee Azar  
Acting Commissioner

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed Name

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.

Tax ID: \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
General Counsel

\_\_\_\_\_  
Governor, State of Alabama

## 9.10 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: Alabama Medicaid Agency

Name of Contractor: \_\_\_\_\_

Contractor's Physical Street Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

\* Is Contractor organized as an Alabama Entity in Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

\* If not, has it qualified with the Alabama Secretary of State to do business in Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

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: \_\_\_\_\_

Contract/Amendment Total: \$ \_\_\_\_\_ (estimate if necessary)

% 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 total \$ \_\_\_\_\_

(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, please give a brief explanation:**

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

\_\_\_\_\_  
Printed Name

Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Revised: 2/20/2013

## 9.11 Ethics Commission Letter



ROBERT  
BENTLEY  
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](mailto:almedicaid@medicaid.alabama.gov)  
Telecommunication for the Deaf: 1-800-253-0799

334-242-5000      1-800-362-1504



STEPHANIE  
MCGEE AZAR  
Acting 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.)

## **9.12 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.

**9.13 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): \_\_\_\_\_ by and between \_\_\_\_\_ (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

## 9.14 Compliance Checklist

### PROPOSAL COMPLIANCE CHECKLIST

---

Proposer Name

Review Date

---

Compliance Reviewer #1

Compliance Reviewer #2

<input checked="" type="checkbox"/> IF CORRECT	BASIC PROPOSAL REQUIREMENTS	RFP Section
<input type="checkbox"/>	Proposals must be submitted no later than the Proposal Deadline time and date, which is detailed in Section 2, RFP Schedule of Events.	1.7
<input type="checkbox"/>	A PROPOSER must respond to the RFP and any exhibits, attachments, or amendments.	1.7
<input type="checkbox"/>	PROPOSERS must respond to this RFP with a Proposal divided into three major Sections:  <ol style="list-style-type: none"> <li>1. Qualifications and Experience,</li> <li>2. Technical Requirements,</li> <li>3. Cost Proposal</li> </ol>	3.1.1
<input type="checkbox"/>	Each of these Sections must reference the RFP Sections to which the PROPOSER must respond.	3.1.1
<input type="checkbox"/>	The PROPOSER must structure its response in the same sequence, using the same labeling and numbering that appears in the RFP section in question.	3.1.2
<input type="checkbox"/>	The response to each Section must be preceded by the Section text of the RFP followed by the PROPOSER'S response.	3.1.2
<input type="checkbox"/>	Proposals must not include references to information located elsewhere, such as Internet websites.	3.1.4
<input type="checkbox"/>	Proposals must be prepared on standard 8 ½" x 11" paper and must be bound. Foldouts containing charts, spreadsheets, and oversize exhibits are permissible.	3.1.5
<input type="checkbox"/>	All Proposal pages must be numbered unless specified otherwise.	3.1.5
<input type="checkbox"/>	All responses, as well as any reference material presented, must be written in English.	3.1.5
<input type="checkbox"/>	PROPOSERS must not submit multiple Proposals in response to this RFP.	3.2.2
<input type="checkbox"/>	Joint ventures are not acceptable in response to this RFP. If multiple PROPOSERS are proposing to jointly perform the project, the Proposal must be submitted in the form of a prime contractor/subcontractor(s) arrangement.	3.2.3
<input type="checkbox"/>	PROPOSERS must submit one (1) hardcopy Proposals and three (3) softcopy Proposals on CD/DVD or USB flash drive of the entire Proposal to	3.2.4

<input type="checkbox"/>	<p>the AGENCY in a sealed package and clearly marked:</p> <p><b>“Proposal in Response to Medicaid Information Technology Architecture 3.0 Self-Assessment RFP- Do Not Open”</b></p> <p>The hardcopy Proposals must be:</p> <p>One (1) complete signed hardcopy Proposal</p> <p>The softcopy CD/DVD or USB flash drive version of the Proposal must contain the following:</p> <p>One (1) complete copy of the Proposal in searchable Adobe Acrobat PDF format;</p> <p>One (1) complete copy of the Proposal in Microsoft Word 2007 or later format;</p> <p>One (1) redacted copy of the Proposal in Microsoft Word 2007 or later format with all material marked confidential removed;</p> <p>Each PROPOSER provided attachment in Microsoft Word 2007 or later format or Acrobat PDF format.</p>	<p><b>3.2.4.1</b></p> <p><b>3.2.4.2</b></p> <p><b>3.2.4.3</b></p> <p><b>3.2.4.4</b></p> <p><b>3.2.4.5</b></p>
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p>[Section Coversheet]</p> <p>The first page of each major Section must be a dated cover sheet identifying the PROPOSER signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it.</p> <p>The cover sheet must clearly identify the major Section and assigned RFP number.</p> <p>The cover sheet must also include the name of the contact person and contact information of the person authorized to act on behalf of the PROPOSER (do not number this page).</p>	<p><b>3.2.5</b></p> <p><b>3.2.5</b></p> <p><b>3.2.5</b></p>
<input type="checkbox"/>	<p>[Table of Contents]</p> <p>The cover sheet must be followed by the “Table of Contents,” which must list all Sections, subsections, and page numbers.</p>	<p><b>3.2.6</b></p>
<input type="checkbox"/>  <input type="checkbox"/>	<p>[RFP Proposal Sheet]</p> <p>The Proposal must include the completed and signed in ink RFP Proposal Sheet, and the first page of this RFP, as part of the Qualifications and Experience Section.</p> <p>The RFP Proposal Sheet must be signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it.</p>	<p><b>3.2.7</b></p> <p><b>3.2.7</b></p>
<input type="checkbox"/> / N/A	<p>If a PROPOSER cannot comply with a requirement of the RFP, the PROPOSER must complete Attachment 9.2, Proposer Exceptions and include it as an attachment to the Proposer Qualifications and Experience Proposal.</p>	<p><b>3.3</b></p>

<input type="checkbox"/> / N/A	The PROPOSER must fill out a separate sheet for each exception.	<b>3.3</b>
<input type="checkbox"/> / N/A	[If marked confidential] The PROPOSER 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.	<b>3.14</b>
<input type="checkbox"/>	The response to the Proposer Qualifications and Experience Section must be divided into the following: <ul style="list-style-type: none"> <li>• RFP Proposal Sheet</li> <li>• Section Cover Sheet</li> <li>• Table of Contents</li> <li>• Proposal Transmittal Letter</li> <li>• Proposer’s Mandatory Qualifications</li> <li>• Proposer’s General Qualifications and Experience</li> <li>• References</li> <li>• State and Local Governmental Contractual Experience</li> <li>• Staffing</li> </ul>	<b>4</b>
<input type="checkbox"/>	The Proposal Transmittal Letter must be an offer from the PROPOSER in the form of a standard business letter on business letterhead.	<b>4.1</b>
<input type="checkbox"/>	The Proposal Transmittal Letter must reference and respond to the following subsections in sequence and include corresponding documentation as required.	<b>4.1</b>
<input type="checkbox"/>	Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the Proposal.	<b>4.1</b>
<input type="checkbox"/>	The letter must be signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it; the letter must attach evidence-showing authorization to bind the company.	<b>4.1.1</b>
<input type="checkbox"/>	The letter must state that the Proposal remains valid for at least three hundred and sixty (360) days subsequent to the Deadline for Submitting Proposals (Section 2, RFP Schedule of Events) and thereafter in accordance with any resulting Contract between the PROPOSER and the AGENCY.	<b>4.1.2</b>
<input type="checkbox"/>	The letter must provide the complete legal entity name and Federal Employer Identification Number (FEIN) of the firm making the Proposal.	<b>4.1.3</b>
<input type="checkbox"/>	The letter must provide the name, physical location address (a PO Box address is unacceptable), e-mail address, and telephone number of the person the AGENCY should contact regarding the Proposal.	<b>4.1.4</b>
<input type="checkbox"/>	The letter must state whether the PROPOSER or any individual who will perform work under the Contract has a possible conflict of interest (i.e. employment by the AGENCY) and, if so, must state the nature of that conflict.	<b>4.1.5</b>
<input type="checkbox"/>	The letter must state unequivocal understanding of the general information presented in all Sections and agree with all requirements/conditions listed in the RFP.	<b>4.1.6</b>

<input type="checkbox"/>	The letter must state that the PROPOSER has an understanding of and will comply with the general terms and conditions as set out in Section 8. <u>Additions or exceptions to the standard terms and conditions are not allowed.</u>	<b>4.1.7</b>
<input type="checkbox"/> / N/A	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.	<b>4.1.8</b>
<input type="checkbox"/> / N/A	The percentage of work, as measured by percentage of total contract price, to be performed by the prime consultant must be provided.	<b>4.1.8</b>
<input type="checkbox"/> / N/A	Subcontracted work must not collectively exceed forty percent (40%) of the total contract price.	<b>4.1.8</b>
<input type="checkbox"/>	The letter must state that the PROPOSERS has an understanding of and will comply with the requirements of providing a Performance Bond as stated in Section 6.12.	<b>4.1.9</b>
<input type="checkbox"/>	The letter must state that the PROPOSER has an understanding of and will comply with the mandatory requirements as set out in Section 4.2 – <u>Mandatory Requirements.</u>	<b>4.1.10</b>
<input type="checkbox"/>	Statement from PROPOSER indicating that the PROPOSER is current on all taxes (federal, state, local) including, but not limited to, taxes on income, sales, property, etc.	<b>4.1.11</b>
<input type="checkbox"/>	The letter must state that the PROPOSER acknowledges and complies that the PROPOSER has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a PROPOSER.	<b>4.1.12</b>
<input type="checkbox"/>	The PROPOSER must reference and respond to the following subsections in sequence and include corresponding documentation as required.	<b>4.2</b>
<input type="checkbox"/>	The PROPOSER must provide written confirmation that they comply with the provisions of this RFP, without exceptions unless otherwise noted.	<b>4.2.1</b>
<input type="checkbox"/>	The PROPOSER must complete and submit RFP Attachment 9.1 to comply with the listed conditions.	<b>4.2.2</b>
<input type="checkbox"/>	The Alabama Disclosure Statement must be filled out by the PROPOSER and must be submitted with the Proposal and attached to the Proposer Qualifications and Experience Section.	<b>4.2.3</b>
<input type="checkbox"/> / N/A	[Subcontractors if Necessary] The Alabama Disclosure Statement must be filled out by any Subcontractors and must be submitted with the Proposal and attached to the Proposer Qualifications and Experience Section.	<b>4.2.3</b>
<input type="checkbox"/>	To evidence the PROPOSER’s experience in delivering services similar to those required by this RFP, the General Proposer Qualifications and Experience must reference and respond to the following subsections in sequence and include corresponding documentation as required.	<b>4.3.1</b>
	The PROPOSER must provide the following:	
<input type="checkbox"/>	1. A brief, descriptive statement indicating the PROPOSER’s credentials to deliver the services sought under this RFP;	<b>4.3.1.1</b>
<input type="checkbox"/>	2. A brief description of the PROPOSER’s background and organizational history;	<b>4.3.1.2</b>
<input type="checkbox"/>	3. Number of years in business;	<b>4.3.1.3</b>
<input type="checkbox"/>	4. A brief statement of how long the PROPOSER has been performing	<b>4.3.1.4</b>

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>the services required by this RFP;</p> <p>5. Location of offices and personnel which will be used to perform services procured under this RFP;</p> <p>6. A description of the number of employees and client base as relating to the services procured under this RFP;</p> <p>7. Whether there have been any mergers, acquisitions, or sales of the PROPOSER company within the last five (5) years (and if so, an explanation providing relevant details);</p> <p>8. Form of business;</p> <p>9. A statement as to whether any PROPOSER employees to be assigned to this project have been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, an explanation providing relevant details;</p> <p>10. A statement from the PROPOSER's counsel as to whether there is pending or current litigation which would impair PROPOSER's performance in a Contract under this RFP;</p> <p>11. A statement as to whether, in the last ten (10) years, the PROPOSER has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details;</p> <p>12. A statement as to whether the PROPOSER has ever been disqualified from competition for government contracts because of unsatisfactory performance on contracts; and if so, an explanation providing relevant details;</p> <p>13. A detailed statement of relevant MITA experience in the public sector within the last five (5) years. The narrative in response to this Section must thoroughly describe the PROPOSER's experience with providing the services sought under this RFP. In this Section, the PROPOSER may also provide sample documents describing the PROPOSER's experience;</p> <p>14. The PROPOSER must also include in this Section any experience with Federal requirements for Medicaid programs and/or Medicaid Management Information Systems, or other Federal programs such as Health Insurance Portability and Accountability Act (HIPAA), Food and Drug Administration (FDA), or related service areas.</p>	<p><b>4.3.1.5</b></p> <p><b>4.3.1.6</b></p> <p><b>4.3.1.7</b></p> <p><b>4.3.1.8</b></p> <p><b>4.3.1.9</b></p> <p><b>4.3.1.10</b></p> <p><b>4.3.1.11</b></p> <p><b>4.3.1.12</b></p> <p><b>4.3.1.13</b></p> <p><b>4.3.1.14</b></p>
<input type="checkbox"/>    <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A	<p>The PROPOSER must be responsible for ensuring the timeliness and quality of all work performed by Subcontractors. If no Subcontractors will be proposed, the PROPOSER must indicate so in this Section.</p> <p>For each proposed Subcontractor, the PROPOSER must provide the following:</p> <p>1. Subcontractor firm name;</p> <p>2. Percentage of total project and task-specific work the Subcontractor will be providing based upon cost;</p> <p>3. Written statement signed by the Subcontractor that clearly verifies that the Subcontractor is committed to render the services required by the contract;</p> <p>4. A brief, descriptive statement indicating the Subcontractor</p>	<p><b>4.3.2</b></p> <p><b>4.3.2.1</b></p> <p><b>4.3.2.2</b></p> <p><b>4.3.2.3</b></p> <p><b>4.3.2.4</b></p>

<input type="checkbox"/> N/A	5. A brief description of the Subcontractor's background and organizational history;	<b>4.3.2.5</b>
<input type="checkbox"/> N/A	6. Number of years in business;	<b>4.3.2.6</b>
<input type="checkbox"/> N/A	7. A brief statement of how long the Subcontractor has been performing the services required by this RFP;	<b>4.3.2.7</b>
<input type="checkbox"/> N/A	8. Location of offices and personnel which will be used to perform services procured under this RFP;	<b>4.3.2.8</b>
<input type="checkbox"/> N/A	9. A description of the number of employees and client base;	<b>4.3.2.9</b>
<input type="checkbox"/> N/A	10. Whether there have been any mergers, acquisitions, or sales of the Subcontract's company within the last five (5) years (and if so, an explanation providing relevant details);	<b>4.3.2.10</b>
<input type="checkbox"/> N/A	11. Form of business;	<b>4.3.2.11</b>
<input type="checkbox"/> N/A	12. A statement as to whether any Subcontractor employees to be assigned to this project have been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, an explanation providing relevant details;	<b>4.3.2.12</b>
<input type="checkbox"/> N/A	13. A statement as to whether there is any pending litigation against the Subcontractor; and if such litigation exists, attach an opinion of counsel as to whether the pending litigation will impair the Subcontractor's performance in a Contract under this RFP;	<b>4.3.2.13</b>
<input type="checkbox"/> N/A	14. A statement as to whether, in the last ten (10) years, the Subcontractor has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details;	<b>4.3.2.14</b>
<input type="checkbox"/> N/A	15. A statement as to whether the Subcontractor has ever been disqualified from competition for government contracts because of unsatisfactory performance on contracts; and if so, an explanation providing relevant details;	<b>4.3.2.15</b>
<input type="checkbox"/> N/A	16. A detailed statement of relevant MITA experience in the public sector within the last five (5) years. The narrative in response to this Section must thoroughly describe the Subcontractor's experience with providing the services sought under this RFP. In this Section, the PROPOSER must also provide sample documents describing the Subcontractor's experience;	<b>4.3.2.16</b>
<input type="checkbox"/> N/A	17. A detailed statement of relevant experience with MMIS RFP development (PAPD, IAPD, APD), bid evaluations and contract awards;	<b>4.3.2.17</b>
<input type="checkbox"/> N/A	18. The Subcontractor must also include in this Section any experience with Federal requirements for Medicaid programs and/or Medicaid Management Information Systems, or other Federal programs such as Health Insurance Portability and Accountability Act (HIPAA), Food and Drug Administration (FDA), or related service areas.	<b>4.3.2.18</b>
<input type="checkbox"/>	[Proposer References]  The PROPOSER must provide three (3) references of similar size and scope for which the PROPOSER served as the prime contractor, within the last five (5) years.	<b>4.4.1</b>

<input type="checkbox"/>  <input type="checkbox"/> Ref. #1 <input type="checkbox"/> Ref.#2 <input type="checkbox"/> Ref.#3	<p>PROPOSER must not list the AGENCY as a reference.</p> <p>For each reference, the PROPOSER must provide:</p> <ol style="list-style-type: none"> <li>1. Client name, address, and telephone number;</li> <li>2. Description of service provided;</li> <li>3. A description of the PROPOSER’s roles and responsibilities;</li> <li>4. Projected cost and actual cost of the project;</li> <li>5. Maximum number of staff on-site with the client (over entire period of client service);</li> <li>6. Time period of the project and/or Contract. Must be stated in the form of "from-to" dates (e.g., "Jan. 12 -- March 13"). Do not state this as a length of time (e.g., "two (2) years"), without start and end dates;</li> <li>7. Client's contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each client. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact a reference after a reasonable effort, evaluation will proceed as if the reference were unfavorable;</li> <li>8. Label the reference responses as follows: “PROPOSER Reference # 1,” followed by specific responses to 4.5.1.1 through 4.5.1.7; etc.;</li> </ol>	<p><b>4.4.1</b></p>  <p><b>4.4.1.1</b>  <b>4.4.1.2</b>  <b>4.4.1.3</b>  <b>4.4.1.4</b>  <b>4.4.1.5</b>  <b>4.4.1.6</b>  <b>4.4.1.7</b>  <b>4.4.1.8</b></p>
<input type="checkbox"/> N/A  <input type="checkbox"/> N/A  <input type="checkbox"/> Ref. #1 <input type="checkbox"/> Ref.#2 <input type="checkbox"/> Ref. #3	<p>For each Subcontractor proposed, the PROPOSER must provide three (3) references of similar size and scope for which the Subcontractor served as the Contractor, preferably within the last five (5) years</p> <p>Subcontractors must not list the AGENCY as a reference.</p> <p>For each Subcontractor reference, the PROPOSER must provide:</p> <ol style="list-style-type: none"> <li>1. Client name, address, and telephone number;</li> <li>2. Description of service provided;</li> <li>3. A description of the Subcontractor’s roles and responsibilities;</li> <li>4. Projected cost and actual cost of the project;</li> <li>5. Maximum number of staff on-site with the client (over entire period of client service);</li> <li>6. Time period of the project and/or Contract. Must be stated in the form of "from-to" dates (e.g., "Jan. 12 -- March 13"). Do not state this as a length of time (e.g., "two (2) years"), without start and end dates;</li> <li>7. Client's contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each client. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact a reference after a reasonable effort, evaluation will proceed as if the reference were unfavorable;</li> <li>8. Label the reference responses as follows: “Subcontractor #1 Reference # 1,” followed by specific responses to 4.5.2.1 through</li> </ol>	<p><b>4.4.2</b></p> <p><b>4.4.2</b></p>  <p><b>4.4.2.1</b>  <b>4.4.2.2</b>  <b>4.4.2.3</b>  <b>4.4.2.4</b>  <b>4.4.2.5</b>  <b>4.4.2.6</b>  <b>4.4.2.7</b>  <b>4.4.2.8</b></p>

	4.5.2.7; etc.	
<input type="checkbox"/>	The PROPOSER must provide a list of three (3) most recent contractual relationships with other State and/or Local Governmental entities with similar scope and size.	<b>4.5.1</b>
<input type="checkbox"/>	PROPOSERS must not list a contractual relationship with the AGENCY.	<b>4.5.1</b>
	The listing must include:	
<input type="checkbox"/> Con. #1	1. Contract number;	<b>4.5.1.1</b>
	2. Time period of the project and/or contract;	<b>4.5.1.2</b>
<input type="checkbox"/> Con. #2	3. Procuring State Agency or Local entity;	<b>4.5.1.3</b>
	4. Number of State Agency or Local entity employees;	<b>4.5.1.4</b>
<input type="checkbox"/> Con. #3	5. Brief description of the services provided;	<b>4.5.1.5</b>
	6. Maximum number of staff assigned to project at one time;	<b>4.5.1.6</b>
	7. A percentage value of the PROPOSER's involvement in terms of cost of the total project;	<b>4.5.1.7</b>
	8. Projected cost and actual cost of the project; and	<b>4.5.1.8</b>
	9. Entity contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each entity. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact the entity after a reasonable effort, evaluation will proceed as if the reference were unfavorable.	<b>4.5.1.9</b>
N/A / <input type="checkbox"/>	For each Subcontractor proposed, the PROPOSER must provide a list, if any, of three (3) most recent contractual relationships with other State and/or Local Governmental entities with similar scope and size.	<b>4.5.2</b>
N/A / <input type="checkbox"/>	Subcontractors must not list a contractual relationship with the AGENCY.	<b>4.5.2</b>
	The listing must include:	
N/A / <input type="checkbox"/> Con. #1	1. Contract number;	<b>4.5.2.1</b>
	2. Time period of the project and/or contract;	<b>4.5.2.2</b>
N/A / <input type="checkbox"/> Con. #2	3. Procuring State Agency or Local entity;	<b>4.5.2.3</b>
	4. Number of State Agency or Local entity employees;	<b>4.5.2.4</b>
	5. Brief description of the services provided;	<b>4.5.2.5</b>
N/A / <input type="checkbox"/> Con. #3	6. Maximum number of staff assigned to project at one time;	<b>4.5.2.6</b>
	7. A percentage value of the PROPOSER's involvement in terms of cost of the total project;	<b>4.5.2.7</b>
	8. Projected cost and actual cost of the project; and	<b>4.5.2.8</b>
	9. Entity contact reference name, e-mail address and telephone number; provide a primary and secondary contact for each entity. The PROPOSER must verify the accuracy of this information (names, e-mail addresses and telephone numbers) within ten (10) days prior to the "Deadline for Submitting a Proposal" date. If the AGENCY is unable to contact the entity after a reasonable effort, evaluation will proceed as if the reference were unfavorable.	<b>4.5.2.9</b>



	<ul style="list-style-type: none"> <li>• Section Cover Sheet</li> <li>• Table of Contents</li> <li>• Scope of Work</li> <li>• Definition of Deliverables</li> <li>• Selected PROPOSER Compensation Structure</li> <li>• AGENCY Responsibilities</li> <li>• Additional PROPOSER Responsibilities</li> <li>• Proposer Technical Requirements</li> </ul> <p>The PROPOSER must respond to Subsections 5.2.1 until 5.2.14 with separate acknowledge and comply statements.</p>	
<input type="checkbox"/>	1. Medicaid Business Process Review	<b>5.2.1</b>
<input type="checkbox"/>	2. MMIS Assessment	<b>5.2.2</b>
<input type="checkbox"/>	3. Conduct the Business Architecture SS-A	<b>5.2.3</b>
<input type="checkbox"/>	4. Conduct the Information Architecture SS-A	<b>5.2.4</b>
<input type="checkbox"/>	5. Conduct the Technical Architecture SS-A	<b>5.2.5</b>
<input type="checkbox"/>	6. Conduct the Seven Conditions and Standards SS-A	<b>5.2.6</b>
<input type="checkbox"/>	7. MMIS MITA Roadmap:	<b>5.2.7</b>
<input type="checkbox"/>	8. Ancillary Medicaid Systems Assessment	<b>5.2.8</b>
<input type="checkbox"/>	9. Seven Conditions and Standards Ancillary Medicaid Systems	<b>5.2.9</b>
<input type="checkbox"/>	10. MITA Roadmaps for Standalone Ancillary Systems:	<b>5.2.10</b>
<input type="checkbox"/>	11. Interfaces and Interactions with the Eligibility and Enrollment System	<b>5.2.11</b>
<input type="checkbox"/>	12. MITA Roadmaps	<b>5.2.12</b>
<input type="checkbox"/>	13. Concept of Operations and Business Process Models	<b>5.2.13</b>
<input type="checkbox"/>	14. Other Work	<b>5.2.14</b>
<input type="checkbox"/>	All overhead and administrative costs must be included in the proposed cost for each deliverable.	<b>5.4.1</b>
<input type="checkbox"/>	The PROPOSER must provide an invoice to the AGENCY in a fashion that enables the AGENCY to identify what work has been done, at what cost, and on which deliverable. Other invoice details may be required for processing.	<b>5.4.2</b>
<input type="checkbox"/>	The contract must be formally amended to accommodate any changes in, or additions to the work before any additional costs are incurred.	<b>5.4.3</b>

<input type="checkbox"/>	All overhead costs, including administrative, indirect, travel, etc., must be included in the deliverable costs.	<b>5.4.4</b>
	PROPOSER must respond to Subsections 5.5.1 until 5.5.4 with separate acknowledge and comply statements.	<b>5.5</b>
<input type="checkbox"/>	1. AGENCY Project Management Responsibilities	<b>5.5.1</b>
<input type="checkbox"/>	2. AGENCY Project Initiation Responsibilities	<b>5.5.2</b>
<input type="checkbox"/>	3. AGENCY Assessment Activities	<b>5.5.3</b>
<input type="checkbox"/>	4. AGENCY Training Responsibilities	<b>5.5.4</b>
	The PROPOSER must respond to Subsections 5.6.1 until 5.6.4 with separate acknowledge and comply statements.	<b>5.6</b>
<input type="checkbox"/>	1. MITA 3.0 PROPOSER Project Management Responsibilities	<b>5.6.1</b>
<input type="checkbox"/>	2. MITA 3.0 PROPOSER Administrative Responsibilities	<b>5.6.2</b>
<input type="checkbox"/>	3. MITA 3.0 PROPOSER Procurement Responsibilities	<b>5.6.3</b>
<input type="checkbox"/>	4. Acceptance Criteria	<b>5.6.4</b>
	[Relevant Technical Experience]	
	The PROPOSER must describe the proposed project team's experience in regards to each of the following items:	<b>5.7.1</b>
<input type="checkbox"/>	1. Contracts with other state Medicaid Agencies relative to SS-A and MITA.	<b>5.7.1.1</b>
<input type="checkbox"/>	2. Working with CMS on IT Gate Reviews and Enterprise Life Cycle Models.	<b>5.7.1.2</b>
<input type="checkbox"/>	3. Performing Business Process Analyses and IT Assessments.	<b>5.7.1.3</b>
<input type="checkbox"/>	4. Providing technical assistance for projects involving an enterprise-wide architecture, networking, multiple systems integration, hardware, and software.	<b>5.7.1.4</b>
<input type="checkbox"/>	5. Performing assessments on Medicaid-related systems and offering best practices for improvement	<b>5.7.1.5</b>
<input type="checkbox"/>	6. Supporting projects that involve the CMS Seven Conditions and Standards including MITA and its three (3) sub architectures – business, information and technical.	<b>5.7.1.6</b>
<input type="checkbox"/>	7. Understanding of HHS programs such as Medicaid and Medicare, TANF, SNAP, and other public assistance programs, and their associated business processes.	<b>5.7.1.7</b>
<input type="checkbox"/>	8. Providing Technical Writing.	<b>5.7.1.8</b>
<input type="checkbox"/>	9. Working with MS SharePoint.	<b>5.7.1.9</b>
	[Project Approach and Methodology]	
	The PROPOSER must:	<b>5.7.2</b>
<input type="checkbox"/>	1. Describe the proposed project team's experience in regards to a	<b>5.7.2.1</b>

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>structured Project Management methodology.</p> <p>2. Describe the formal Project Management methodology to be used.</p> <p>3. Describe the PROPOSER’s mechanism to track the progress of project activities.</p> <p>4. Describe a proposed communication plan to detail how the PROPOSER will communicate with stakeholders, the Project Management Office, and the development team.</p> <p>5. Describe how the PROPOSER will monitor and report the project status to the PMO.</p> <p>6. Provide a proposed MITA 3.0 project schedule to be used in completing this project. The description of the project plan must include but is not limited to the following items:</p> <ul style="list-style-type: none"> <li>• Summary of the overall plan for MITA 3.0 consultant services</li> <li>• Description of necessary relationships between the PROPOSER, Subcontractors and AGENCY personnel to include: <ul style="list-style-type: none"> <li>○ Gantt chart which describes assignments, who will perform them and when they will be performed, to include completion dates</li> <li>○ Estimated time requirements for all AGENCY employees corresponding to the Gantt chart</li> </ul> </li> <li>• Preliminary project timelines and milestones</li> </ul>	<p><b>5.7.2.2</b></p> <p><b>5.7.2.3</b></p> <p><b>5.7.2.4</b></p> <p><b>5.7.2.5</b></p> <p><b>5.7.2.6</b></p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>[Roles and Responsibilities Strategies]</p> <p>For each of the following Sections (5.7.3.1 until 5.7.3.11), the PROPOSER must describe in detail the following four (4) questions:</p> <ul style="list-style-type: none"> <li>○ How will the task be performed?</li> <li>○ What problems need to be overcome?</li> <li>○ What functions will be performed by PROPOSER’s staff?</li> <li>○ What assistance will be needed from the AGENCY, if any?</li> </ul> <p>1. Medicaid Business Process Review</p> <p>2. MMIS Assessment</p> <p>3. Conduct the Business Architecture SS-A</p> <p>4. Conduct the Information Architecture SS-A</p> <p>5. Conduct the Technical Architecture SS-A</p> <p>6. Conduct the Seven Conditions and Standards SS-A</p> <p>7. MITA Roadmaps</p> <p>8. Concept of Operations and Business Process Models</p> <p>9. MITA, Seven Conditions and Standards and COO Governance Plan</p> <p>10. MITA 3.0 PROPOSER Procurement Responsibilities</p> <p>11. MITA 3.0 PROPOSER Administrative Responsibilities</p>	<p><b>5.7.3</b></p> <p><b>5.7.3.1</b></p> <p><b>5.7.3.2</b></p> <p><b>5.7.3.3</b></p> <p><b>5.7.3.4</b></p> <p><b>5.7.3.5</b></p> <p><b>5.7.3.6</b></p> <p><b>5.7.3.7</b></p> <p><b>5.7.3.8</b></p> <p><b>5.7.3.9</b></p> <p><b>5.7.3.10</b></p> <p><b>5.7.3.11</b></p>
<input type="checkbox"/> <input type="checkbox"/>	<p>[Documentation and Reporting]</p> <p>The PROPOSER must:</p> <p>1. Describe the PROPOSER’s guidelines and standards for documentation and reporting.</p> <p>2. Describe the types of deliverables typically performed as part of the requested MITA 3.0 consultant services</p>	<p><b>5.7.4</b></p> <p><b>5.7.4.1</b></p> <p><b>5.7.4.2</b></p>

<input type="checkbox"/>	3. Provide a sample of a Monthly Status Report as described in Section 5.2.14.2.	<b>5.7.4.3</b>
	[MITA Training]  The PROPOSER must describe:	<b>5.7.5</b>
<input type="checkbox"/>	1. Training approach and methodology	<b>5.7.5.1</b>
<input type="checkbox"/>	2. The role and experience of Key Trainers	<b>5.7.5.2</b>
<input type="checkbox"/>	3. A proposed MITA 3.0 training plan	<b>5.7.5.3</b>
<input type="checkbox"/>	4. Training on any necessary tools and methodologies used to develop and update the MITA 3.0 and provide +a sample curriculum.	<b>5.7.5.4</b>
<input type="checkbox"/>	5. Sample training materials (e.g. training day overview, training goals and objectives, and other training handouts and materials)	<b>5.7.5.5</b>
<input type="checkbox"/>	6. Provide a sample end of training survey	<b>5.7.5.6</b>
	[MITA 3.0 SS-A Software]  The PROPOSER must provide information on the software including	<b>5.7.6</b>
<input type="checkbox"/>	1. Screenshot of the tool	<b>5.7.6.1</b>
<input type="checkbox"/>	2. Description of the software	<b>5.7.6.2</b>
<input type="checkbox"/>	3. Warranty and Support information for the software	<b>5.7.6.3</b>
<input type="checkbox"/>	4. Security for the software	<b>5.7.6.4</b>
<input type="checkbox"/>	5. Reporting capabilities within the software	<b>5.7.6.5</b>
	[Cost Proposal]	
<input type="checkbox"/>	Pricing information must be included in the Cost Proposal Section, and only in the Cost Proposal Section; no pricing information must be included in any other Section responses.	<b>6.2</b>
<input type="checkbox"/>	PROPOSERS must submit pricing for all consultant services to be delivered as a full-service model, including the staffing of maintenance and administrative positions for on-going operation.	<b>6.5</b>
<input type="checkbox"/>	PROPOSERS must use Attachment 9.6 - Cost Proposal Template I and Attachment 9.7 – Cost Proposal Template II to submit proposed costs.	<b>6.6</b>
<input type="checkbox"/>	Cost Proposal Template I and Cost Proposal Template II must be signed by a company officer empowered to bind the PROPOSER to the provisions of this RFP and any contract awarded pursuant to it.	<b>6.7</b>
<input type="checkbox"/>	The PROPOSER must include all expenses, including travel, lodging, and any Subcontractor costs when preparing their Cost Proposal.	<b>6.8</b>
<input type="checkbox"/>	A Total Fixed Price of all line items in Cost Proposal Template II is required and must be the same amount that is entered on the RFP Proposal Sheet for the Firm and Fixed Price. In the event of a discrepancy, the Firm and Fixed price entered on the RFP Proposal Sheet will govern. Only the overall cost proposal, which refers to the Total Fixed Price in Cost Proposal Template II, will be used for scoring purposes. Hourly Rates provided as part of Cost Proposal Template I may or may not be used by the AGENCY for additional	<b>6.10</b>

	work that was not included in the original statement of work.	
--	---	--

*NOTE: In addition to the items on the checklist, the RFP Evaluation Committee may also evaluate compliance with other proposal requirements including, but not limited to:*

- proposals must NOT restrict the rights of the AGENCY or other qualification of the RFP; and,*
- NO inappropriate conflicts of interest regarding the RFP or the subject procurement; as well as, response to and documentation as required by all other RFP requirements.*

### 9.3 Key Position Resume Sheet

This form must be used to respond to Section 4.6.2 – Key Positions. For each named individual a separate Key Position Resume Sheet must be submitted.

PROPOSER 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 <b>not</b> 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:

---

References:

List 3 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 Medicaid, 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 Medicaid may be investigated.

By submitting this data sheet to Medicaid, 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 PROPOSER Signature

\_\_\_\_\_  
Date



## 9.7 Cost Proposal Template II

Enter the price of each deliverable.

Proposer:	
Authorized Signature:	Date:
Deliverables	Cost
State Self-Assessment (SS-A) Project Plan – Approach to SS-A	
SS-A Project Plan – WBS, Schedule, Contractor, fiscal agent, state and PROPOSER resources	
SS-A Project Plan – Other artifacts	
MITA, Seven Conditions and Standards and COO Governance Plan	
Monthly Status Reports	
MITA Training Plan and Delivery	
Medicaid Business Process SS-A – As-Is Assessment	
Medicaid Business Process SS-A – To-Be Assessment	
Medicaid Business Process MITA Roadmap	
Medicaid Business Architecture SS-A – As- Is Assessment	
Medicaid Business Architecture SS-A – To- Be Assessment	
Medicaid Information Architecture SS-A – As- Is Assessment	
Medicaid Information Architecture SS-A – To- Be Assessment	
Medicaid Technical Architecture SS-A – As- Is Assessment	
Medicaid Technical Architecture SS-A – To- Be Assessment	
Medicaid – Seven Conditions and Standards SS-A – As-Is Assessment	
Medicaid – Seven Conditions and Standards SS-A – To-Be Assessment	
Medicaid MITA Roadmap	
Screening of Ancillary Medicaid Systems –	
Ancillary Systems – Seven Conditions and Standards SS-A – As-Is Assessments	
Ancillary Systems – Seven Conditions and Standards SS-A – To-Be Assessments	
MITA Roadmap for Ancillary Systems – Seven Conditions and Standards SS-A – To-Be Assessment	
Alabama Medicaid Enterprise MITA Roadmap – Covers Alabama Medicaid Agency MMIS, Ancillary Systems, and Eligibility Systems	
State Medicaid Concept of Operations and Business Process Models	
State Medicaid Procurement Documentation – IAPD, PAPD, and RFP	
<b>TOTAL FIRM AND FIXED PRICE</b>	



**INFORMATION SYSTEMS DIVISION  
MITA ASSESSMENT AND BPR PROJECT**

# **MITA 2.01 State Self Assessment Report**

DELIVERABLE I.09  
ITB #: 09-X-2205831

March 23, 2010

Version 1.1

Prepared by:



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## REVISION HISTORY

Version Number	Date	Reviewer	Comments
V.01	December 14, 2009		
V.02	December 21, 2009	FOX	Made recommended changes State identified.
V.03	December 22, 2009	FOX	Changes requested by Paul Brannan – Alabama Medicaid
V.04	December 23, 2009	FOX	Changed DHS to DHR; corrected Table 3 MITA Goals & Objectives.
V.05	December 30, 2009	FOX	Changes recommended by Kim Davis-Allen – Alabama Medicaid
V.06	January 4, 2010	FOX	PM06 – BPR Near Term Maturity goal reduced to Level 1 based on State feedback. Added APS information. Made changes to the Roadmap and Section 5.
V0.7	January 8, 2010	FOX	Final – made changes on pg 95 competency to competently; capitalized To Be on pg; changed word on pg 100 – PM07 BPR Near Term Goal.
V1.0	January 13, 2010	FOX	Final Version
V1.1	March 23, 2010	FOX	Changes resulting from meeting with the Alabama Medicaid Commissioner to clarify and answer her questions.

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## 1 EXECUTIVE SUMMARY

### 1.1 Deliverable Document Overview

This document is organized in six major sections:

- **Executive Summary** – Briefly presents the main topics discussed in the document including MITA overview, MITA Assessment and BPR Project overview, and a Summary of Findings.
- **Alabama Medicaid Agency SS-A Overview** – Describes the overall MITA State Self-Assessment (SS-A) project and the methodologies utilized.
- **MITA SS-A Business Assessment Results** – Presents the results of the Business Assessment at the Business Process (BP) level within the eight Business Areas. This includes the As Is and To Be maturity assessment for each BP.
- **MITA SS-A Technical Assessment Results** – Presents the results of the As Is Assessment at the Technical Function (TF) level within the seven Technical Areas. This includes the As Is maturity assessment for each TF.
- **Conclusion – Moving Toward the Transition Plan** – Discusses Agency efforts already under way, major To Be themes emerging from the SS-A and addresses defining an overall To Be strategy.
- **Appendices** – Contains presentations of the details that support the key findings of the assessment and a Glossary of MITA terms.

### 1.2 MITA Overview

MITA is a business initiative of the Centers for Medicare & Medicaid Services (CMS) in cooperation with State programs, intended to stimulate an integrated business and technological transformation of the Medicaid enterprise in all States. MITA can improve Medicaid program administration by aligning business processes and supporting technology with national guidelines. The MITA Framework 2.01 is a consolidation of principles, business and technical models, and guidelines that creates a template for States to use to develop their individual enterprise architectures, in a manner that is consistent with CMS expectations. In the future, MITA guidelines will support States' requests for appropriate Federal Financial Participation (FFP) for their Medicaid Management Information Systems (MMIS).

MITA is intended to provide a business and information architecture which states can use as a framework for improving Medicaid and exchanging data throughout the enterprise. Affected stakeholders might include beneficiaries, vendors and service providers, State and Federal Medicaid agencies, and other agencies and programs that are supported by Federal matching funds.

MITA identifies common Medicaid business processes and seeks to convert them into web services. Web services encompass standards that enable automated applications to communicate and exchange data over the Internet (or Intranet) across many sites and organizations. The development of common data and information standards allows

interoperability across different platforms, integration of applications, and modular programming so that changes can be introduced incrementally and existing information assets can be leveraged. MITA entails far more than paying and documenting claims; it envisions significant business processing, information, and technical changes:

- Improvements in monitoring programs and the quality of care through data sharing across the Medicaid enterprise
- Efficient use of resources through sharing reusable software
- More timely responses to program changes and emerging health care needs
- Improved access to high quality information so that patients and providers can make more informed decisions about health care

This transformation is profound because of the scope of necessary business and technology changes required, and the fact that some required technologies have not yet fully evolved. Some changes can be made in two to three years, but others will take five to ten years.

## **1.3 MITA Assessment and BPR Project**

### **1.3.1 Background**

The purpose of this project is to conduct a MITA 2.01 State Self-Assessment (SS-A), to reengineer the business processes of the Alabama Medicaid Management Information System (MMIS) Recipient Subsystem, implementing improvements where possible, and setting the stage for a follow-on phase in which the entire Recipient Subsystem will be redesigned and reengineered. The project advances the Alabama Medicaid Agency's vision of becoming a national model for enterprise level transformation, modernization and interoperability for MMIS, Health and Human Service (HHS) Systems and Health Information Systems (HIS) based on the MITA 2.01 Framework.

The objectives of this project are to:

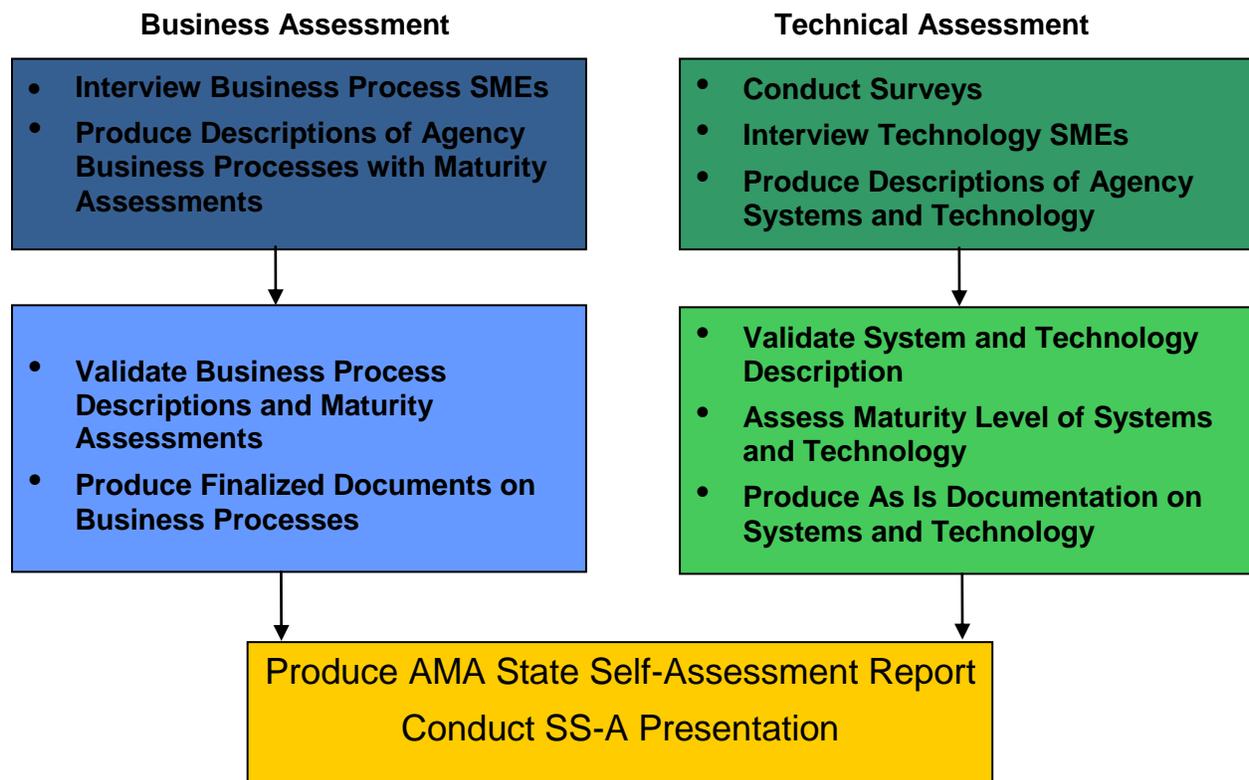
1. Conduct a MITA Framework Version 2.01 SS-A system and enterprise-level assessment based on current and future MITA alignment and interoperability, including:
  - a. The Alabama Medicaid Management Information Systems (AMMIS)
  - b. The Recipient Subsystem of the AMMIS and the related subsystems
  - c. The Together for Quality (TFQ) Transformation Grant Health Information System (HIS) Project
  - d. The Alabama Camellia II Project
2. Reengineer the business processes of the AMMIS Recipient Subsystem and its related subsystems interfaces, identifying opportunities for improvement and implementing those improvements wherever possible.

The Alabama Medicaid Agency (the Agency) State Self- Assessment includes:

- Business Process As Is Assessment and Validation

- Systems and Technology As Is Assessment [Technical Assessment (TA)]
- Targeted To Be Business Process Planning

The SS-A consists of two components: the business and technical assessments. An overview of the steps involved in the Agency State Self-Assessment (SS-A) can be found in Figure 1 Alabama Medicaid State Self-Assessment Project Overview.



**Figure 1 Alabama Medicaid State Self-Assessment Project Overview**

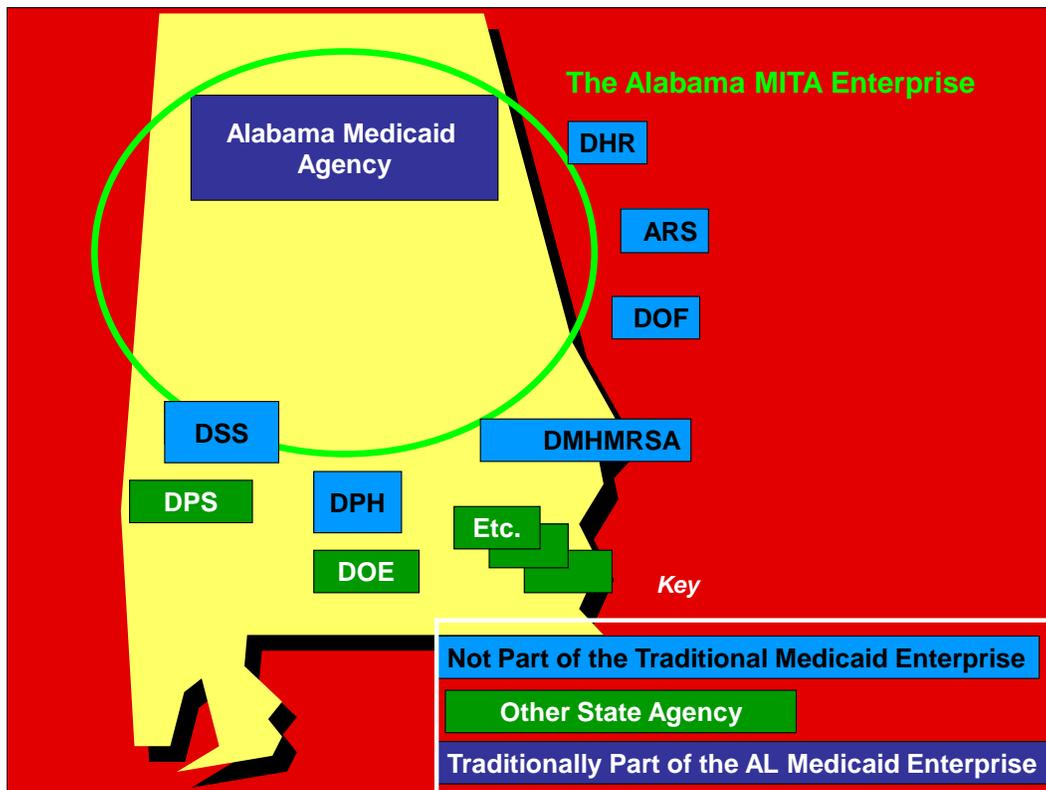
The results of the business assessment, i.e., the mapping, description of the Agency business against the MITA framework (79 processes in eight key areas), and MITA Maturity assessment is documented in Section 3 of this report. The results of the technology As Is assessment, which assessed the Agency’s technical maturity, are documented in Section 4 of this report. The business assessment and the technical assessment were conducted in parallel. This document addresses each of the assessments separately, then, brings together, in Section 5, the major themes noted in each assessment to support the goal setting and strategy to attain the Agency’s To Be capabilities.

Based on the information gathered in the Business Process sessions, Maturity levels for each process were assessed for both 'As Is' and 'To Be'. The time frame for 'To Be' assessment requested by Alabama Medicaid in the ITB was up to three years. In acknowledgement of the MITA SS-A as a part of the larger MITA Assessment and BPR Project, the FOX team identified three points in the future for which a To Be Objective needed to be identified. These three points in time are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage.
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project.
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency.

### 1.3.2 Overview of Alabama Medicaid Agency Enterprise

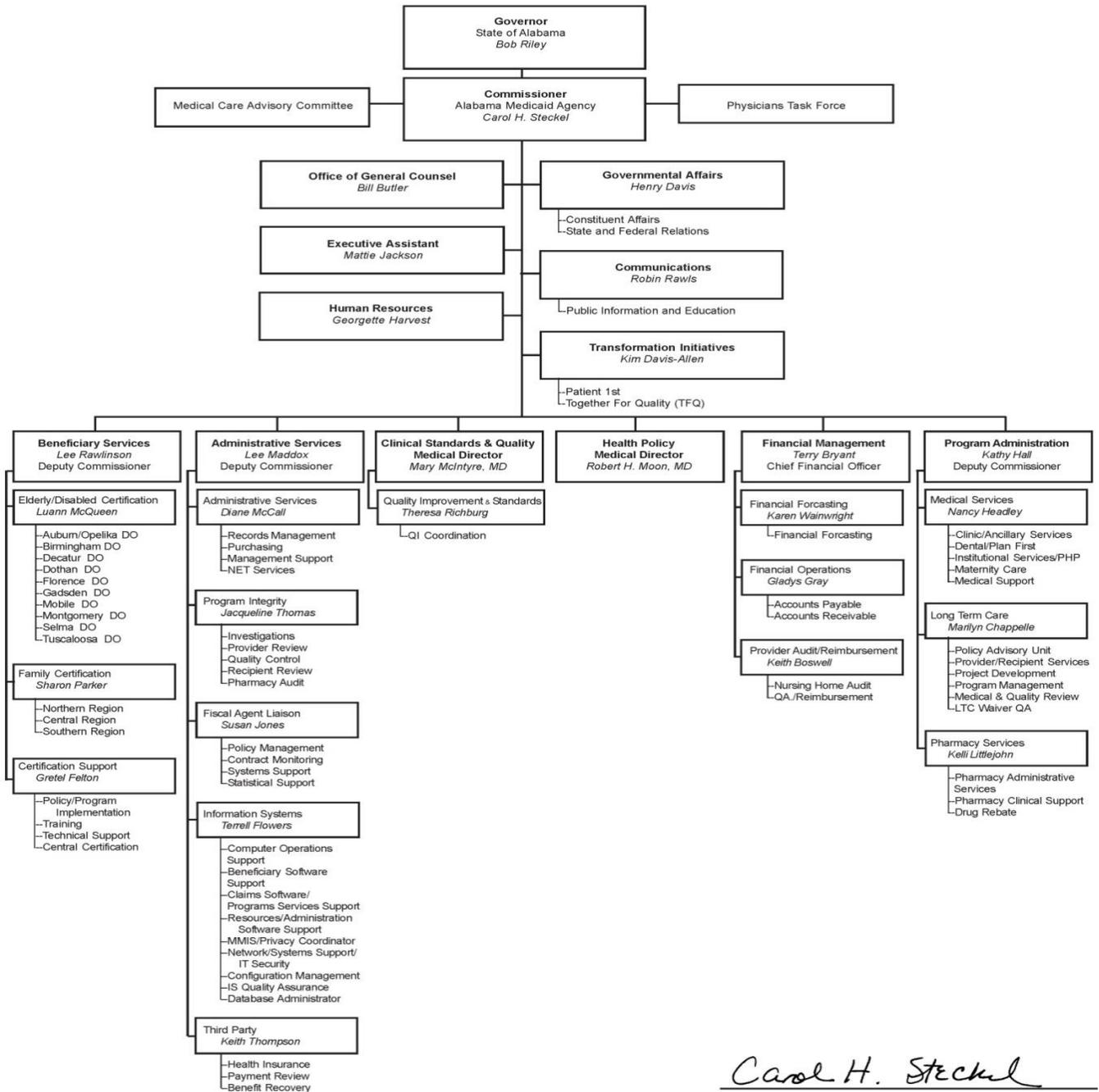
MITA is a plan to transform Medicaid. The first step is to look at Medicaid as not just a division, but as a State Medicaid Enterprise. While the majority of Medicaid activities occur within the Agency, MITA allows us to also look at the relationships and interdependencies within other business areas to accomplish the mission of Medicaid. Other agencies include, but are not limited to: Department of Human Resources (DHR), Department of Senior Services (DSS), Alabama Rehabilitation Services (ARS), Department of Finance (DOF), Department of Public Health (DPH), Department of Public Safety (DPS), Department of Education (DOE), etc. Figure 2 depicts the Alabama Medicaid Enterprise as demonstrated in the MITA Assessment.



**Figure 2 The Alabama Medicaid MITA Enterprise**

During the course of the MITA Assessment, the Agency went through staff reorganization. This did impact the project to some extent when trying to obtain the participation of the individual with the subject matter expertise rather than the person currently in the applicable position. Figure 3 depicts the current Alabama Medicaid Agency Organization.

## Alabama Medicaid Agency



*Carol H. Steckel*

Carol H. Steckel  
 Commissioner

Effective Date: January 1, 2009  
 Rev: March 12, 2009

**Figure 3 Alabama Medicaid Agency Organizational Chart**

### 1.3.3 Participants

Participants and subject matter experts (SMEs) in the MITA State Self-Assessment (SS-A) of the project were identified with the assistance of the Agency project executives and management. For a full listing of all participants, see Appendix B of this report.

The participants in the MITA Assessment and BPR Project include both Agency staff and FOX project team members. The following table lists the key participants.

**Table 1 Key MITA SS-A Project Members**

Agency Participants	FOX Participants
Terrell Flowers – Primary Coordinator	Joe Lombardi – Project Manager
Paul Brannan – MITA Coordinator	Nancy Ferguson – Deputy Project Manager
Lee Rawlinson – Secondary Co-Coordinator	Robin Pratt – Senior MITA SME
Gretel Felton – Secondary Co-Coordinator	Carmen Burleigh – Business Analyst
John Napier – State Project Manager	Jacob Thomas – Technical Analyst
	Erica Salti – Jr. Business Analyst

## 1.4 Summary of Key Findings

### 1.4.1 Aligning Alabama Medicaid’s Vision with the MITA Vision

One of the key elements of MITA is the consideration of mission and vision principles for the Medicaid Program. The Alabama Medicaid Mission Statement, Vision, and Values are listed in Table 2.

**Table 2 Alabama Medicaid Agency Guiding Principles and Objectives**

Alabama Medicaid Guiding Principles	
Alabama Medicaid Mission Statement	To serve eligible, low income Alabamians by efficiently and effectively financing medical services in order to insure patient-centered, quality focused healthcare.
Alabama Medicaid Vision	To be a leader through innovation and creativity, focusing on quality and transforming Alabama’s healthcare system.
Alabama’s Values	<ul style="list-style-type: none"> <li>▪ Respect               <ul style="list-style-type: none"> <li>– <i>We are a caring organization that treats each individual with dignity, empathy, and honesty.</i></li> </ul> </li> </ul>

Alabama Medicaid Guiding Principles	
	<ul style="list-style-type: none"> <li>▪ Integrity               <ul style="list-style-type: none"> <li>– <i>Our stakeholders can depend on the quality, trustworthiness, and reliability of our Agency’s employees and representatives.</i></li> </ul> </li> <li>▪ Excellence               <ul style="list-style-type: none"> <li>– <i>We are committed to maximizing our resources to ensure the residents of Alabama have access to quality health care.</i></li> </ul> </li> <li>▪ Teamwork               <ul style="list-style-type: none"> <li>– <i>Our success depends upon establishing and maintaining effective collaborative partnerships.</i></li> </ul> </li> <li>▪ Innovation               <ul style="list-style-type: none"> <li>– <i>We willingly embrace new ideas and new ways of doing things to effectively meet a changing health care environment.</i></li> </ul> </li> </ul>

Next, the goals and objectives as defined in the MITA Framework 2.01 were aligned with the functional objectives identified by the Agency for each Business Area. The MITA goals and objectives are defined as:

1. Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards
2. Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology
3. Promote an enterprise view that supports enabling technologies that are aligned with Medicaid business processes and technologies
4. Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for healthcare management and program administration
5. Provide performance measurement for accountability and planning coordinate with public health and other partners, and integrate health outcomes within the Medicaid community

The MITA capability and Alabama goal alignment is depicted in Table 3 below. The goals and objectives were obtained from numerous documents including the Invitation to Bid, Beneficiary Services and Third Party Wish List, various documentation provided by SME’s, and from



discussions via the Business Process Assessment sessions. The State will need to determine whether they wish to include these potential goals when they next review agency goals.

**Table 3 MITA Goals and Objectives**

Business Area	MITA Capability Improvements	Alabama Goals
Provider Management	<ul style="list-style-type: none"> <li>• One-stop shop for enrollment &amp; credentialing</li> <li>• Automated credential updates</li> <li>• National enrollment data standards</li> <li>• Provider network meets community needs</li> <li>• Pay for performance &amp; quality of care</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a centrally located, Provider Web portal to enroll, validate, update, and share information across all agencies</li> <li>• Incorporate National Standards</li> <li>• Increase participation rate performance with better data access and reliability</li> <li>• Health Care Quality through High Performance Program Management</li> </ul>
Member Management	<ul style="list-style-type: none"> <li>• No wrong door</li> <li>• National enrollment data standards</li> <li>• Patient empowerment/decisions</li> <li>• Preventive care</li> <li>• Universal coverage – the states will have to understand how the healthcare reform is to be managed.</li> <li>• Access to quality care</li> </ul>	<ul style="list-style-type: none"> <li>• Build a screening and referral Web portal that will be a single point of entry to all state services, via Family Resource Centers</li> <li>• Enhance Camellia to expand shared, outreach and screening function by expanding to an electronic rules engine using national enrollment data standards</li> <li>• Develop Applicant/Beneficiary Self-Service Web Portal</li> </ul>
Care Management	<ul style="list-style-type: none"> <li>• Medical home</li> <li>• Access to clinical data at point of care management</li> <li>• Supports patient empowerment</li> <li>• Interoperable data sharing via HIE</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance patient quality of care with service coordination tools and effective provider communication</li> <li>• Continue to educate and encourage the use of the electronic clinical support tool</li> <li>• Develop Applicant/Beneficiary Self-Service Web Portal</li> <li>• Develop a universal case view across all agencies</li> </ul>



Business Area	MITA Capability Improvements	Alabama Goals
Business Relationship Management	<ul style="list-style-type: none"> <li>• Collaboration of Medicaid with Public Health, Behavioral Health, local, other states, and federal agencies</li> <li>• Secure, de-identified HIE nationally</li> <li>• Service Level Agreements for HIE</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of eligibility verification and validation information across state and federal agencies and programs via standard interfaces</li> <li>• Expand the Medicaid/Public Health network to interface with other state and federal agencies</li> <li>• Develop a partnership with providers and other non provider public sites</li> </ul>
Program Management	<ul style="list-style-type: none"> <li>• Instant access to accurate, timely clinical &amp; admin data via secure HIE</li> <li>• Dash board decision support information</li> <li>• Data supports strategic planning</li> <li>• Changes in eligibility, enrollment, benefit plan, and service rules are instantly implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Develop electronic case, retrieval and document management system with access to all state, federal, and</li> <li>• Improve Interfaces/Matches/Transmissions Processes</li> <li>• Provide for efficient access to the information needed by Enterprise processes. For example, to determine eligibility, determine availability of TPL resources, view Program Integrity actions, and view legal actions.</li> </ul>



Business Area	MITA Capability Improvements	Alabama Goals
Operations Management	<ul style="list-style-type: none"> <li>Streamline transaction processing through access to clinical data; use of HIE</li> <li>Move from transaction focus to strategic action</li> <li>Adopt MITA SOA to streamline maintenance &amp; enhancements, reuse components</li> </ul>	<ul style="list-style-type: none"> <li>Paperless – Convert 50% of internal systems to paperless by FY12</li> <li>Continue to educate and encourage use of electronic clinical support tool</li> <li>Reengineer Application and Eligibility</li> <li>Create Electronic Case Record and Retrieval and Document Management System</li> <li>Implement Service Oriented Architecture (SOA) to provide flexibility in business process design and stability in infrastructure by adhering to industry standards</li> </ul>
Program Integrity	<ul style="list-style-type: none"> <li>Focus on preventing problems and rewarding quality</li> <li>Integrity, quality permeate all operations</li> <li>Appropriate model for managed care</li> <li>Shifting focus from daily operations to strategic focus on how to meet the needs of the population within budget</li> </ul>	<ul style="list-style-type: none"> <li>Enhance QI and Utilization management to detect fraud and abuse</li> <li>Enhance secure electronic access to information</li> <li>Develop a comprehensive statistical profile for delivery and utilization patterns</li> <li>Use of current State operations that Medicaid has duplicated freeing up experienced staff for business analysis; i.e. using student interns or graduate students which may lead to full time employment.</li> </ul>

Business Area	MITA Capability Improvements	Alabama Goals
Contractor Management	<ul style="list-style-type: none"> <li>Integrate MITA principles</li> <li>Promote SOA</li> <li>Measure performance of Service Level Agreements</li> </ul>	<ul style="list-style-type: none"> <li>Utilize electronic standards to communicate with administrative and health services contractors (e.g., Maternity Care contractors)</li> <li>Seamless interface with all contracted entities into state dashboard</li> <li>Integrate enterprise-level analysis and reporting</li> </ul>

### 1.4.2 Summary of Business and Technical Assessment Results

This section summarizes the results of the SS-A for both the Alabama Medicaid Agency Enterprise business processes and IT architecture. MITA provides the MITA Maturity Model as the scale against which a business process is assessed. This scale consists of 5 maturity levels through which a process will evolve over time. The MITA framework defines the capabilities for each process at each of the five maturity levels. For a summary of the capabilities at each level of the MITA Maturity Model, see Section 2.2, Description of the MITA SS-A Process.

The Fox Project Team determined the MITA Maturity Level of each business process and technical function after meeting with Subject Matter Experts (SME). Level determination was made after assessing multiple capabilities as defined by MITA for each of the business processes and technical functions. The information presents the As Is and To Be MITA Maturity Levels for the Business Assessment and the As Is Maturity Levels for the Technical Assessment.

Each of the following three tables displays the assessed MITA Maturity at the Business Area (BA) and Technical Area (TA) level. The table displays the number of business processes or technical functions within each Business or Technical Area that were assessed against the applicable Maturity Levels, listed across the top of the table.

For definitions of what business processes are addressed by a Business Area, see Section 2.

Color Legend: The proportion of the Business Area that is assessed at the indicated level (see percentage in parentheses)

1 – 25%		51 – 75%	
26 – 50%		76 – 100%	

**Table 4 Summary of Business Assessment As Is Maturity**

Business Area Name	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
<b>Member Management – 8 Business Processes</b> This BA as a whole is currently at Level 1.	8 (100%)	0	0	0	0
<b>Provider Management – 7 Business Processes</b> This BA as a whole is currently at Level 1.	7 (100%)	0	0	0	0
<b>Contractor Management – 9 Business Processes</b> This BA as a whole is currently at Level 1.	9 (100%)	0	0	0	0
<b>Operations Management – 21 Business Processes</b> This BA as a whole is currently a mix of Level 1 and Level 2. <b>Note:</b> MITA includes 26 business processes in this BA, Alabama Medicaid does not currently engage in five of them. All but one (Calculate Spend Down) did result in a To Be assessment.	16 (76.2%)	5 (23.8%)	0	0	0
<b>Program Management – 19 Business Processes</b> This area as a whole is currently a mix of Level 1 and Level 2.	16 (84.2%)	3 (15.8%)	0	0	0
<b>Business Relationship Management – 4 Business Processes</b> This BA as a whole is currently at Level 1.	4 (100%)	0	0	0	0
<b>Program Integrity Management – 2 Business Processes</b> This BA as a whole is currently at Level 1.	2 (100%)	0	0	0	0

Business Area Name	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
<b>Care Management – 3 Business Processes</b> This BA as a whole is currently at Level 1. <b>Note:</b> MITA includes 4 business processes in this BA, Alabama Medicaid does not currently engage in one of them.	3 (100%)	0)	0	0	0

The three points in the future for which a To Be Objective was assessed are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage.
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project.
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency.

Color Legend: The proportion of the Business Area that is assessed at the indicated level (see percentage in parentheses)

0 – 25%		51 – 75%	
26 – 50%		76 – 100%	

**Table 5 Summary of Business Assessment To Be Maturity Goals**

To Be Point in Time	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
<b>Member Management – 8 BPs</b>					
MMIS Short Term	8 (100%)	0	0	0	0
BPR Near Term	0	8 (100%)	0	0	0
MITA Long Term	0	0	8 (100%)	0	0
<b>Provider Management – 7 BPs</b>					
MMIS Short Term	7 (100%)	0	0	0	0

To Be Point in Time	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
BPR Near Term	3 (42.9%)	4 (57.1%)	0	0	0
MITA Long Term	0	0	7 (100%)	0	0
<b>Contractor Management – 9 BPs</b>					
MMIS Short Term	9 (100%)	0	0	0	0
BPR Near Term	3 (33.3%)	6 (66.7%)	0	0	0
MITA Long Term	0	1 (11%)	8 (89%)	0	0
<b>Operations Management – 26 BPs</b>					
MMIS Short Term	14 (66.7%)	7 (33.3%)	0	0	0
BPR Near Term	12 (54.5%)	10 (45.5%)	0	0	0
MITA Long Term	0	0	25 (100%)	0	0
<b>Program Management – 19 BPs</b>					
MMIS Short Term	16 (84.2%)	3 (15.8%)	0	0	0
BPR Near Term	13 (68.4%)	5 (26.3%)	1 (5.3%)	0	0
MITA Long Term	0	4 (21%)	15 (79%)	0	0
<b>Business Relationship Management – 4 BPs</b>					
MMIS Short Term	4 (100%)	0	0	0	0
BPR Near Term	0	4 (100%)	0	0	0
MITA Long Term	0	0	4 (100%)	0	0
<b>Program Integrity Management – 2 BPs</b>					
MMIS Short Term	2 (100%)	0	0	0	0
BPR Near Term	0	2 (100%)	0	0	0
MITA Long Term	0	0	2 (100%)	0	0
<b>Care Management – 4 Ps</b>					

To Be Point in Time	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
MMIS Short Term	3 (100%)	0	0	0	0
BPR Near Term	0	3 (100%)	0	0	0
MITA Long Term	0	0	3 (100%)	0	0

In Table 6, below, the technical assessment uses a scale of shaded symbols that indicate the following:

- The majority of the Technical Area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the Technical Area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the Technical Area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

For definitions of what technical functionality is addressed by a Technical Area, see Section 3.

Color Legend: The proportion of the Technical Area that is assessed at the indicated level (see percentage in parentheses)

0 – 25%		51 – 75%	
26 – 50%		76 – 100%	

**Table 6 Summary of Technical Assessment As Is Maturity**

Technical Area Name	Maturity 	Maturity 	Maturity 
<b>Business Enabling Services – 11 Technical Functions</b> The technical functions within this area are at the following levels:	11 (100%)	0	0
<b>Access Channel – 2 Technical Functions</b> The technical functions within this area are at the following levels:	2 (100%)	0	0
<b>Interoperability Channels – 5 Technical Functions</b> The technical functions within this area are at the following levels:	5 (100%)	0	0
<b>Data Management and Data Sharing – 2 Technical Functions</b> The technical functions within this area are at the following levels:	2 (100%)	0	0
<b>Performance Management – 2 Technical Functions</b> The technical functions within this area are at the following levels:	1 (50%)	1 (50%)	0
<b>Security and Privacy – 6 Technical Functions</b> The technical functions within this area are at the following levels:	5 (83.33%)	1 (16.67%)	0
<b>Flexibility - Adaptability and Extensibility – 4 Technical Functions</b> The technical functions within this area are at the following levels:	3 (75%)	1 (25%)	0

### 1.4.3 Common Themes Emerging from the SS-A

There are a number of underlying themes that will challenge the State's Medicaid Enterprise ability to progress through the 79 MITA business process maturity levels outlined by the goals and target maturity levels identified by the SMEs.

These are listed in no specific order.

1. **Adequate Staffing** – The resources in some units (e.g., OGC, Finance) are so tight that implementation of new capabilities will need, at least temporarily, additional support staff. Current staff cannot simultaneously maintain the current workloads and be involved in implementing new capabilities. In other areas, as staffing levels are reduced and institutional knowledge is lost, there is a risk in terms of the Agency's ability to maintain the current level of successful operations, let alone sustain successful efforts to implement reengineered processes. There is a static number of staff that the Agency can have, which is set by the Governor's office. A State personnel hiring freeze, impacts the State's ability to progress along the MITA continuum.
2. **Communication** – Communication within and between IT personnel and other Agency units is inconsistent and/or insufficient.
  - a. Up to date documentation of Agency systems is not centrally available, is inconsistent, and in some instances is non-existent
  - b. There is a lack of collaborative effort between Agency units to support one another and provide information regarding what technologies are available in the industry or within the Agency
  - c. There is a need for a communications tracking mechanism within the Agency as well as with external agencies.
3. **Technology Organization** – During the assessment of business and technical capabilities, FOX noticed that the information required to manage the business process is scattered across the enterprise and there is no common repository or knowledge base to store information. Currently there is no documentation available that draws and coordinates an enterprise wide picture of business processes describing how all the systems interface or relate. There does not appear to be one department or group that is responsible for the various systems in use. And, there are currently there no architectural standards followed consistently across the Medicaid Enterprise.

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

flexibility and a broader scope in conjunction with the As Is To Be gap analysis that coordinates the effort with the MITA initiative.

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

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

4. **Data Standards and Enterprise Data Modeling** – The most critical task associated with data governance is to establish a standard data model to be used across the enterprise. This is a key to management. A defined data model will benefit the State in several ways:
  - a. First, the State will be better positioned to plug-and-play systems, reducing cost and increasing competition. Data exchanges using a standard data set can be shared in the procurement process as a mandatory system requirement. Over time, this requirement will make it much easier to make decision based on better functionality rather than the ability to interface between systems.
  - b. Second, system improvements can anchor to a single model for data sharing and use. This will reduce the time and risks associated with systems implementations. Testing of interfaces and testing of modules can occur more quickly and with data predictable results.
  - c. Third, adopting an Enterprise data model will better position the State to systematically adopt the national models provided by MITA in the future. Further, Alabama has an opportunity to assist in the development of the national MITA data models, reducing the long term impacts.
  - d. Finally, the fourth benefit will allow recipients and providers improved interactions with the Alabama Medicaid Enterprise as predictable data values promote consistency and accuracy of information. A standard data model also makes it much easier to share and maintain accurate data across business units, reducing the risk of inconsistencies.
5. **Workflow Management and Electronic Document Management** – As the Alabama Medicaid Agency moves toward MITA maturity level 3, workflow management would benefit from ongoing improvement initiatives. Currently, Alabama uses event tracking as a basic workflow, but this process is primarily manual and does not have the capability to electronically route files to business or individuals involved in the process. Business processes will only continue to identify and realize improvements where activities and

tasks are measured and analyzed. Workflow management and improved metrics would allow the Alabama Medicaid Enterprise to target resources to areas of opportunity.

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

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

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

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

- 7. Configuration Management** – The Agency does not have a formal, best-of-breed approach to configuration management. There are no published procedures or configuration management plan. The Agency should consider implementing a configuration management process that ensures, establishes and maintains consistency of a system's or product's performance and its functional and physical attributes with its requirements, design, and operational information throughout its life. Under SOA architecture, constant demand for application and infrastructure changes can pose significant risk. An uncontrolled approach to changes can result in business disruptions. The Agency will need to adopt a controlled, enterprise-wide approach to system changes if they take on more of the MMIS IT support role in the future. Selecting software configuration management tools that supports simultaneous development and integration of future releases will be needed in the modular MITA enabled environment.
- 8. Forms Management** – Currently, data is entered into the Alabama Medicaid systems via manual data entry on hardcopy forms or online electronic forms. Almost 75% of the data is entered through electronic forms. There is no formal forms management within



the Agency. All these forms are managed locally by various units. Making all forms available in an electronic format with a forms control process to oversee various aspects of the creation, revision, inventory, tracking and distribution of forms (as well as envelopes, brochures, pamphlets, posters, flyers, reports, and handbooks) produced by the Agency would be more efficient and economical long term. This would also assure that printed and computer generated forms are in compliance with the Alabama law (if any) that mandates language/standards of forms.

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

## 2 ALABAMA MEDICAID AGENCY SS-A OVERVIEW

### 2.1 Project Scope and Approach

The goal of the State Self-Assessment (SS-A) was to produce a system and enterprise level assessment based on current and future MITA alignment and interoperability of:

- The Alabama Medicaid Management Information Systems (AMMIS)
- The Recipient Subsystem of the AMMIS and the related subsystems
- Medicaid's Together for Quality (TFQ) Transformation Grant Health Information System (HIS) Project
- Alabama's Camellia II Project (Camellia II Project) to increase health and human service outcomes for children and families by building an integrated Health and Human Services (HHS) infrastructure to coordinate technology and business processes of multiple systems

The tasks associated with this scope of work included the following major areas:

- Documenting Agency Mission and Goals
- Documenting the Agency Systems and Technology
- Documenting the Agency As Is Business Processes
- Mapping Agency As Is to MITA Framework Processes
- Assigning an As Is and To Be Maturity Level to each Agency Business Process
- Documenting Gaps
- Develop a Transition Plan with MMIS Short Term, BPR Near Term and Long Term Goals

### 2.2 Description of the MITA SS-A Process

MITA is intended to provide States with an information architecture which they can use as a framework for improving Medicaid and exchanging data throughout the enterprise, including beneficiaries, vendors and services providers, State and Federal Medicaid agencies, and other agencies and programs which are supported by Federal matching funds. While Medicaid Agencies rely substantially on technology to perform their work, MITA envisions changes that will enable the Medicaid business processes to drive the technological changes over the next decade. MITA also envisions that many of these business processes might be similar among the various Medicaid agencies, and that some economies might be gained if these processes can be modeled and shared among States. The goal of MITA was articulated:

*Establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise and for stakeholders dedicated to improving health care outcomes and administrative procedures for Medicaid beneficiaries.*

CMS established the MITA framework, which elaborated on the MITA vision. That framework adapted the best practices in the industry to meet the unique requirements of Medicaid. The framework detailed that MITA would include a Business Architecture, an Information Architecture, and a Technical Architecture that would work in concert to define and improve the administration of Medicaid enterprises.

The Business Architecture includes all of the business processes defined by the Medicaid Agency and establish a maturity level for each of them. The Information Architecture will define the data and standards necessary to conduct these business operations. Finally, the Technical Architecture establishes fundamental concepts of technology, such as interoperability, modularity, and flexibility, without naming specific technology or systems. The Technical Architecture is still in early stages of development, but the Information Architecture (IA) has almost no structure in the Framework 2.01. The Business Architecture is much more robust and in Framework 2.01 has been through a review via the established MITA governance process.

The development of the IA is currently taking place at Health Level Seven (HL7), where all of the business processes are being modeled. All of the concepts in the framework allow individual Medicaid agencies the options and flexibility to pursue their own Enterprise Architecture (EA), while still adhering to the basic principles that move the entity forward on the continuum to more mature capabilities that better meet the established goals and objectives.

Fundamental to implementation of the MITA concept is the requirement for each State to conduct a SS-A. Within the SS-A, each State is to carefully and honestly look at its current business processes to establish which ones pertain to its Medicaid operations and at what maturity level that business process is—the As Is state. The capabilities of a process at each MITA maturity level are specific to that process. However, these capabilities can be generalized:

- **Level 1 –**
  - The agency focuses on meeting compliance thresholds dictated by state and federal regulations
  - Processes are primarily manual
- **Level 2 –**
  - The agency focuses on cost management and improving quality
  - Processes are a mix of manual and automated, standards are introduced
- **Level 3 –**
  - The agency focuses on coordination with other agencies and collaboration in adopting national standards and developing shared business services
  - Processes are primarily automated, systems are implemented through Service Oriented Architecture (SOA)
- **Level 4 -**
  - Widespread and secure access to clinical data
  - Focus on program improvement
- **Level 5 –**
  - National (and international) interoperability allows the Medicaid enterprise to focus on fine tuning and optimizing program management, planning, and evaluation.

Once the As Is Maturity is determined, the SS-A requires the State to consider where it would like to be over the next period of time. While MITA typically looks at a 5 to 10 year time frame, the time period is determined by the State. This is the To Be maturity level for each business process. Between the As Is and the To Be are issues that must be addressed before the State can progress to the higher maturity. Those issues represent the Gaps. As a State defines its To Be maturity level, it must also elaborate on functionality it would need to accomplish that maturity. That may represent both business process and technical requirements to achieve that goal.

The plan to get to the desired To Be MITA Maturity Levels is developed by the State and remains a living document. The MITA framework provides roadmap guidelines, but the State of Alabama must prioritize and specify its own roadmap. Throughout the course of the journey, different issues will become more important and will jump the priority list, new Federal and State laws will demand more immediate attention, and technology itself will continue to evolve. The goal of MITA is to establish a baseline from which to plan, and revise the plan, to move forward.

## 2.3 Business Assessment Process

A MITA State Self-Assessment hinges on determining the executive vision for the future, establishing the interested stakeholders, capturing the current maturity level of business processes within the enterprise, and envisioning the capabilities of an MMIS as it is enhanced over time. While MITA establishes a framework, that framework only serves to initiate the discussion.

FOX worked with the Alabama Medicaid Team to establish the processes and procedures to support the MITA SS-A. The process and procedures included the support of key stakeholders, management and subject matter experts (SME) throughout the State's Medicaid business and technology enterprise(s).

FOX met initially with administrative leaders of the Agency to introduce the MITA concepts and plan the methodology for implementing this process. Two meetings were held and after an initial presentation, SMEs in particular business areas were identified for each of the 79 business processes in the eight MITA business areas.

These SMEs were invited to participate in their corresponding Business Process Assessment session(s) to provide input to a standardized template. The template was pre-populated with information gathered from the ITB and other documentation. Through a facilitated group interview process, the SMEs were questioned about their current business processes, and encouraged to elaborate on their constraints and wishes for improved business functioning. This information was added to the templates and the templates were submitted to the staff for feedback.

Based on the information gathered in the Business Process sessions, Maturity levels were assessed for both 'As Is' and 'To Be'. The time frame requested by Alabama Medicaid in the ITB was up to three years. In acknowledgement of the MITA SS-A as a part of the larger MITA Assessment and BPR Project, the FOX team identified three points in the future for which a To Be Objective needed to be identified. These three points in time are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage.
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project.
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency.

This information can be found in a table under each of the Business Areas in Section 3.3, along with a discussion of the As Is and To Be Objectives for the Business Area as a whole. Appendix A contains tables for each Business Area with statements summarizing the reasoning behind the As Is assessment and statements for each To Be point in time that address the gaps between the As Is assessment and the To be goal. The completed templates will be available to the State on the State SharePoint portal.

Prior to the completion of this report, the assessment results were aggregated into a table that documented the As Is and MMIS Short Term To Be maturity assessments. This data is required for inclusion on Attachment C for the Advanced Planning Document (APD). The table was delivered on December 1, along with a document that crosswalks the MMIS Certification Checklist items to the MITA Business Processes. The Gaps, To Be capabilities, and any other gathered information will be used to establish a transition plan for future Alabama Medicaid capabilities.

## 2.4 Technical Assessment Process

In order to capture relevant As Is information, an online survey was created for each technical function based on the MITA Framework 2.01 Part III – Technical Architecture. The survey was sent out to Subject Matter Experts (SMEs) in the following technical areas of the Alabama Medicaid Agency: State technical staff, MMIS Fiscal Agent, and Decision Support System/Data Warehouse (DSS/DW) staff. The respondents completed the survey with pertinent information about their respective areas.

All survey responses received were combined into one master document and sent back to the SMEs for review before the validation sessions. During the validation sessions with the SMEs, the master document was updated again with additional information gathered during the discussions. Once the final review was completed, the results were analyzed by FOX and a synopsis of the As Is information was written for each technical area and function. In addition to the synopsis, a maturity level was assigned to each technical function based on the Technical Capability Matrix guidelines outlined in MITA Framework 2.01 (where applicable)

### 3 MITA SS-A BUSINESS ASSESSMENT RESULTS

This section presents the results of the MITA SS-A Business Assessment. Section 3.1 displays the output from the first exercise in which the FOX team and Agency Subject Matter Experts engaged, aligning the MITA Business Architecture with the Alabama Medicaid Enterprise. Section 3.2 is divided into the eight MITA Business Areas and describes for each Area, in more detail than presented in the Executive Summary, the assessed As Is MITA Maturity and the To Be Maturity goals identified by the Business Process session participants.

In acknowledgement of the MITA SS-As place as one part of the larger MITA Assessment and BPR Project, the FOX team identified three points in the future for which a To Be Objective needed to be identified. These three points in time are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency

Appendix A offers further detail on the MITA Maturity assessment for each Business Process and addresses the gaps between the As Is Maturity for the process and the stated To Be goals for each of the above mentioned points in time.

#### 3.1 MITA to Alabama Business Process Crosswalk

One of the first steps in a MITA SS-A is to map the MITA Business Architecture to the State Medicaid Enterprise. The following table presents the results of the mapping exercise. MITA business processes are in the left hand column mapped to the Alabama business process in the right hand column. The business process number is a unique identifier FOX uses to simplify tracking the data that is collected about the business process.

**Table 7 MITA to Alabama Business Process Crosswalk**

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
<b>Member Management</b>		
Determine Eligibility	ME01	Determine Eligibility
Enroll Member	ME02	Enroll Member
Disenroll Member	ME03	Disenroll Member
Inquire Member Eligibility	ME04	Inquire Member Eligibility
Manage Applicant and Member Communication	ME05	Manage Applicant and Member Communication
Manage Member Grievance and Appeal	ME06	Manage Member Grievance and Appeal

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Manage Member Information	ME07	Manage Member Information
Perform Population & Member Outreach	ME08	Perform Population & Member Outreach
<b>Provider Management</b>		
Enroll Provider	PM01	Enroll Provider
Disenroll Provider	PM02	Disenroll Provider
Inquire Provider Information	PM03	Inquire Provider Information
Manage Provider Communication	PM04	Manage Provider Communication
Manage Provider Grievance and Appeal	PM05	Manage Provider Grievance and Appeal
Manage Provider Information	PM06	Manage Provider Information
Perform Provider Outreach	PM07	Perform Provider Outreach
<b>Contractor Management</b>		
Produce Administrative or Health Services RFP	CO01	Produce Administrative or Health Services RFP
Award Administrative or Health Services Contract	CO02	Award Administrative or Health Services Contract
Manage Administrative or Health Services Contract	CO03	Manage Administrative or Health Services Contract
Close-Out Administrative or Health Services Contract	CO04	Close-Out Administrative or Health Services Contract
Manage Contractor Information	CO05	Manage Contractor Information
Manage Contractor Communication	CO06	Manage Contractor Communication
Perform Contractor Outreach	CO07	Perform Contractor Outreach
Support Contractor Grievance and Appeal	CO08	Support Contractor Grievance and Appeal
Inquire Contractor Information	CO09	Inquire Contractor Information
<b>Operations Management</b>		
Authorize Referral	OM01	<i>Alabama does not currently perform this process</i>
Authorize Service	OM02	Authorize Service
Authorize Treatment Plan	OM03	<i>Alabama does not currently perform this process</i>
Apply Attachment	OM04	Apply Attachment
Apply Mass Adjustment	OM05	Apply Mass Adjustment
Edit Claim/Encounter	OM06	Adjudicate and Price/Value Claim/Encounter
Audit Claim/Encounter	OM07	Adjudicate and Price/Value Claim/Encounter

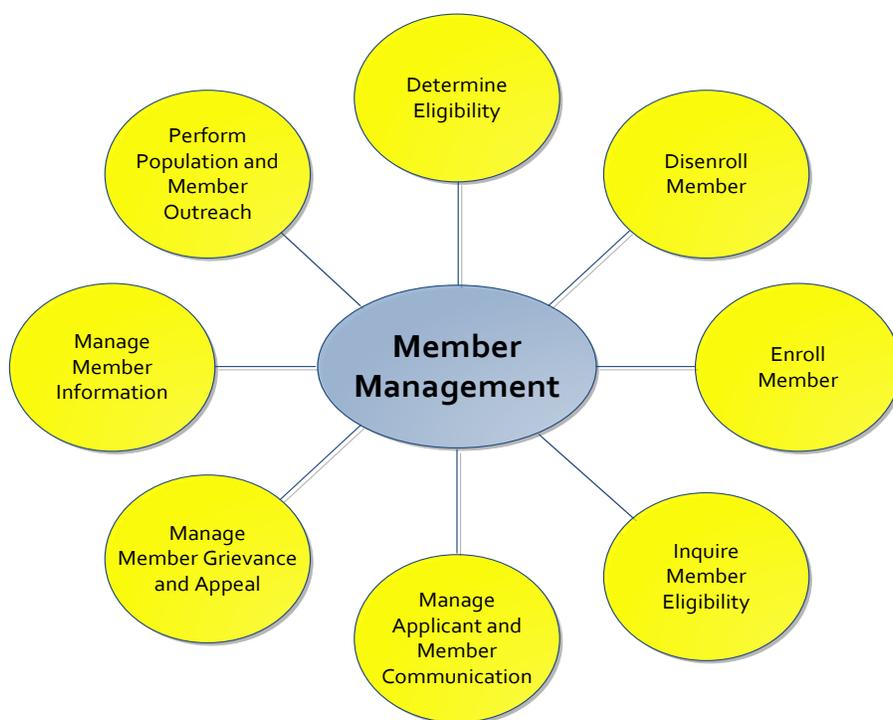
MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Price Claim/Value Encounter	OM08	Adjudicate and Price/Value Claim/Encounter
Prepare Remittance Advice/Encounter Report	OM09	Prepare Remittance Advice/Encounter Report
Prepare Provider EFT/check	OM10	Prepare Provider EFT/check
Prepare COB	OM11	<i>Alabama does not currently perform this process</i>
Prepare EOB	OM12	Prepare REOMB
Prepare Home and Community Based Services Payment	OM13	Prepare Home and Community Based Services Payment
Prepare Premium EFT/check	OM14	Prepare Premium EFT/check
Prepare Capitation Premium Payment	OM15	Prepare Capitation Premium Payment
Prepare Health Insurance Premium Payment	OM16	Prepare Health Insurance Premium Payment
Prepare Medicare Premium Payment	OM17	Prepare Medicare Premium Payment
Inquire Payment Status	OM18	Inquire Payment Status
Manage Payment Information	OM19	Manage Payment Information
Calculate Spend-Down Amount	OM20	<i>Alabama does not have a spend-down program</i>
Prepare Member Premium Invoice	OM21	<i>Alabama does not currently perform this process</i>
Manage Drug Rebate	OM22	Manage Drug Rebate
Manage Estate Recovery	OM23	Manage Estate Recovery
Manage Recoupment	OM24	Manage Recoupment
Manage Cost Settlement	OM25	Manage Cost Settlement
Manage TPL Recovery	OM26	Manage TPL Recovery
<b>Program Management</b>		
Designate Approved Services and Drug Formulary	PG01	Designate Approved Services and Drug Formulary
Develop and Maintain Benefit Package	PG02	Develop and Maintain Benefit Package
Manage Rate Setting	PG03	Manage Rate Setting
Develop Agency Goals and Objectives	PG04	Develop Agency Goals and Initiatives
Develop and Maintain Program Policy	PG05	Develop and Maintain Program Policy
Maintain State Plan	PG06	Maintain State Plan
Formulate Budget	PG07	Formulate Budget

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Manage FFP for MMIS	PG08	Manage FFP for MMIS
Manage F-Map	PG09	Manage F-Map
Manage State Funds	PG10	Manage State Funds
Manage 1099s	PG11	Manage 1099s
Generate Financial and Program Analysis Report	PG12	Generate Financial and Program Analysis Report
Maintain Benefits/Reference Information	PG13	Maintain Benefits/Reference Information
Manage Program Information	PG14	Manage Program Information
Perform Accounting Functions	PG15	Perform Accounting Functions
Develop and Manage Performance Measures and Reporting	PG16	Develop and Manage Performance Measures and Reporting
Monitor Performance and Business Activity	PG17	Monitor Performance and Business Activity
Draw and Report FFP	PG18	Draw and Report FFP
Manage FFP for Services	PG19	Manage FFP for Services
<b>Business Relationship Management</b>		
Establish Business Relationship	BR01	Establish Business Relationship
Manage Business Relationship	BR02	Manage Business Relationship
Terminate Business Relationship	BR03	Terminate Business Relationship
Manage Business Relationship Communications	BR04	Manage Business Relationship Communications
<b>Program Integrity Management</b>		
Identify Candidate Case	PI01	Identify Candidate Case
Manage Case	PI02	Manage Case
<b>Care Management</b>		
Establish Case	CM01	Establish Case
Manage Case	CM02	Manage Case
Manage Medicaid Population Health	CM03	Manage Medicaid Population Health
Manage Registry	CM04	<i>Alabama does not currently perform this process</i>

## 3.2 Capabilities of the Alabama MITA Business Areas

### 3.2.1 Member Management

The Member Management (MITA Terminology) business area is a collection of eight business processes involved in communications between the Medicaid Agency and the prospective or enrolled beneficiary and actions that the Agency takes on behalf of the beneficiary. These processes share a common set of beneficiary-related data. The goal for this business area is to improve healthcare outcomes and raise the level of consumer satisfaction. The figure below depicts the relationship of the various business processes to the Member Management business area.



**Figure 4 Member Management**

#### As Is

The functioning of the various processes within the Member Management Business Area is challenged by a number of factors among which are:

- A legacy system that is not flexible in responding to new business needs
- Continued reliance on manual mechanisms to carry out process steps
- Staffing limitations outside the control of the Agency
- Information fragmented across multiple files (e.g., BENDIX, TANIF, etc) and systems (e.g., AMAES, AMMIS, ALLKids, TFQ, TPL contractor (HMS) system)

- A lack of Enterprise standards in regards to forms used, member information, and information availability

The processes within Member Management employ a mix of manual and automated mechanisms to carry out business area activities. Although some business area process steps have been automated (e.g., validation of eligibility data entered into the Alabama Medicaid Application and Eligibility System (AMAES), enrollment business rules for Patient 1<sup>st</sup>), most processes rely heavily on manual processes (e.g., receipt of the majority of eligibility applications, many eligibility determination steps, determination of eligibility for waiver programs, many disenrollments, maintenance of member case information (much of this is paper based), maintenance of outreach materials).

Central to the effective operation of any business area is the information that supports its processes. One of the largest challenges to the Alabama Medicaid Member Management Business Area is the variation in the storage location, organization, availability, and format of member data within the Enterprise. This lack of consistency impacts or is revealed by;

- Access to and completeness of information (users responding to member eligibility inquiries do not have access to information that equally supports all programs, external stakeholders are not always confident that all request pathways return consistent information)
- The time and effort involved to complete processes
- Communication between systems and units
- Duplication of capabilities in multiple systems (AMAES and AMMIS both receive and respond to ANSI ASC X12N 270 eligibility request transactions)
- Deficiencies in data necessary to the support of the business area that exist in both AMAES and AMMIS and that impact successful completion of processes (e.g., neither AMAES and AMMIS supports the maintenance of the member's address of residence can prevent completion of the enrollment process)

One aspect of Member Management processes that is working well is the coordination with the Department of Public Health. The use of the DPH website and a shared application for the ALLKids program is one of the few examples of automated receipt of eligibility application information. **The Agency's grievance and appeals process for Members is also working well.** There is a low frequency of appeals and the manual nature of the process is not causing too many difficulties to stakeholders.

Communication and outreach to members is an area where, in some aspects, the Agency is "ahead of the curve" in awareness, if not capabilities (linguistic, cultural, competency appropriateness of communications and outreach), and in others has opportunities for improvement:

- It can take a member multiple transfers to get to the appropriate person to obtain the needed information
- Communication mechanisms do not work consistently, production of materials and delivery of information

- Communication requires manual intervention much of the time
- Tracking of communications and outreach is minimal (DPH has the ability to log phone calls, this capability may be something of which the Medicaid Agency can take advantage)
- There are currently no mechanisms to support targeting specific member populations for outreach. Capabilities in this area are closely related to those of the Manage Medicaid Population in the Care Management Business Area

All of the business processes within this business area were assessed at Maturity Level 1. This is primarily due to the manual nature of Member Management activities within the Agency, the fragmented nature of information and lack of Enterprise-wide standards for member data, and duplication of functionality within the Enterprise.

### **To Be Objectives**

The Member Management Business Area will be affected more than any other by the BPR initiatives of the overall project. The ITB, in defining the scope of the BPR project identifies the Beneficiary Services area as the major focus. Much thought has been put into future needs of the Beneficiary Services area by the Agency. Included in the ITB is an extensive list of To Be items documented in the Beneficiary Services and Third Party Wish List. Many of these wishes are expressed at a level of detail that is not applicable to an SS-A. We have reviewed them and noted some reoccurring themes. These themes have been taken into account in performing the maturity assessment. In the interest of the tight SS-A time-frame, detailed items have not been included here. As we moved through the overall assessment, the Wish List items will continue to be considered and will be addressed in the applicable individual processes and at the appropriate level of detail in the final SS-A report. The Wish List will also be placed on the State Portal in the section containing BP Session Templates available for use in all stages of the overall project.

In the short term, the maturity level of the Member Management will remain at Level 1. Improvements in the implementation of the ANSI ASC 270/271 eligibility transactions are anticipated with implementation of 5010. It is also expected that there will be improvements in the increased use of electronic communications. There is an opportunity to address, in the ITB for the AMMIS, the future intention to standardized member information as part of the BPR project.

The near term Maturity Level goal for all processes in Member Management is Level 2 through the implementation of all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation. In general, the following required improvements in the way the current business area processes work are necessary to achieve Level 2 maturity for the entire business area:

Required improvements fall into three major categories:

- Automation
  - The ability to store all member information electronically, and make it more accessible to authorized users and other business areas



- Implementation of electronic case management functionality to support multiple areas of Member Management
- Automated daily update of member information with date stamp and audit trail capabilities, manual updates are the exception
- Increased automation of requested and scheduled data extraction (direct access to query parameters by authorized users)
- Improved controls to eliminate duplicate records,
- Automation of as many process steps as possible to include:
  - Determination of eligibility (income and medical), enrollment, disenrollment, business rules including those reliant on data in Sister Agency systems (e.g., DPH ALLKids system)
  - Validation activities to the extent possible through data matching with external entities and on-line access to data sources (taking account that data exchange partners may not support a matching activity)
- Standardization and/or Centralization
  - Merging of the different eligibility pathways into a single standard process through interagency agreements and automation (preserving manual options for those members who are not adaptable to electronic mechanisms)
  - Integration of eligibility and enrollment steps into a single integrated eligibility determination/enrollment process, wherever possible
  - Standardizing member forms (eligibility, enrollment, appeal, etc.) for use across all programs
  - Standardizing member information across the Enterprise (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project).
  - Implementation of a single unified user interface for member management activities (transparency to the user regarding what system or file supports the activity)
  - Centralized repositories for information requiring input from multiple program areas
  - Creation of recipient service centers
- New Capabilities
  - The ability to support day based eligibility/enrollment periods
  - Automated workflow management capabilities

- Document management capabilities (scanning and automated routing of documents, version control)
- Standardization of member information to include the capture of data not currently supported
- Increased functionality available via the member web-portal (submission of applications and other forms, distribution of communications and outreach materials)

The long-term Maturity Level goal for Member Management is Level 3. This will involve implementing the process as a service utilizing MITA standards and interfaces (as they become available) within the Agency and for data exchanges with external entities. Enabling automated verification and the immediate availability of updates to data sharing partners and the consolidation or federation of the many systems that currently make up the member information data store will be required.

**Table 8 Member Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
ME01 Determine Eligibility	1	1	2	3
ME01 Enroll Member	1	1	2	3
ME03 Disenroll Member	1	1	2	3
ME04 Inquire Member Eligibility	1	1	2	3
ME05 Manage Application and Member Communication	1	1	2	3
ME06 Manage Member Grievance and Appeal	1	1	2	3
ME07 Manage Member Information	1	1	2	3
ME08 Manage Population and Member Outreach	1	1	2	3

### 3.2.2 Provider Management

The Provider Management business area is a collection of seven business processes that focus on recruiting potential providers to support the needs of the member population, enrolling and disenrolling providers, maintaining information on the provider, and communicating with the provider community as depicted in Figure 3 below:



**Figure 5 Provider Management**

#### As Is

The As Is maturity level for the Provider Management Business Area is Level 1. This is primarily due to the manual nature of processes within the business area. While the web site and AVRS provide information about providers, these are not the primary communication and outreach channels. Enrollment, disenrollment, and grievance activities are dependent on manual validation and verification of provider form data, manual implementation of business rules, use of paper as a means of submitting provider information, and phone based communication. Functionality does not currently support the scanning of provider forms and supporting documents into a document management facility. The production of outreach materials is also heavily manual.

Despite the fact that provider data is standardized across the Agency, other aspects of Provider Management activities are not. Provider applications vary by provider type. There is not standard form in use for provider disenrollment, although there is a standard set of data that is required for disenrollment. There are no Enterprise-wide standards for producing provider communication, though the Communications unit does review outreach materials. Fiscal Agent

or state staff tasked with responding to requests for provider information or provider communications do not have a well organized presentation of provider information. They must access many screens or views of the data to access the information they need to carry out this activity.

### **To Be Objectives**

As was true for the As Is assessment, short term objectives of the business processes in Provider Management were the same for all of the processes. The MMIS Re-procurement project does not appear to offer opportunity to improve the Maturity Level of the business area in the short term. Short term improvements will include enhancements to the Provider Enrollment/Re-enrollment capabilities, implementation of a web-based and streamlined provider application, the ability for providers to update their information via the web, and implementation of approved United States Postal Service (USPS) software. Although these improvements will move the business area towards Level 2, the Maturity Level will be Level 1 because many process steps will remain manual.

There are potential opportunities under the BRP initiative of the project that make a near term maturity goal of Level 2 for most of the processes within the business area reasonable. While the scope of the BPR project does not directly address Manage Provider capabilities, the implementation of workflow management, document management functions (to include the capability to scan documents and associate them with individual records), and case management capabilities has potential overlap with improvements identified under the BPR project. If implemented, along with standardization of forms supporting Provider Management activities (e.g., single application form for all providers) these improvements would bring the process into alignment with Level 2 capabilities.

Based on the current capabilities in the MITA Framework the following processes do not lend themselves to moving beyond Level 2 in the near term:

- PM04 Manage Provider Communication
- PM06 Manage Provider Information
- PM08 Perform Provider Outreach

However, as noted above, the implementation of workflow management and document management functions has potential overlap with improvements identified under the BPR project. If implemented, these improvements will move these processes towards meeting Level 2 capabilities.

The Long Term maturity goal for Provider Management is Level 3 maturity through the automation of all business process steps (where feasible), implementation of the process as a service and MITA standards (as they are developed). To meet Level 3 capabilities, the Agency will also need to fully meet Level 2 capabilities in regards to Provider Communication and Outreach:

- Automation of routine communications
- Improvement of linguistic, cultural, and competency capabilities both in regards to communicating with providers and in regards to the data about providers collected to respond to member needs in this area
- Improved access to provider information and/or results of Program Integrity and Manage Medicaid Population Health processes.

**Table 9 Provider Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PM01 Enroll Provider	1	1	2	3
PM02 Disenroll Provider	1	1	2	3
PM03 Inquire Provider Information	1	1	2	3
PM04 Manage Provider Communication	1	1	1	3
PM05 Manage Provider Grievance and Appeal	1	1	2	3
PM06 Manage Provider Information	1	1	1	3
PM07 Perform Provider Outreach	1	1	1	3

### 3.2.3 Contractor Management

The Contractor Management business area accommodates States that have managed care contracts or a variety of outsourced contracts. Some states may, for example, group Provider and Contractor in one business area. The Contractor Management business area has a common focus (e.g., manage outsourced contracts), owns and uses a specific set of data (e.g., information about the contractor or the contract), and uses business processes that have a common purpose (e.g., solicitation, procurement, award, monitoring, management, and closeout of a variety of contract types).

Creating a separate business area for Contractor Management allows the MITA process to highlight this part of the Medicaid Enterprise, which is becoming increasingly important to State Medicaid agencies. Indeed, it is the primary focus in some States that have comprehensive managed care or multiple-contractor operations. In the Contractor Management business area, the many types of healthcare service delivery contracts (e.g., managed care, at-risk mental health or dental care, primary care physician) and the many types of administrative services (e.g., fiscal agent, enrollment broker, Surveillance and Utilization Review [SUR] staff, and third-party recovery) are treated as single business processes because the business process activities are the same, even though the input and output data and the business rules may differ. The figure below illustrates the relationship of the various Contractor Management business processes.



**Figure 6 Contractor Management**

## As Is

In common with many other states, responsibility for Contractor Management within the Alabama Medicaid Enterprise is not centralized. Rather, it is distributed among the units that originate the need for a contract, although procurement is beginning to be centrally coordinated through the Office of the General Counsel (OGC). OGC also acts as a consultant to all areas in support of grievance and appeal management, minimizing inconsistencies. There is the potential for any part of the Agency to have responsibility for Contractor Management activities. This can result in a lack of coordination regarding the timing of procurements, contract close-out activities, decisions made that have impact within the Agency beyond the unit responsible for the contract, and the sharing of lessons learned from previous contracts.

This includes the storage of contractor information. While the contracts themselves and boiler plate language are maintained on the Q drive by OGC, much of the Agency's contract related information is stored manually by the individual units responsible for managing the contract. Contractor data also resides in the Medicaid Agency's Office of General Counsel, Purchasing, and Finance units, the APS system, and the State Purchasing and State Comptroller's Office systems. The majority of the information is *not* stored electronically and updates, including those to electronically maintained information must be applied manually. The one process that is supported by a shared workspace (Produce Administrative and Health Services RFP) lacks the ability to implement version control.

In common with maintenance of contractor information, many Contractor Management activities are manual (e.g., Lack of tools to structure and capture the RFP requirements, lack of automated tracking mechanisms to support information maintenance and communication activities, most communication activities are manual and paper based, some of this is due to signature requirements). One business process that is less constrained by manual activities is Contractor Outreach: E-mail distribution lists and web-site target specific contractors, use of the Agency and State Office of Procurement web sites, leverage of provider outreach mechanisms to serve contractors (e.g., provider list-serve, messages accompanying checks, provider newsletter, and town hall meetings).

Lack of Agency wide standards in a number of areas also impacts Contractor Management processes. While the OGC provides contract templates and boilerplate language that provides consistent guidance in regards to contract format and content. Much content is variable per the specifics of the individual contract. There is also a lack of Agency-wide communication standards (with the exception of the Fiscal Agent contract) and a lack of data standards across the Medicaid Enterprise Data which can complicate contractor monitoring activities

Participating staff felt that, in general, capable individuals keep this business area working. However, the processes would be more secure if there were more systematic supports. There is an Agency staffing cap in effect. The resulting limitation on number of staff in combination with the manual nature of many of the process steps limit the efficiency of Contractor Management processes and put the Agency at risk in relation to sustaining the current level of effectiveness for this business area.

All of the business processes within this business area were assessed at Maturity Level 1. This is primarily due to the manual nature and wide distribution of contractor management activities

within the Agency. At the same time, it must be acknowledged that some processes are constrained by the capabilities of other State entities (e.g., State Procurement Office, Legislative Contract Review Committee).

### To Be Objectives

Participating staff noted that there are many opportunities to improve Contractor Management business processes. These improvements include:

- Continue the movement toward automation (i.e., posting contracts online) as the internal capabilities and those of other State agencies allow
- Implementation of a central repository for contractor information, to include version control, by leveraging existing State system capabilities (e.g., SharePoint)
- Improve adherence to current policies to improve consistency (e.g., follow the decision-making requirements set out in policy)
- Better coordination of contract releases and lessons learned among the various parts of the Agency engaging in procurement
- Implementation of a workflow management tool (to include ticklers and other alerts)
- Procurement/Contract Management system (to include contract monitoring capabilities, ability to track the termination or time frame for renewal of contracts and communications)
- Implementation of tools that supports structured capture of RFP requirements
- Document management capabilities to reduce the reliance on paper and make information more easily accessible to authorized users
- Contract monitoring software
- Address staffing issues in relation to Contract Management needs:
  - Explore when assignment of a full-time procurement team would be more effective than the current practice of assigning procurement activities in which an individual must engage, in addition to their regular workload
  - In areas where there is enough volume of activity to justify it, assign individuals to focus on contract monitoring and/or internal process monitoring
    - Access information from other states regarding Contract Management to use as examples (“we don’t know what we’re missing”)
    - Enhance the DSS to include collection of data to better support contract monitoring
    - Develop a mechanism for capturing lessons learned from experience on existing contracts and expanding that knowledge to other contracts
    - Implement case management capabilities for Grievance and Appeal cases.

- Increase the visibility within the Agency of communications to contractors that affect other units and entities
- Create one central point of contact for all requests for contractor information to be disseminated from this point to the appropriate individual/unit for a response
- Leverage existing opportunities
- Take advantage of good practices in other parts of the Agency; expand those to Agency-wide practices
- Greater coordination and joint contracting for services that can be used across the Enterprise (e.g., NET, unemployment compensation)
- Investigate taking advantage of the Federal schedule
- Increased use of State-wide contract list
- Investigate COTS products that may already be used in other State agencies

As was true for the As Is assessment, short term objectives of the business processes in Contractor Management were the same for all of the processes. The MMIS Re-procurement project does not appear to offer opportunity to improve the Maturity Level of the business area in the short term. Although version control capability is expected to be introduced through increased use of the Share Point web portal, thus improving the Produce Administrative and Health Services RFP process within the Level 1 designation.

There are potential opportunities under the BRP project that make a near term maturity goal of Level 2 for most of the processes with the business area reasonable. While the scope of the BPR project does not directly address Manage Contractor capabilities, the implementation of a central repository for contract information by leveraging existing State system capabilities and the implementation of workflow management, document management, and case management capabilities has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of contract format and content and process steps, centralization (or federation) of electronic contract information storage, and increased automation of activities these improvements would bring the process into alignment with Level 2 capabilities. It is expected that the State Procurement office will continue to improve electronic capabilities, eventually accepting proposals via the portal.

Based on the capabilities currently in the MITA Framework, the following processes did not lend themselves to moving beyond level 2 in the near term:

- CO02 Award Administrative and Health Services Contract
- CO03 Manage Administrative and Health Services Contract
- CO06 Manage Contractor Communication

However, the implementation of a central repository for proposal data by leveraging existing State system capabilities and the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, these improvements along with increased use of electronic mechanisms for communication and

automation of verifications (e.g., EIN, status of tax payment) will move these processes towards meeting Level 2 capabilities.

The long term maturity goal for Contractor Management is to move towards Level 3 with the exception of CO06 Manage Contractor Communication. This process has a To Be goal of Level 2. The Agency feels that complete automation of communication with contractors would not be beneficial. In all other respects, the process will implement Level 3 capabilities. Level 3 capabilities include standardization of enterprise information; centralized (or federated) electronic storage and access of contractor information; centralized process activities to the extent feasible; and full coordination among programs and agencies in relation to contract management. Additionally, at Level 3, the expectation is that all of these capabilities will be implemented as services utilizing MITA standards as they are developed.

**Table 10 Contractor Management MITA Maturity Matrix**

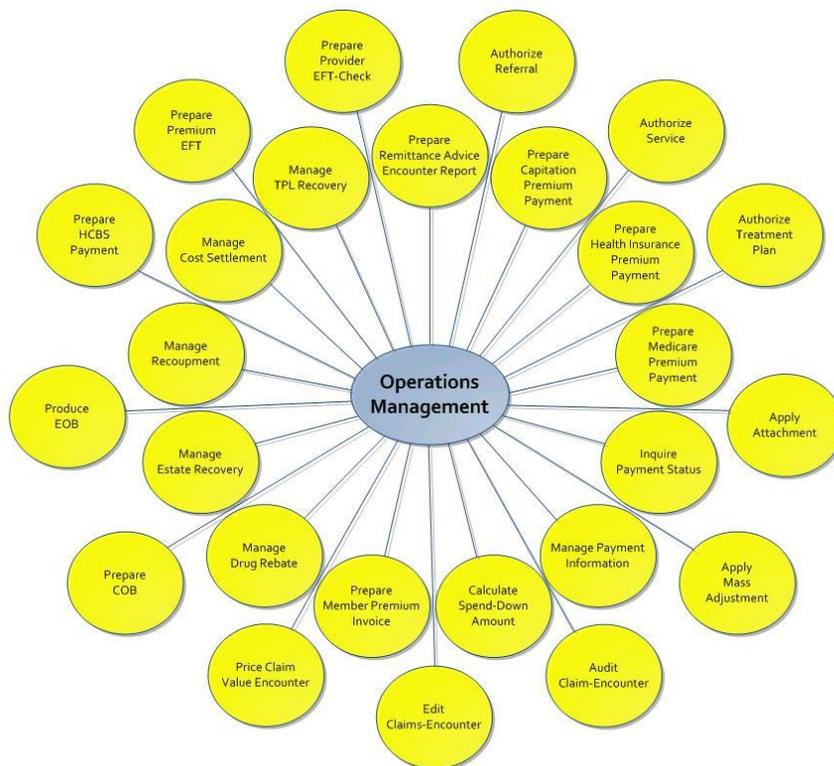
STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
CO01 Produce Administrative or Health Services RFP	1	1	2	3
CO02 Award Administrative or Health Services Contract	1	1	1	3
CO03 Manage Administrative or Health Services Contract	1	1	1	3
CO04 Close-out Administrative or Health Services Contract	1	1	2	3
CO05 Manage Contractor Information	1	1	2	3
CO06 Manage Contractor Communication	1	1	1	2
CO07 Perform Contractor Outreach	1	1	2	3
CO08 Support Contractor Grievance and Appeal	1	1	2	3



STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
CO09 Inquire Contractor Information	1	1	2	3

### 3.2.4 Operations Management

The Operations Management business area is a collection of 26 MITA defined business processes that support the adjudication of claims, payments to providers, other agencies, insurers, and Medicare premiums, as well as supporting the receipt of payments from other insurers, providers, and member premiums. The MITA Operations Management business area is illustrated by the diagram below:



**Figure 7 Operations Management**

#### As Is

The Operations Management business area is the focal point of many Medicaid agencies. Due to the far-reaching impact of these business processes, many have seen the benefit of increased automation. This is true for Alabama Medicaid as the Operations Management area is reaping the benefits of a relatively new installation of the interChange system that automates much of claims processing in an environment that offers considerable flexibility in changing business rules. Adjudication is real-time and the process steps spread across the MITA processes of Edit Claim/Encounter, Audit Claim/Encounter and Price Claim/Value Encounter, are part of a single Alabama process: Adjudicate and Price Claim/Value Encounter.

All claim types processed by the Agency are processed through the same system including Pharmacy claims and Home and Community Based Service claims. The only payments that

“look like” claims and are not processed through interChange are the non-emergency transportation payments (NET) that are being paid to members, though some payments do go to “transporters”. One unique feature of Alabama Medicaid is that it does not process encounters *received* from trading partners providing services to Medicaid members under contract with the Agency. The Agency *produces* encounters that are sent to contractors. While the interChange system has brought these and other claim related processes near to Level 2 in capability, there are a few remaining items that prevent many of the processes from being assessed at higher than Level 1. Some of these items are addressed in the following paragraph. For details on each process, see Appendix A.

Analysis of the Operations Management business processes revealed several deficiencies that are prevalent throughout the Operations Management business area. These deficiencies impede Alabama’s ability to fully automate and make the incremental improvements as envisioned by MITA. These deficiencies include:

- Excessive paper processes (processing of service authorization requests and attachments)
- Insufficient workflow management
- Insufficient access to data (e.g., Estate Recovery)
- Use of multiple and disparate systems (e.g., payment information fragmented across multiple systems: AMMIS, APS, the State accounting system, the “cash book” spreadsheet in Finance)
- Insufficient document management
- Incomplete implementation of HIPAA transactions (e.g., ANSI ASC X12N 278 Health Care Services Review Request and Response).
- Duplication of activities in multiple parts of the enterprise (e.g., processing of attachments, sister agencies that function as part of the enterprise paying providers)

The Prepare Provider EFT/Check and Prepare Premium EFT/Check are supported by three different systems: AMMIS, APS, and the State accounting system. Financial data is not standardized across the three systems and manual process steps are necessary to complete the process. Staff turnover and shortages in the Finance unit add an additional challenge to these processes. A new accounting system for the State is under development. When this will be completed is unknown but the Agency Staff participating in the sessions is under the impression that the Agency will need to switch from the in house system that currently supports financial processes (APS) to the new State system.

There are four processes that are defined as part of Operations Management that are not currently part of the business area in Alabama but that the Agency wanted to explore as possible for future implementation: Authorize Referral, Authorize Treatment Plan, Perform COB, and Prepare Member Premium Invoice. No As Is Maturity Level was assessed for these processes. However, FOX did discuss the processes with SMEs and To Be capabilities for these processes are discussed later in this section. The Enterprise does utilize referrals (Patient 1<sup>st</sup> and Lock-in) and treatment plans (waiver programs at DPH) but not in the manner

defined by the MITA processes. Payer to payer COB (the function described in Prepare COB) is not currently engaged in by the Agency. However, the HIPAA ANSI ASC X12N 837 Health Care Claim transaction is sent to Blue Cross for TPL purposes. This puts the Agency in a good position for implementing payer to payer COB, at least with Blue Cross.

Alabama Medicaid seems to have a relatively amicable relationship with their Fiscal Agent. MITA is focused on the fact that business processes must drive the technology, so it is important for Alabama Medicaid to define its business needs and prioritize them over the next few years. Validation sessions continuously reiterated the need for imaging technology for beneficiary and provider applications, attachments, paper claims, etc. It would also seem that centrally located information, such as TPL, credit balances, all types of claims, etc. would enable easier cost avoidance functions and financial recoupments.

### **To Be Objectives**

The implementation of X12 5010, the latest NCPDP version, and ICD-10 as part of the MMIS Re-procurement project will have a sizeable impact on this Business Area and is anticipated to improve the maturity of a number of the processes to Level 2 in the short term (e.g., Authorize Service) and move others closer to Level 3 (e.g., Prepare Remittance Advice/Encounter Report).

There are potential opportunities under the BRP project that make a near term maturity goal of Level 2 for Apply Attachment, and Prepare HIPP Payment processes reasonable. While the scope of the BPR project does not directly address HIPP Payment capabilities, attachments are an important part of the Determine Eligibility process. The BPR project includes the implementation of workflow management and document management (to include the scanning and of documents and the ability to associate (automatically or manually) the document with a transaction or record). The addition of this functionality would bring both of these processes into alignment with Level 2 capabilities.

The long term maturity goal for all of the processes in the Alabama Medicaid Enterprise's Operations Management Business Area is Level 3 and/or Level 4. Level 3 requires further automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. Level 4 targets widespread and secure access to clinical data via Health Information Exchange (HIE). While MITA's developers envisioned a State achieving level 3 before Level 4, CMS will support improvements that enable electronic exchange of clinical data, even when not implemented in a manner that meets all level 3 capabilities. Keep in mind, though, the manner in which Level 4 is implemented should be done in a way that supports a smooth transition to Level 3 capabilities. The full implementation of HIE will provide access to clinical information making some attachments unnecessary, allowing greater automation, and greatly improve the accuracy and efficiency of many processes (e.g., Authorize Service, Apply Attachment, Adjudicate and Pay Claim/Value Encounter).

There are a number of processes that are not anticipated to improve beyond level 1 in the near term (e.g., Apply Mass Adjustment, Prepare Provider EFT/Check, Manage Estate Recovery, etc.). For these processes and the processes that are not currently implemented in the Alabama Medicaid Enterprise (Authorize Referral, Authorize Treatment Plan, Prepare COB,

Prepare Member Premium Invoice), should the Agency decide the latter will become part of the Operations Management Business Area, Level 2 capabilities must be implemented or superseded by Level 3 and/or Level 4 capabilities (e.g., automation of most process steps including routine authorization decisions, the ability to easily update business process rules, submission of transactions utilizing web portals that support real-time edits)

**Table 11 Operations Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
OM01 Authorize Referral	N/A	N/A	N/A	3
OM02 Authorize Service	1	2	2	3
OM03 Authorize Treatment Plan	N/A	N/A	N/A	3
OM04 Apply Attachment	1	1	2	3
OM05 Apply Mass Adjustment	1	1	1	3
OM06 Adjudicate and Price/Value Claim/Encounter	1	1	1	3
OM07 Adjudicate and Price/Value Claim/Encounter	1	1	1	3
OM08 Adjudicate and Price/Value Claim/Encounter	1	1	1	3
OM09 Prepare Remittance Advice/Encounter Report	2	2	2	3
OM10 Prepare Provider EFT/Check	1	1	1	3
OM11 Prepare COB	N/A	N/A	2	3
OM12 Prepare REOMB	1	1	1	3
OM13 Prepare Home and Community Based Services Payment	2	2	2	3
OM14 Prepare Premium EFT/Check	1	1	1	3



STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
OM15 Prepare Capitation Premium Payment	1	2	2	3
OM16 Prepare Health Insurance Premium Payment	1	1	2	3
OM17 Prepare Medicare Premium Payments	1	1	1	3
OM18 Inquire Payment Status	2	2	2	3
OM19 Manage Payment Information	1	1	1	3
OM20 Calculate Spend Down	N/A	N/A	N/A	N/A
OM21 Prepare Member Premium Invoice	N/A	N/A	N/A	3
OM22 Manage Drug Rebate	2	2	2	3
OM23 Manage Estate Recovery	1	1	1	3
OM24 Manage Recoupment	2	2	2	3
OM25 Manage Cost Settlement	1	1	1	3
OM26 Manage TPL Recovery	1	1	1	3

### 3.2.5 Program Management

The Program Management business area houses the strategic planning, policymaking, monitoring, and oversight activities of the Agency. These activities depend heavily on access to timely and accurate data and the use of analytical tools. This business area uses a specific set of data (e.g., information about the benefit plans covered, services rendered, expenditures, performance outcomes, and goals and objectives) and contains business processes that have a common purpose (e.g., managing the Medicaid program to achieve the Agency’s goals and objectives such as by meeting budget objectives, improving customer satisfaction, and improving quality and health outcomes).

This business area includes a wide range of planning, analysis, and decision-making activities, including benefit plan design, rate setting, healthcare outcome targets, and cost-management decisions. It also contains budget analysis, accounting, quality assessment, performance analysis, outcome analysis, continuity of operations plan, and information management. This is the heart of the Medicaid Enterprise and the control center for all operations.

As the Medicaid Enterprise matures, Program Management benefits from immediate access to information, addition of clinical records, use of standards, and interoperability with other programs. The Medicaid program is moving from a focus on daily operations (e.g., number of claims paid) to a strategic focus on how to meet the needs of the population within a prescribed budget. The Program Management business area is illustrated by the diagram below:



**Figure 8 Program Management**

## As Is

Many of the processes in the Program Management Business Area are impacted by the same factors. In general, they fall into the following categories:

- Access to information:
- Communication and Cooperation
- Centrally accessible mechanisms for the storage of information needed by many units are not a feature of many processes, though this is beginning to improve with the introduction of the SharePoint portal.
- While cooperation and coordination among Agency units produces impressively accurate results for many processes, manual workflow practices to ensure that activities are handed from one point in a process to another (between individuals or between units)
- There are some instances where decisions are made in individual units without interaction with other parts of the Agency (e.g., some rate setting activities)

Central to effective management of a Medicaid program is the data available to the stakeholders. It is evident that Alabama Medicaid is working to shift from a primary focus on fiscal impacts and regulatory requirements in decision making to one focused on health care outcome and quality of care. Staff participating in the Designate Approved Services and Drugs and Develop and Maintain Program Policy cited access to external information (e.g., online information, membership in the ECRI Consortium, evidence-based information from the pharmacy vendor). While the participating staff citing the above sources were primarily from the Program Administration area and were fairly satisfied with the information at their disposal, staff in other units were voicing a need for external information; asking questions such as “What are other States doing?” In contrast, participating staff indicated that, to their knowledge, data on state-specific health information patterns is limited or not available.

Staff in most Program Management processes indicated that access to internal information can prove challenging. Program Information is fragmented across multiple systems and units (APS, DSS, AMAES, COLD, TFQ, paper files, network and desktop applications, etc.) and data is not fully standardized across the Enterprise (e.g., member and financial data). Participating staff indicated that users are forwarding requests to access data to the Statistical Support unit (DSS), Information Systems (AMAES, APS, etc.), or the Fiscal Agent (DSS in support of the Beneficiary Services unit). Frustration regarding DSS was expressed in many sessions:

- Verification of report content is an integral part of the process for Statistical Support, this is done manually. It is a standard part of data extraction exercises because:
  - Changes can be applied to AMMIS and not duplicated in the DSS
  - Notification that loads of the DSS are complete are not always accurate
- Data in DSS is organized differently than in AMMIS and, while there are definitions of the data fields, the names do are not always the same as those in AMMIS and the definitions are not always clear.

- Difficult to know which criteria to select in order to achieve required results

Manipulation of data for analysis is also a challenge for many processes. The form in which data is received can make manipulation difficult, often requiring extensive manual work (e.g., budget information received from the legislature, the manner in which HCPCS are published by CMS - changes within the last two years have increased the need for manual intervention). There is also a lack of predictive modeling tools available to program areas. The ability to scan documents for both storage and later access is not uniformly available across the Agency. This further hinders access to program information. On the other side of the equation from users, Information Services and Statistical Support staff, expressed frustration in communication issues with requestors that results in lack of understanding around what any one piece of information means and the impact on a query.

There are four processes that depend on financial data from the AMMIS, APS, and the State accounting systems: Manage FFP for MMIS, Manage FMAP, Manage FFP for Services, and Manage State Funds. Financial data is not standardized across the three systems and manual process steps are necessary to complete these processes. Staff turnover and shortages in the Finance unit add an additional challenge to these processes.

APS is the in house system that currently supports financial processes. When the current State accounting system was first installed, it was thought that it could not support the complexities of the funding structures that Medicaid requires. The APS system was installed at that time. Staff participating in the sessions suggested that this may not be accurate. A new accounting system for the State is under development. When this will be completed is unknown. The Agency Staff participating in the sessions are under the impression that the Agency will need to switch from APS to the new State accounting system when the new system is complete.

### **To Be Objectives**

Session participants had many suggestions regarding the improvement of quality of and access to program management information. Some of them are listed here (for more detail, see Appendix A):

- Centralization or federation of program information data sources and access for users via a unified interface.
- More system to system interaction between the systems containing program information.
- Create a standardized approach to pulling information from systems (e.g., there is little standardization of queries for pulling data for budget analysis purposes, this varies by the individual requesting the data)
- Create a consolidated Agency-wide data dictionary – standard terminology for spoken/written reference and data standards for systems (ex. Standard term for the Agency, standard term for members (standardization of member information is within the scope of the BPR project and would improve the capabilities of many processes throughout the Business Architecture)
- Until the above is done, create improved explanation of the available data elements in systems from which program data is extracted. (e.g., create a data

dictionary for APS and the other systems supported by Crystal Reports, improve the clarity of the DSS definitions)

While improvements in MITA Maturity Levels for Program Management business processes are limited across the short and the near term, there are a some improvements that could impact the Enterprise (or at the very least, the Agency as a whole) and result in significant improvements in process capabilities. Two with the most potential to impact multiple processes are:

- Workflow management capabilities (the FEITH system that includes COLD reports has some workflow management capabilities and has the advantage of being in use by both the FA and the Agency)
- Document management capabilities

No changes are anticipated to the Manage FFP for MMIS, Manage FMAP, Manage FFP for Services, or Manage State Funds processes in either the short or near term. However, due to the uncertainty as to when the new State accounting system will be complete, staff participating in the session suggested that and an investigation of whether to move the functionality currently supported by the APS system to the current State accounting system prior to the new system going live might smooth the transition and allow the Agency to chose the time for conversion rather than an outside agent. The long term maturity goal for these processes is Level 3. The challenge will be getting agreement from the Department of Finance to implement the process as a service utilizing MITA standard interfaces.

Session participants cited a long term goal of Level 3 for Program Management business processes. As well as implementing the processes in a service oriented environment and utilizing MITA standard interfaces, any process that reaches for Level 3 will also have to display the capabilities Level 2 that are not currently part of the process. These capabilities are too numerous to mention here. Appendix A provides business process level detail.

**Table 12 Program Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PG01 Designate Approved Service and Drug Formulary	2	2	2	3
PG02 Develop and Maintain Benefit Package	2	2	3*	3
PG03 Manage Rate Setting	1	1	2	2
PG04 Develop Agency Goals and Initiatives	1	1	1	3

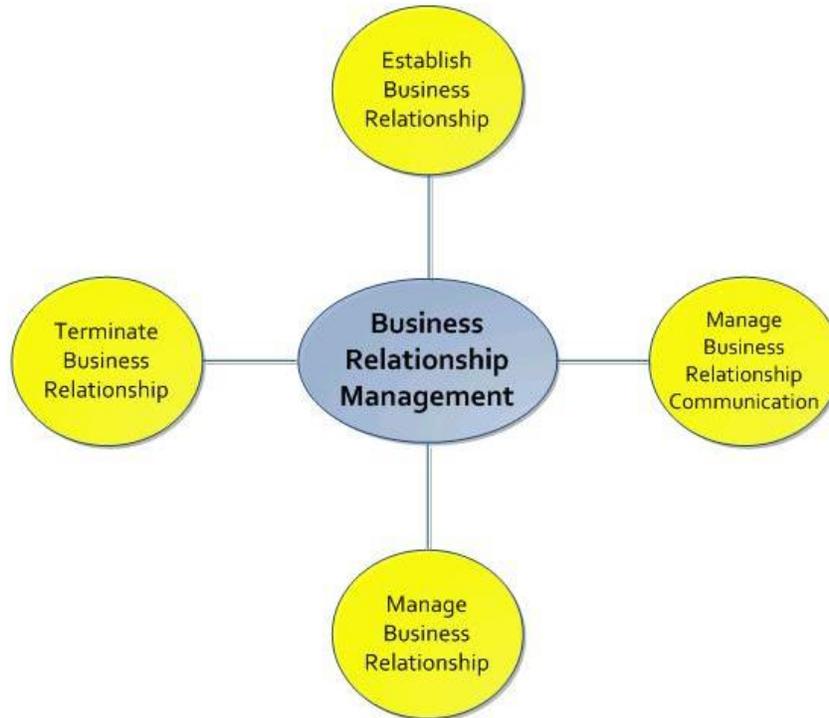


STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PG05 Develop and Maintain Program Policy	1	1	1	3
PG06 Maintain State Plan	1	1	1	3
PG07 Formulate Budget	1	1	1	3
PG08 Manage FFP for MMIS	1	1	1	2
PG09 Manage F-MAP	1	1	1	2
PG10 Manage State Funds	1	1	1	3
PG11 Manage 1099s	2	2	2	3
PG12 Generate Financial and Program Analysis/Report	1	1	2	3
PG13 Maintain Benefits/Reference Information	1	1	1	3
PG14 Manage Program Information	1	1	2	3
PG15 Perform Accounting Functions	1	1	1	3
PG16 Develop and Manage Performance Measures and Reporting	1	1	1	3
PG17 Monitor Performance and Business Activity	1	1	1	3
PG18 Draw and Report FFP	1	1	1	3
PG19 Manage FFP for Services	1	1	1	2

\* Level 3 as described in the v2.0 BCM which does not explicitly cite MITA standards and the implementation of the process as a service, these two capabilities are integral to implementing any at Level 3.

### 3.2.6 Business Relationship Management

The Business Relationship Management business area is currently represented in many States as a component of Program Management. Most MMIS and related systems are not able to support the full data exchange as envisioned by MITA. It is shown here as a separate business area because collaboration between in-State agencies and inter-State and Federal agencies is increasing in importance. This business area supports standards-driven automated data exchange throughout the Medicaid Enterprise and with outside entities for which there is not a contractual or business associate relationship. Business Relationship Management owns the standards for interoperability between the Agency and its partners. It contains business processes that have a common purpose (e.g., establish the interagency service agreement, identify the types of information to be exchanged, identify security and privacy requirements, define communication protocol, and oversee the transfer of information). The figure below illustrates the Business Relationship Management business area.



**Figure 9 Business Relationship Management**

While CMS recognizes Business Relationship Management as an important area for future business enterprise, extensive information has not yet been made available in regards to establishing national standards for this business area through MITA.

## As Is

Business Relationship Management in Alabama Medicaid involves several types of data exchange agreements:

- Memoranda of Understanding (MOUs)
- Memoranda of Agreement (MOAs)
- Business associate agreements
- Data sharing agreements (Information Systems is involved with these by default)
- IEAs (Information Exchange Agreements)

All of the above establish privacy requirements, may be part of a contract, and may not establish the details of the exchange in the agreements

The different types of agreements can be established and managed independently by, potentially, any part of the organization and familiarity with the different types is not universal. Due to these factors, and because there is no central point of storage for agreements and processes in this area are primarily manual, the Maturity Level for Business Relationship Management in Alabama is solidly at Level 1.

However, standards have been established for some types of agreements (business associate, data sharing, and provider agreements for electronic claim submission are standardized) and others have guidelines and standard clauses (contracts and MOUs). HIPAA standards for transactions are in use. For these reasons we regard Business Relationship Management as well positioned to move towards a Maturity Level of 2 in the future.

## To Be Objectives

Alabama Medicaid has expressed the intent, as evidenced by the TFQ project, to strive toward the capabilities of MITA Maturity Level 4 which targets widespread and secure access to clinical data to enable the Medicaid enterprise to improve healthcare outcomes and focus on program improvement. This, together with the ARRA emphasis on EHI/EHR will broaden the scope of Business Relationship Management and raise the importance of this business area to the Agency. The Camellia II project is also likely to impact these processes both in regards to the establishment of specific agreement and in regards to setting precedent for how interagency data sharing agreements are established and in their details.

Session participants offered the following suggestions to improve the functioning of the Business Relationship Management business area:

- Implementation of a document management system
- Implementation of a workflow management system
- Implementation of a contract management system
- Implementation of a central repository for agreements
- Further standardization in relation to establishing agreements

While the MMIS Re-procurement project does not appear to offer opportunity to improve the Maturity Level of the business area in the short term, there are potential opportunities under the BRP project that make a near term maturity goal of Level 2 reasonable:

- The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified in the Beneficiary Services and TPL Wish List.
- While the scope of the BPR project does not address Business Relationship Management directly, these processes will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR.

The implementation of a contract management system, identified as a To Be for this process, has also been identified as a near term To Be goal under the Contract Management Business.

The long term maturity goal for Business Relationship Management is Level 3 and/or Level 4. Level 3 requires further automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. Level 4 targets widespread and secure access to clinical data. While MITA’s developers envisioned a State achieving level 3 before Level 4, CMS will support improvements that enable electronic exchange of clinical data, even when not implemented in a manner that meets all level 3 capabilities. Keep in mind, though, the manner in which Level 4 is implemented should be done in a way that supports a smooth transition to Level 3 capabilities. Session participants felt that it was important to emphasize that, while the Agency may position itself to meet the capabilities of these levels, the ability to achieve this goal is highly dependent on the capabilities, and requirements of data exchange partners.

**Table 13 Business Relationship Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
BR01 Establish Business Relationship	1	1	2	3
BR02 Manage Business Relationship	1	1	2	3
BR03 Terminate Business Relationship	1	1	2	3
BR04 Manage Business Relationship Communication	1	1	2	3

### 3.2.7 Program Integrity Management

The Program Integrity business area incorporates those business activities that focus on program compliance (e.g., auditing and tracking medical necessity, appropriateness, and quality of care; fraud and abuse; erroneous payments; and administrative abuses). The business processes in this business area have a common purpose: to identify cases, gather information, verify information, develop cases, report on findings, make referrals, and resolve cases. Program Integrity collects information about an individual provider or member (e.g., demographics; information about the case itself such as case manager ID, dates, actions, and status; and information about parties associated with the case). A single business process may cover several types of cases. The input, output, shared data, and the business rules may differ by type of case, but the business process activities remain the same. The figure below illustrates the business processes included in Program Integrity Management.



**Figure 10 Program Integrity Management**

#### As Is

The units in Alabama Medicaid that support program integrity activities identify and manage a variety of types of cases. Participating staff noted the following types of reviews in which the Agency engages:

- Provider utilization review
- Provider compliance review
- Contractor utilization review [Pregnancy Program Contractors]
- Contractor compliance review
- Beneficiary utilization review
- Investigation of potential fraud review
- Drug utilization review
- Quality review
- Performance review
- Contract review
- Erroneous payment review

Each type of case is driven by different criteria and rules, different relationships, and different data. Each type of case calls for different types of external investigation and responsibility for identification and management of cases is spread across the following Agency units:

- Medical Director
- Program Integrity
  - Pharmacy Audit
  - SUR (Provider & Recipient Review)
  - Quality Control
  - Investigations
    - Third Party Liability
  - Payment Review (investigation of members related to eligibility issues)
    - Provider Audit/Reimbursement
    - Pharmacy Services
    - Long Term Care Division
    - Medical Services Division
  - Patient 1st

There is fairly good coordination among internal stakeholders. The units responsible for program integrity activities do not duplicate efforts in identification and management of the different types of cases. However, there are similar activities taking place in multiple parts of the organization that upon closer examination may offer opportunities to improve efficiency. For all units, management of cases is a manual process involving the use of spreadsheets, network based data, COLD Reports, and paper case file. While the Investigations Unit is beginning to use historical data to support investigation of provider types prior to enrollment and QC is looking at trends and pilots, the most of the other units engaging in program integrity activities are more reactive. The Investigation Unit has access to CLEAR – a web based service that supports investigations. This is not used across the Agency due to cost & confidentiality issues around the type of information provided.

Easily accessible and accurate data is core to the performance of Program Integrity Management processes. In Alabama Medicaid many program integrity units face challenging situations in this regard. While the SUR unit is supported by fairly accessible information (direct access/control of parameters) in the SUR subsystem, queries against data in AMAES require programmer assistance. In general, data sources are scattered and not integrated across the units responsible for managing the data and the units responsible for managing program integrity cases:

- QC must use the AMAES system by submitting criteria to a programmer in Information systems in order to obtain reports
- Other areas use SUR and/or DSS



- Member data is not standardized across systems
- Much of the member data needed is not available electronically (e.g., case files)
- Patient 1<sup>st</sup>
- Must manually access eligibility and other criteria for the members that they monitor
- Must submit this criteria to the Fiscal Agent in order to obtain reports
- Is concerned that there appear to be inaccuracies in the eligibility data used to generate reports for investigation
- Does not have access to member telephone numbers
  - Differences in data standards and organization between the various sources of PI information: AMAES, InterChange, DSS impact accuracy and confidence in accuracy
  - TPL experiences address inconsistencies due to the CROCS system not being updated from the master file

Both of the business processes within this business area were assessed at Maturity Level 1. Despite the manual nature of many of the process activities and the issues with access and accuracy of data, session participant's satisfaction with the process and overall process accuracy is perceived to meet Level 2 capabilities. The SUR unit staff feels the new SUR system functionality (that produces provider and member review analysis) is working well.

### **To Be Objectives**

As was true for the As Is assessment, To Be objectives for the business processes in Program Integrity Management were the same for all of the processes at each of the identified points in time:

The short term maturity level of these processes will remain at Level 1. However, the implementation of X12 5010, the latest NCPDP version, and ICD-10 will have a sizeable impact on this process and are anticipated to move the maturity of the process towards level 2.

The near term maturity goal for the business area is Level 2. The three following topics address the To Be priorities indicated by session participants and the Beneficiary Services and TPL Wish List that was included in the ITB:

- Standardization of data
  - Standardization of member data across the Enterprise
  - Other data is more standardized, but the BPR project may provide the opportunity to verify this
    - Improvements in how data is selected
  - Direct stakeholder control over data selection criteria for all units that engage in program integrity activities.
  - Expansion of what data selection parameters are available

- Availability and simplification statistical sampling mechanisms for all types of program data.
- Improve automation of data matches
  - Transition to a paper-less process:
- Enable electronic storage of member case file data
- Implement a single unified interface for all member data that would make access to the information available to all authorized users and automated processes. This includes access to program integrity case results by other authorized units (e.g., for member and provider eligibility/enrollment activities)
- Enable electronic access to information maintained in another unit
- Improve interfaces/data exchanges
- Implement a document management system to manage data that must remain paper-based in the format it is received.
- Implement an electronic case management system;
- Implement a work flow management system

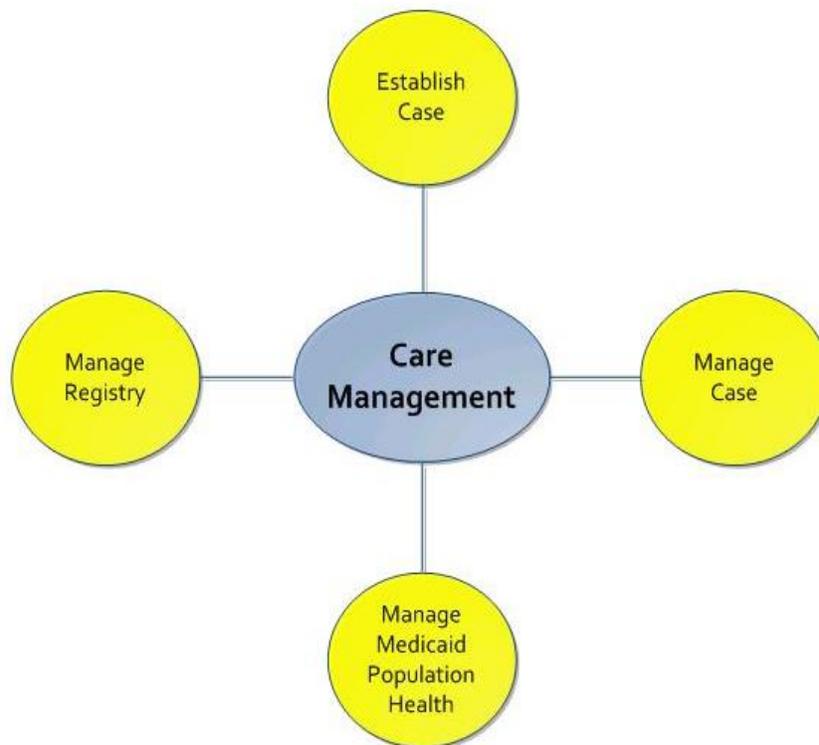
The long term maturity goal for the business area is Level 3. At Level 3, Program Integrity will have automated most steps including the use of automated parameters, pattern recognition, and other tools to identify qualified cases, and will have implemented electronic data exchange that allows for real-time access to data, in all but exceptional cases via a unified user access point. In common with all processes that achieve Level 3 capabilities, the process will be implemented as a service and include the adoption of MITA standards as they are developed.

**Table 14 Program Integrity Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PI01 Identify Candidate Case	1	1	2	3
PI02 Manage Case	1	1	2	3

### 3.2.8 Care Management

The Care Management business area illustrates the growing importance of care management as the Medicaid program evolves. Care Management contains business processes that have a common purpose (e.g., identify clients with special needs, assess needs, develop treatment plan, monitor and manage the plan, and report outcomes). This business area includes processes that support individual care management and population management. Population management targets groups of individuals with similar characteristics and needs and promotes health education and awareness. The figure below illustrates the Care Management business area.



**Figure 11 Care Management**

#### As Is

Responsibility for establishing and managing a Care Management case resides with several bureaus at the Alabama Department of Public Health: Home (DPH) and Community Based Services, Senior Services, and Family Services. Referrals can be received via the Care Coordination Referral System (CCRS) from many different points: other agencies (e.g., Medicaid), hospitals, community workers, providers, and the University of South Alabama’s RMEDE database. Referrals to the Alabama Dept. of Public Health are supported by the Alabama Care Coordination Referral system (ACORN), a centrally available electronic repository for case files. Communication with stakeholders is via a mix of manual and electronic

mechanisms. The Maturity Level was assessed a Level 1 because of the lack of coordination regarding data sharing between the Alabama Medicaid Agency and DPH. Users in AMA and DPH have not been given access to member information held by the other agency (DPH does not have access to some member information in the Medicaid system and DPH is not allowing access for privacy reasons.) Member information is not standardized across the Medicaid Enterprise (which includes these three DPH bureaus).

The As Is Level of Maturity for the Manage Medicaid Population Health process is Level 1 due to the fact that the process is carried out independently in multiple parts of the Agency with little coordination among units (siloes); and is primarily manual in nature. The process is also challenged by limitations to the accessibility of information (ability to extract information from DSS, access to analysis performed by DPH); and lack of flexibility in manipulation of data (ability to perform drill down queries). This hampers the Agency's ability to identify population patterns.

Currently, the Alabama Medicaid Agency does not perform the Manage Registry business process. The Agency does, however, provide claims data to the Department of Public Health (DPH) that they use for the registries that they maintain. QTool also submits claims data to and accesses data from the University of South Alabama (USA) RMEDE database which processes claim information to identify potential care management cases.

### **To Be Objectives**

In the short term, the Establish Case and Manage Case processes will remain at Maturity Level 1. Manage Medicaid Population Health is also expected to remain at Level 1, although new communication mechanisms may be introduced (e.g., Facebook, Twitter, text messages, etc.).

The near term maturity goal for the Establish Case and Manage Case processes is to move towards Level 2 by working towards an agreement between Alabama Medicaid and DPH regarding shared data and system access (CCRS, ACORN, etc.). Near term To Be goals of other processes within the scope of the BPR project include the standardization of member data across the Enterprise.

In the near term, the Maturity Level for Manage Medicaid Population Health will remain at Level 1 but will adopt many of the Level 2 capabilities by working with the Department of Public Health and other agencies to expand access to information. Improvements in the access to data as part of the BPR project (standardization of member data, central maintenance of outreach information, improvements in the access to data) and implementation of workflow management and document scanning functionality (also goals under the BPR project) will also move the process toward Level 2.

The long term goal for three of the four processes in Care Management is Level 3. To achieve this Establish Case, Manage Case, and Manage Medicaid Population Health must all be implemented as a service utilizing the MITA standard interfaces. For Manage Medicaid Population Health, all remaining Level 2 capabilities must be met.

Session attendees did not identify the maintenance of registries as a To Be goal for Alabama Medicaid. However, In the future, the Agency would like to have the ability to automatically

access various registries including, lead poisoning, diabetes, vital statistics, hospital infection, heart attack, brain injury, etc.

**Table 15 Care Management MITA Maturity Matrix**

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
CM01 Establish Case	1	1	2	3
CM02 Manage Case	1	1	2	3
CM03 Manage Medicaid Population Health	1	1	1	3
CM04 Manage Registry	N/A	N/A	N/A	N/A

## 4 MITA SS-A TECHNICAL ASSESSMENT RESULTS

FOX assessed the existing four primary systems based on the MITA Technical Capabilities. This section contains the detailed explanation behind the assessed maturity level for each of the seven areas of Technical Capabilities that support the Alabama Medicaid Enterprise. Those Technical Capabilities include:

1. **Business Enabling Services** – identifies applications that will implement improvements in Medicaid business-processing functions. There are twelve sub-capabilities included in this MITA Technical Capability area
2. **Access Channels** – describes how users of Agency resources will connect to Medicaid application services/information through certain access points of service. There are two sub-capabilities included in this MITA Technical Capability area
3. **Interoperability Channels** – defines mechanisms for system-to-system communications from one business area application to another to exchange information and provide services typically using Service Oriented Architecture (SOA) and Enterprise Service Bus (ESB) technology used in the Medicaid program. There are six sub-capabilities included in this MITA Technical Capability area
4. **Data Management and Data Sharing** – defines Medicaid-specific data and identifies Medicaid-specific data standards and vocabularies, with an emphasis on data structure, data taxonomy, and metadata standards development to describe data. There are two sub-capabilities included in this MITA Technical Capability area
5. **Performance Management** – creates standard policy and performance measurement capabilities by developing and publishing common measurement criteria, defining standard methods of data collection across MITA organizations, and developing standard report formats and utilities. There are two sub-capabilities included in this MITA Technical Capability area.
6. **Security and Privacy** – defines standard security and privacy mechanisms to facilitate the exchange of information among multiple organizations, addressing Medicaid centric policy and technical issues regarding security data exchange. There are six sub-capabilities included in this MITA Technical Capability area
7. **Flexibility - Adaptability and Extensibility** – identifies and provides guidelines, specifications and utilities that States can use to tailor (i.e., adapt) and extend (i.e., add to) the enterprise to meet their individual needs. There are four sub-capabilities included in this MITA Technical Capability area

The assessment for the above-listed Technical Capabilities is represented in a table format, with one table for each capability and its associated sub-capabilities. Each table contains a brief description of the MITA technical function, a description of the technical function as it applies to Alabama, the assessed As Is capabilities level of the technical function for Alabama, and an explanation supporting the assessed level.

The MITA Technical Capability Matrix is not as mature as the Business Capability Matrix. While the Technical Architecture in MITA Framework 2.01 includes a series of numeric levels associated with technical capabilities, these levels are currently under revision. The revisions are necessary to reduce the perception of a maturity relationship between the MITA Business Capability Matrix (BCM) and the MITA Technical Capability Matrix (TCM).

For the reason outlined above, the Alabama Technical Assessment will not utilize the assignment of numeric levels. Instead, this assessment will assign value equivalents to general levels of Technical Capability using a scale of shaded symbols that indicate the following:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

#### 4.1 Current Systems and Technical Projects

The five primary functional systems and projects currently supporting the Alabama Medicaid Agency are:

- The Alabama Medicaid Management Information Systems (AMMIS)
- Alabama Medicaid Application and Eligibility System (AMAES)
- Together for Quality (TFQ) Transformation Grant Health Information System
- Camellia II/My Alabama Project
- Accounts and Payables System (APS)

The following contains a brief description of each system.

##### **AMMIS**

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

management and Electronic Data Interchange (EDI) are also integrated into the interChange system.

### **AMAES**

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, IRS, and others.

The primary purpose of the AMAES functions is to accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for medical assistance, and to support analysis of the data contained within the Recipient Subsystem. The maintenance of recipient data is required to support claim processing in batch and online mode, reporting functions, eligibility verification, and information retrieval systems.

The current AMAES Recipient Subsystem infrastructure is made up of many automated and manual components. These integrated components make up the subsystems that support many of the federal/state/private departments/agencies/program divisions/entities. This system was rebuilt as a variable length file that utilized a Virtual Sequential Access Method (VSAM) database management structure.

The AMMIS Recipient system receives the following information from AMAES:

- Eligibility information from the daily updates
- Medicare Part D updates
- EDB updates
- Monthly eligibility updates.

### **TFQ Project**

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

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

management protocols aimed at improving health outcomes and preventing further disease complications among patients.

### **Camellia II/My Alabama Project**

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

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

- An automated web based outreach screening and referral function that directly links with State agencies and links referrals across agencies,
- Building and maintaining a Common Client Index to be used in cross Agency common client identification and referral,
- An automated sharing of eligibility information across agencies,
- An automated initial client and worker scheduling function to reduce the number of office visits,
- The ability for clients to access screening, referral and eligibility from any site with internet access,
- Providing enabling technology to case managers so they can coordinate case management activities for families.

### **APS**

The APS or Accounts Payable System is a contractor written system in Visual Basic ASP.net. The APS' agency users are Finance and Purchasing. The APS creates and processes agency paper and electronic payment and journal vouchers. It consists of an SQL server 2005 database and Windows 2003 Servers, accessed through a local area intranet. Security is windows authentication, based on active directory groups. The APS currently has three security groups which are Admin, Manager and User.

APS has recently upgraded the Development environment from Microsoft Visual Studio .net 2003, to Microsoft Visual Studio .net 2008 and TFS. After the Development environment, APS has a Quality Assurance environment, Staging environment, and a Production environment. The canned internal VB ASP .net Crystal Reports will be moving to the Crystal Server.

## 4.2 Results of the Technical Capabilities Assessment

Each of the seven Technical Areas (TA) is addressed in a separate section. For each TA, there is a description followed by a MITA Maturity Matrix table. The tables have an entry for each of the technical function within the TA:

- The left half of each entry contains a description of the function and maturity capability statements taken directly from the MITA framework. A shaded circle precedes each capability statement. The circle indicates the general level of Technical Capability with which the statement is associated. There may not be a capability statement directly addressing each general level of Technical Capability. There may be more than one statement associated with a level of capability.
- The right half of the entry contains the maturity assessment in relation to the technical function. There is a separate assessed maturity for each of the primary systems and projects addressed in Section 4.1. The shaded circle in the Maturity column indicates the level at which the system or project was assessed.

Note: The left half of the entry is not a key to the right half of the entry. FOX considers all three of the general levels of Technical Capability when assessing the systems and projects relative to a technical function, whether or not the framework content does so.

For convenience, the descriptions of the general levels of Technical Functionality are repeated at the top of each Maturity Matrix table.

### 4.2.1 Business Enabling Services

The data enters into the Alabama Medicaid through manual data entry on hardcopy forms, through online data entry, and through electronic forms. Many of the paper claims are scanned electronically. **The State has not mandated data entry on electronic forms and still allows the submission of hardcopy forms.** The workflow management is a mix of manual and electronic process and does not have the capability to electronically route files to Business or Individuals involved in the processes. Common repositories and email are also used to route work. The Business Processes are primarily managed through a combination of systems list and hard coded logic. There is no consistent way of managing the Business process across the enterprise. There is no central place or common repository that stores this information. The Business Relationships are primarily a manual process, and managed through a Memorandum of Understanding (MOU) or Business Partner agreement. There is no central repository for executed data sharing agreements, nor any standardized process for reviewing, updating, or managing existing data sharing agreements. There is no automated tool to monitor ongoing business relationships. Supporting of foreign languages is primarily a manual process. The primary language used is English. However, the "Translate" utility tool in Microsoft Outlook and foreign speaking translator service are also used as well.

The Medicaid Management Information System (MMIS) Fiscal agent extracts and transforms the data from MMIS and supporting systems, and loads it into the Decision Support System

(DSS), through weekly and bi-weekly Extract, Transform, and Load (ETL) process. The ETL process has a mix of automated and manual activities and relies on static files to transfer data between systems. The Data Warehouse is built on an Oracle Relational Database Management System (RDBMS) and is accessed through the Commercial Off-The-Shelf (COTS) tool Business Objects. The bulk of the information is in DSS, but there are a number of other systems that contain program information and must be accessed separately like Alabama Medicaid Application and Eligibility System (AMAES), Accounts Payable System (APS), some Medicaid Management Information Systems (MMIS) data, electronic documents on the state network, manually maintained data such as recipient case files and contract information, etc.

There are five dependent Data Marts (i.e., DSSProfiler, Surveillance Utilization and Review (SUR), Management Administrative Reporting Subsystem (MAR), ETG, and Alabama-specific Profiler) and an independent Data Mart (i.e., QTool). Extraction to Data Marts is automated.

Ad hoc reports are created using a mix of both coded procedures and COTS tool named Business Objects, Crystal Reports, etc. Agency utilizes Business Objects to run query against DSS to extract data to generate ad hoc reports. Data mining is not used to detect patterns in large volumes of data. A COTS tool named Statistical Package for the Social Sciences (SPSS) 9.0 is installed in the Alabama Medicaid. However, it is currently not being utilized. Coded procedures are used to run against AMAES files and produce many statistical analysis reports from AMAES and the Log File, which are related to eligibility. However, Alabama Medicaid Enterprise does not use any learning tool (neural network tools) nor utilize the services of third parties (like Fair Isaac) to perform the neural network analysis.

Key to the Maturity Levels:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks, or proprietary systems, and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher.

**Table 16 Business Enabling Services MITA Maturity Matrix**

<u>MITA</u> Technical Function and Description	<u>Alabama</u> System	<u>Medicaid</u> Maturity
<b>B.1 – Forms Management</b>		
The Forms Management technical function focuses on the ability of an enterprise to receive data via a form.	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>



<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
Manual data entry on hardcopy forms <input type="radio"/> Online data entry on electronic forms	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>B.2 – Workflow Management</b>		
The Workflow Management technical function focuses on the capabilities of an enterprise to route files and data to individuals and business processes. <input type="radio"/> Manual routing of hardcopy files to individuals involved in processing <input checked="" type="radio"/> Electronic routing of files to business processes and individuals involved in processing. Responsible for processing completion and other individual and business processes.	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	<input type="radio"/>
<b>B.3 – Business Process Management (BPM)</b>		
The Business Process Management technical function focuses on the capabilities of an enterprise to manage their business processes. <input type="radio"/> Manual by the user <input checked="" type="radio"/> Specification and management of business processes is in conformance with MITA BPM standards (e.g., Business Process Execution Language [BPEL])	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	<input type="radio"/>
<b>B.4 – Business Relationship Management (BRM)</b>		
The Business Relationship Management technical function focuses on the capabilities of an enterprise to manage their business relationships. <input type="radio"/> Manual (e.g., by attaching annotations to case files)	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Basic BRM, including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services they have requested and received</li> <li style="text-align: center;">Or</li> <li><input checked="" type="radio"/> Advanced BRM, which includes basic BRM plus analytics support and personalization capabilities</li> </ul>	<b>APS</b>	N/A
<b>B.5 – Foreign Language Support</b>		
<p>The Foreign Language Support technical function focuses on the State’s capabilities to support foreign languages.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Manual translation of messages into supported foreign languages</li> <li><input checked="" type="radio"/> Foreign language translation support for real-time and offline interaction with beneficiaries in designated languages</li> </ul>	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	N/A
<b>B.6.1 – Data Warehouse</b>		
<p>The Data Warehouse technical function is focused on the ability to extract, transform and load data from multiple databases into a data warehouse so that decision support functions can be accomplished.</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Extracting, transforming and loading data from multiple databases into a data warehouse that conforms with the MITA Logical Data Model</li> </ul>	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	N/A
<b>B.6.2 – Data Marts</b>		
<p>The Data Mart technical function is focused on the ability to import data into subsets of the data store to perform a specific purpose.</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Importing data into data marts that conform with the MITA Logical Data Model</li> </ul>	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	N/A
	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	N/A
	<b>APS</b>	N/A

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<b>B.6.3 – Ad hoc Reporting</b>		
The Ad hoc Reporting technical function is focused on the ability to create various reports from data within the Medicaid Enterprise.  <input type="radio"/> Ad hoc reporting, typically using coded procedures <input checked="" type="radio"/> Ad hoc reporting against databases using COTS tools	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	<input type="radio"/>
<b>B.6.4 – Data Mining</b>		
The Data Mining technical function is focused on the ability to parse large volumes of data to detect patterns in usage.  <input type="radio"/> Data mining to detect patterns in large volumes of data, typically using coded procedures <input checked="" type="radio"/> Data mining to detect patterns in large volumes of data using COTS tools	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	N/A
<b>B.6.5 – Statistical Analysis</b>		
The Statistical Analysis technical function is focused on the ability to perform statistical analysis of designated data (e.g., regression analysis).  <input type="radio"/> Statistical analysis of designated data (e.g., regression analysis), typically using coded procedures <input checked="" type="radio"/> Statistical analysis of designated data (e.g., regression analysis) using COTS tools	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	N/A
	<b>APS</b>	N/A
<b>B.6.6 – Neural Network Tools</b>		
The Neural Network Tools technical function is focused on the ability to perform data analysis using neural network (i.e., learning) tools.  <input type="radio"/> None <input checked="" type="radio"/> Analysis using neural network (e.g., learning) tools	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	N/A

#### 4.2.2 Access Channel

Recipients and Providers access the Alabama Medicaid via a mix of manual, alphanumeric devices, and portal. Allow for web alerts if changes are made on the public website – for example if a change is made to an address or other important information. Users can access through a single online access point. The access devices supported by the Alabama Medicaid Enterprise are: manual submission, alpha numeric devices, voice response systems, browser, call center, kiosk, etc. Providers can access web portal for claims submission, claims lookup, and eligibility. Agency staff can use Personal Digital Assistants (PDA’s) which are mainly for e-mail.

Key to the Maturity Levels:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

**Table 17 Access Channel MITA Maturity Matrix**

<u>MITA</u> Technical Function and Description	<u>Alabama</u> System	<u>Medicaid</u> Maturity
<b>A.1 – Portal Access</b>		
The Portal Access technical function focuses on the method of access to the Medicaid business functions.  <input type="radio"/> Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices  <input type="radio"/> Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<b>N/A</b>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>A.2 – Support for Access Devices</b>		

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
The Support for Access Devices technical function focuses on the type of devices supported to access Medicaid services.  <input type="radio"/> Beneficiary and provider access to services via manual submissions, alphanumeric (“green screen”) devices, or EDI  <input type="radio"/> Beneficiary and provider access to services via browser, Kiosk, voice response system or mobile phone  <input checked="" type="radio"/> Beneficiary and provider access to services online via PDA	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input checked="" type="radio"/>

### 4.2.3 Interoperability Channels

The system functions or modules are defined, structured and invoked in a non-standardized way, with point-to-point interfaces. From a Service Oriented Architecture (SOA) standpoint, only certain areas like translator and front end are SOA compliant. Everything else is non-standard. However, only <25% of the TFQ are non-standard. The web interactions and Electronic Data Interchange (EDI) transmissions in TFQ area are defined, structured and invoked in a standardized way.

The modules within AMAES are generally tightly coupled and rely on proprietary parameter passing to perform the necessary functions. Most software is written not as a service but for a specific purpose. There is no portability across platforms. Some of the data are defined in Extensible Markup Language (XML) schema. In addition Alabama Medicaid Enterprise uses proprietary, X12 and ASCII text data formats too. Only TFQ interfaces are defined in Web Service Description Language (WSDL).

The Alabama Medicaid Enterprise is capable of interoperating with other systems/applications and performing an end-to-end process. The Medicaid Enterprise is coupled using conventional common mainframe legacy integration standards, and has non-standardized application integration with lot of hard coding. The AMMIS Fiscal agent follows some internal standards. However, an Enterprise Service Bus (ESB) is used in the TFQ.

From a SOA standpoint, there is no standardized approach to orchestration and composition within and across the Alabama Medicaid Enterprise. There are some internal standards within the AMAES system, but it is mainly non-standardized approach to orchestration and composition. In general, only certain processes have well defined and interactive functionality (e.g., the web portal on Fiscal agent side interacts with the translator to take the standard transactions, send them to the translator, pass the XML on to the claims engine and send response back through that path in an interactive way). TFQ uses standardized approach like HL7 Continuity of Care Document (CCD). However, they receive Claims Post adjudication

information in a non-standardized format from the MMIS Fiscal agent. (ACS used to receive the same file that HID was receiving and in the same format. Later on, that changed, because ACS requested additional data other than what HID was receiving, so they receive a different file with a layout from HP, according to what they directed and needed).

The Alabama Medicaid Enterprise supports Health Insurance Portability and Accountability Act (HIPAA) format, Pipe-delimited American Standard Code for Information Interchange (ASCII) format, comma delimited files, etc. For the most part, proprietary data exchange standards are used. Cartridges sent to external entities and data transmitted through Connect:Direct, File Transfer Protocol (FTP), and SOBRA transmission are not encrypted. However, transmission to the Internal Revenue Service (IRS) is encrypted. Transmission to the bank is via Virtual Private Networks (VPN). The AMMIS Fiscal agent uses the Secure File Transfer Protocol (SFTP) to encrypt the files that are exchanged with other entities. Media tracking (e.g., Tumbleweed) is used when Protected Health Information (PHI) is sent out.

Integration is a mix of both tightly coupled (ad hoc point-to-point) and loosely coupled. Most integration is point-to-point with each point individually developed to meet the need of the exchange. There are some service-enabling technologies in AMAES, AMMIS, and TFQ areas.

Key to the Maturity Levels:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

**Table 18 Interoperability Channels MITA Maturity Matrix**

<u>MITA</u> Technical Function and Description	<u>Alabama</u> System	<u>Medicaid</u> Maturity
<b>I.1.1 – Service Structuring and Invocation</b>		
Service Structuring and Invocation is used to identify the services of the Medicaid Enterprise. It is focused on how the various services (i.e., system functions or modules) are defined and structured and how they are invoked.  <input type="radio"/> Non-standardized definition and invocation of services	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<input type="radio"/> Services support using architecture that does not comply with published MITA service interfaces and interface standards <input checked="" type="radio"/> Services support using architecture that complies with published MITA service interfaces and interface standards Or <input checked="" type="radio"/> Services support using a cross-enterprise services registry (to be verified)	<b>APS</b>	<input type="radio"/>
<b>I.1.2 – Enterprise Service Bus</b>		
Enterprise Service Bus focuses on the service layer that provides the capability for services to interoperate and be invoked as a chain of simple services that perform a more complex end-to-end process. <input type="radio"/> None or non-standardized application integration <input type="radio"/> Reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages <input checked="" type="radio"/> MITA compliant ESB <input checked="" type="radio"/> MITA compliant ESB interoperable outside of State Medicaid Agency	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input checked="" type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>I.1.3 – Orchestration and Composition</b>		
Orchestration and Composition technical area focuses on the approach to the functionality within and across the Medicaid Management Information System (MMIS). <input type="radio"/> Non-standardized approach to orchestration and composition within and across the MMIS <input checked="" type="radio"/> MITA standard approach to Orchestrating and Composing services	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<b>I.2 – Standards Based Data Exchange</b>		
Standards based data exchange technical area focuses on the structure of data exchanged between systems and entities.  <input type="radio"/> Ad hoc formats for data exchange <input checked="" type="radio"/> Data exchange (internally and externally) using MITA Standards  Or <input checked="" type="radio"/> Data exchange (internally and externally) in conformance with MITA-defined semantic data Standards (ontology based)	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>I.3 – Integration of Legacy Systems</b>		
Integration of legacy systems technical area focuses on the structure of the integration of systems within the MMIS.  <input type="radio"/> Ad hoc, point-to-point approaches to systems integration <input checked="" type="radio"/> Service-enabling legacy systems using MITA-standard service interfaces	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>

#### 4.2.4 Data Management and Data Sharing

In many cases the exchanges happen electronically in standardized formats, but in other cases the process is completed manually with non-standardized data or exchanges, thorough various modes. Not all data is standardized throughout the MMIS. Much of the MMIS still utilizes proprietary standards. There are few entities with which the Alabama Medicaid Enterprise exchanges data via a hub (e.g., AMAES exchange data with Centers for Medicare & Medicaid Services (CMS) and IRS via a hub and TFQ exchange data with a mix of hub and point-to-point interface). The behavior of most of the interfaces is a mix of both one-way and two-way, with interface characteristics such as real-time, batch, online, and asynchronous. Access to various applications is allowed through Active directory domain, Resource Access Control Facility (RACF) security, etc. There is collaboration on data sharing & interoperability between critical systems like SOBRA, FED, between connected hospitals/EMRs in TFQ area, AMAES, HID, Blue Cross/Blue Shield (BCBS), etc. The TFQ system is capable of exchanging data internally with other State agencies and externally with hospitals, doctors' offices, and Blue Cross/Blue Shield, and the mode of exchange is web service. The Alabama Medicaid Enterprise is currently using the American Dental Association (ADA), Health Level 7 (HL7), HIPAA 4010A1

standard and the National Council for Prescription Drug Programs (NCPDP) 5.1 standard. There are multiple proprietary formats being used for interfaces in both input and output modes. In general, data standards are not uniform across the enterprise and data is stored in several places.

**Key to the Maturity Levels:**

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

**Table 19 Data Management and Data Sharing MITA Maturity Matrix**

<u>MITA</u> Technical Function and Description	<u>Alabama</u> System	<u>Medicaid</u> Maturity
<b>D.1 – Data Exchange Across Multiple Organizations</b>		
Data exchange across multiple organizations technical area is focused on data formats and methods of transmission or sharing between multiple organizations.  <input type="radio"/> Manual data exchange between multiple organizations, sending data requests via telephone or email to data processing	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<p>organizations and receiving requested data in nonstandard formats and in various media (e.g., paper)</p> <p><input type="radio"/> Electronic data exchange with multiple organizations via a MITA information hub using secure data in which the location and format are transparent to the user and the results are delivered in a defined style that meets the user's needs</p> <p><input checked="" type="radio"/> Electronic data exchange with multiple organizations via a MITA information hub that can perform advanced information monitoring and route alerts/alarms to communities of interest if the system detects unusual conditions</p>	<b>APS</b>	<input type="radio"/>
<b>D.2 – Adoption of Data Standards</b>		
<p>Adoption of data standards technical area is focused on the data standards the State has adopted in the Medicaid Environment.</p>	<b>AMAES</b>	<input type="radio"/>
<p><input type="radio"/> No use of enterprise-wide data standards</p>	<b>AMMIS</b>	<input type="radio"/>
<p><input type="radio"/> Data model that conforms to the MITA model and maps data exchanged with external organizations to this model</p>	<b>CAMELLIA II/My Alabama</b>	N/A
<p><input checked="" type="radio"/> Data model that conforms all shared data used by a State Medicaid Agency's business processes to the MITA model</p>	<b>TFQ</b>	<input type="radio"/>
<p>Or</p>		
<p>Data model that conforms all shared data used by a State Medicaid Agency's business processes to the MITA model and includes standards for clinical data and electronic health records</p>	<b>APS</b>	<input type="radio"/>
<p>Or</p>		
<p>Data model that conforms all shared data used by a State Medicaid Agency's business processes to the MITA model and that includes national standards for clinical data and electronic health records and other public health and national standards</p>		

#### 4.2.5 Performance Management

Performance monitoring and reporting is mostly a mix of manual and automated process (e.g., contract performance reports are manual and generation of monthly status report is automated and pulling them together into report format is manual). Performance monitoring and reporting is not centralized and consistent across Medicaid Enterprise. The Agency collects and reports on various matrices using predefined and ad hoc reporting methods. Coded programs, Microsoft Office, paper tools (i.e., list of survey questions that were asked), call reports that the contract monitoring group sends out, eHealth, Spectrum (both are part of the Computer Associates (CA) Unicenter suite), Segue, and manual monitoring utilizing various reporting in the MMIS are used to monitor the performance. Network monitoring, Exchange monitoring and Segue tools generates alerts and alarms when the value of a metric falls outside limits.

Dashboards are generated on RACF reports and Call center. Call center reports are generated on daily, weekly, bi-weekly, monthly, and quarterly; and RACF reports are generated on monthly basis and printed on paper. Tools used to generate the dashboard are CA Unicenter (Call center) and Vanguard (RACF reports)

Key to the Maturity Levels:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

**Table 20 Performance Management MITA Maturity Matrix**

<u>MITA</u> Technical Function and Description	<u>Alabama</u> System	<u>Medicaid</u> Maturity
<b>P.1 – Performance Data Collection and Reporting</b>		
Performance data collection and reporting technical area is focused on the methods and approach of the organization in collecting and reporting performance data. <input type="radio"/> Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	<input type="radio"/>

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<p><input checked="" type="radio"/> Define, implement, collect, and report using a set of business process–related performance metrics that conform to MITA-defined performance metrics</p> <p>Or</p> <p>Generate alerts and alarms when the value of a metric falls outside limits</p>	<b>APS</b>	N/A
<b>P.2 – Dashboard Generation</b>		
<p>Dashboard generation technical area is focused on the presentation of the performance information and the use of summary-level methods and approach of the organization in collecting and reporting performance data.</p> <p><input type="radio"/> Generate and display summary-level performance information (i.e., performance dashboards)</p> <p><input checked="" type="radio"/> Generate and display summary-level performance information (i.e., performance dashboards) within a State Medicaid Agency for all ITA-defined metrics</p> <p>Or</p> <p>Generate and display summary-level performance information (i.e., performance dashboards) from external sources (e.g., other States and agencies) within a State Medicaid Agency for all MITA-defined metrics</p>	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	N/A

#### 4.2.6 Security and Privacy

System access is allowed based on user-id and password and allows users to access function based on their sign-on (role based access). There is no "single sign-on" that covers all the systems, except Camellia II/My Alabama. In certain instances, the user needs to navigate through multiple functional systems to perform a single task. Except for Camellia II/My Alabama, public key infrastructure (PKI) is not used anywhere in the Enterprise to perform user authentication. There is no consistent way for an application to be authenticated by another system with which it must interact. In general, the access requirements identified in the business processes are defined within the data models, and implemented across the enterprise. A user is authenticated both at log-on and database level.

Cartridges sent to external entities are not encrypted. Data transmitted through Connect: Direct, FTP, and SOBRA transmission are not encrypted. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. Media tracking is used when Protected Health Information (PHI) is sending out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email.

The Alabama Medicaid Enterprise does not use any biometric measures for user authentication. The Local Area Network (LAN) is controlled by user Identifications (IDs)/passwords and the mainframe is secured using RACF. Card access is used in certain areas. User authentication via kiosks based on fingerprints and RSA SecureID tokens are not supported.

The intrusion detection tools are capable of detecting when an intrusion attempt has been made on the network and relays that information to the respective person. The data sent through the network are encrypted with an exception of local LAN, where it is point to point connection between the MMIS Fiscal agent & the Alabama Medicaid Agency. As a mean of physical measures, security badges, card keys, and/or intrusion detection devices like motion control cameras are used to monitor a physical breach of security. The equipments are stored in secured access area.

The logging and auditing is a mix of manual and automated process. All login (successful and failed logon) attempts and account lockouts in AMMIS, AMAES and TFQ are tracked automatically, and print a report on a daily basis. The Alabama Medicaid Enterprise has the capability to lock a user id if the logon attempt fails three times or more, with an exception of Camellia II/My Alabama. Camellia II/My Alabama is in the process to develop tracking mechanism that tracks all successful and failed logon's, and also track users logging in from different Internet Protocol (IP) addresses. Capabilities exist to access the history of user's activities like network and email activities, log file of on-line transactions per user and create reports; and other management functions.

The Alabama Medicaid Enterprise has procedural controls including training, positioning of computer monitors, and ensuring sensitive information is out of sight etc for the privacy and security of data, and it is HIPAA compliant. Not all areas have the ability to restrict or grant access down to the column/field level. In AMAES and TFQ, access to data elements based on defined access roles. Except Camellia II/My Alabama, access to sensitive information based on assigned roles and logon IDs.

#### Key to the Maturity Levels:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

**Table 21 Security and Privacy MITA Maturity Matrix**

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<b>S.1 – Authentication</b>		
Authentication technical area is focused on the methods and approach to security access of the Medicaid Environment.  <input type="radio"/> Access to MMIS system capabilities via logon ID and password  <input checked="" type="radio"/> User authentication using public key infrastructure in conformance with MITA-identified standards	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input checked="" type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>S.2 – Authentication Devices</b>		
Authentication Devices technical area is focused on the equipment used to provide security to the MMIS system.  <input checked="" type="radio"/> Support for user authentication via kiosks based on fingerprints and delivery of results to authentication and authorization functions.  Or Support for user authentication via Secure ID tokens and delivery of results to authentication and authorization functions.  Or Support for user authentication via kiosks based on retinal scans and delivery of results to authentication and authorization functions	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>S.3 – Authorization and Access Control</b>		
Authorization and Access Control technical area is focused on the ability to use roles for security access.  <input type="radio"/> User access to system resources depending on their role at sign-on	<b>AMAES</b>	<input checked="" type="radio"/>
	<b>AMMIS</b>	<input checked="" type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input checked="" type="radio"/>
	<b>TFQ</b>	<input checked="" type="radio"/>

<u>MITA</u> Technical Function and Description	<u>Alabama</u> System	<u>Medicaid</u> Maturity
	APS	<input checked="" type="radio"/>
<b>S.4 – Intrusion Detection</b>		
Intrusion detection technical area is focused on the ability of the organization to detect and control intrusion into secure systems.	AMAES	<input type="radio"/>
	AMMIS	<input type="radio"/>
	CAMELLIA II/My Alabama	<input type="radio"/>
	TFQ	<input type="radio"/>
	APS	<input type="radio"/>
<b>S.5 – Logging and Auditing</b>		
Logging and auditing technical area is focused on the approach of the organization to logging access attempts and their methods of auditing access.  <input type="radio"/> Manual logging and analysis <input checked="" type="radio"/> Access to the history of a user’s activities and other management functions, including logon approvals and disapprovals and log search and playback	AMAES	<input type="radio"/>
	AMMIS	<input type="radio"/>
	CAMELLIA II/My Alabama	<input type="radio"/>
	TFQ	<input type="radio"/>
	APS	<input type="radio"/>
<b>S.6 – Privacy</b>		
Privacy technical area is focused on the approach of the organization to ensure privacy of information.  <input type="radio"/> Procedural controls to ensure privacy of information <input checked="" type="radio"/> Access restriction to data elements based on defined access roles	AMAES	<input type="radio"/>
	AMMIS	<input type="radio"/>
	CAMELLIA II/My Alabama	<input type="radio"/>
	TFQ	<input type="radio"/>
	APS	<input type="radio"/>

#### 4.2.7 Flexibility – Adaptability and Extensibility

Most of the system and business process rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables, and changes to business rules requires programming changes. For the systems that are on the mainframe platform (e.g., AMAES, Beneficiary Earnings Data Exchange (BENDEX), SDS, State Verified Eligibility System (SVES), etc.), the business rules are primarily within the COBOL program and not in tables. However, in the NET

voucher request system, workflow documents are routed and processed through the workflow according to a rules engine

Both TFQ and AMMIS also have a rules engine (e.g., editing and auditing rules in the MMIS claims engine). A variety of methods are used to apply rules to systems. Business process rules are managed either by:

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

By using the program log, change request, history of changes, or last update date, one would be able to see which rules were in production at any given time.

Most of the key transactions processing functions are in or dependent on legacy applications with business rules embedded in the coding. Extension to system functionality requires pervasive coding/coding changes, depending on the business need. In AMMIS, the system functionality can be added as modular, hard coded, parameter, or table driven depending on the functionality. Around twenty five percent of the operational extensions in AMMIS and TFQ are applied through systems lists and system parameters and the rest through configuration files, tables, hard coding, etc. Table driven functionality makes it easier to make changes. The majority of the interfaces in the Alabama Medicaid Enterprise are technology dependent. There are some off-line, desktop solutions which are not integrated to MMIS system (like siloed/standalone or home grown system (e.g., Project Tracking System, Tape Management, Motor Pool, HR, Comprehensive Recipient On-Line Collections (CROCS), APS (interfaces), Help Desk, MPS, PTS etc). The changes or extension to the system functionality is not localized.

No configuration management governance is applied across the Medicaid Enterprise. There are separate configuration management plans for AMAES, AMMIS, and TFQ. Configuration and reconfiguration of rules engine is a mix of manual and automated process. The majority of the configuration and reconfiguration of distributed applications requires extensive hard-coded changes across many software components and/or applications across the enterprise. Except TFQ, the introduction of new technology significantly affects the interfaces to applications. Reconfiguring the applications and functions usually requires coding changes with the associated requirements gathering, code development, testing and implementation.

The majority of components of the Alabama Medicaid Enterprise are tightly coupled, technology dependent, and cannot be introduced fairly easily. TFQ has interfaces that are defined in Web Service Definition Language (WSDL); Web services are created in AMAES and TFQ. In general, introduction of new technology is cumbersome due to the legacy mainframe environment and the distribution of information and data across multiple subsystems. The introduction of new technology is both a resource challenge and technology challenge.

Key to the Maturity Levels:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

**Table 22 Flexibility - Adaptability and Extensibility MITA Maturity Matrix**

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<b>F.1 – Rules Driven Processing</b>		
Rules driven processing technical area is focused on the methods the State uses to apply system and business process rules and their approach to management of those rules.  <input type="radio"/> Manual application of rules (and consequent inconsistent decision making)  <input checked="" type="radio"/> Linking a defined set of rules into business processes or using applications executed with a Basic Rules Management System (often called a Rules Engine)	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input checked="" type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>F.2 – Extensibility</b>		
Extensibility technical area is focused on the ability of the State to apply extensions to system functionality.  <input type="radio"/> Extensions to system functionality that require pervasive coding changes  <input checked="" type="radio"/> Services with points at which to add extensions to existing functionality (changes highly localized)	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>F.3 – Automate Configuration and Reconfiguration Services</b>		
Automate configuration and reconfiguration services technical area is focused on the State's approach to configuration management.	<b>AMAES</b>	<input checked="" type="radio"/>
	<b>AMMIS</b>	<input checked="" type="radio"/>

<b>MITA Technical Function and Description</b>	<b>Alabama System</b>	<b>Medicaid Maturity</b>
<input type="radio"/> Configuration and reconfiguration of distributed application that typically requires extensive hard-coded changes across many software components and/or applications across the enterprise (and with significant disruption) <input checked="" type="radio"/> Consistent distributed applications using common business change processes that coordinate between active components and ensure minimal disruption	<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>
<b>F.4 – Introduction of New Technology</b>		
Introduction of new technology technical area is focused on the State’s ability to introduce new technology and the affect that has on existing systems. <input type="radio"/> Technology-dependent interfaces to applications that can be significantly affected by the introduction of new technology <input checked="" type="radio"/> Technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., data abstraction in data management services to provide product neutral access to data based on metadata definitions)	<b>AMAES</b>	<input type="radio"/>
	<b>AMMIS</b>	<input type="radio"/>
	<b>CAMELLIA II/My Alabama</b>	N/A
	<b>TFQ</b>	<input type="radio"/>
	<b>APS</b>	<input type="radio"/>

## **5 CONCLUSION: MOVING TOWARD THE TRANSITION PLAN**

Throughout the course of the MITA project, the Alabama Medicaid Agency has had an unprecedented opportunity for self-reflection. Over 140 SMEs, including state Agency and contractor staff, participated in the MITA Business Process Sessions over the course of three months. SMEs provided valuable feedback on the pertinent details of how their business process(es) operated. Based on the assessment of SME input, it was determined that the Alabama Medicaid Business Processes operate at a MITA Maturity Level 1. There are a few instances, such as Operations Management where they are well positioned to meet Level 2. These results primarily stem from the existence of processes that are manual and paper-based, lack of enterprise-wide data standards, limited communication and coordination between agencies, and the need for an enterprise-wide technology strategy, including workflow and documentation management.

Currently, many systems within the Agency rely on legacy architecture. However, a few new technology projects (Camellia II/My Alabama) illustrate movement towards greater system flexibility, robustness, and MITA's recommended adoption of SOA. SOA capabilities should be one of the many considerations in the procurement of the new Recipient subsystem and future MMIS enhancements.

Manual processes and limited definition of an Enterprise Architecture (EA) have kept the Agency in the compliance mode. The Agency has also found it difficult to motivate its providers and its beneficiaries into changes that might benefit the Agency; e.g. using X12 transactions to automatically submit claims. This is not required by law making it difficult to enforce. The changing status of the healthcare environment will ultimately press heavily against strictly compliance-oriented business. New transactions, new Federal initiatives, State and Federal cost saving demands, and other external forces may impact how the Agency does business.

Furthermore, it may be advantageous to view the operations of the Agency from a more strategic vantage point to assure that all technical and policy changes continue to move the enterprise in a forward direction. For example, new systems or system functionality must be designed to work in concert with the existing system, but also with the flexibility to adapt for future needs. Along with these system changes, must come the policy changes and documentation that details how that change will happen and how it will impact the business operations of the Agency. Finally, each change must be fully tested by those who use it and must involve the required amount of training to assure that any innovation supplies a real advantage to the State users, the providers and the beneficiaries.

At this point, the Alabama MITA SS-A has been focused on determining the current status of Medicaid Business Processes, future goals for improvements, and identifying the gaps that need to be overcome. The continued prevalence of manual processes, compartmentalized operations, and lack of overall strategy hinder increasing business process automation and has kept Alabama Medicaid in the compliance mode for most business processes.

For all business processes, Alabama is currently at a MITA Maturity Level of 1. The State wants to progress to MITA Maturity Level 3 for most business processes, and is currently in the process of a reprocurement takeover with enhancements of its current MMIS. At this point, the identified enhancements will not facilitate achievement of Level 2.

The Transition Plan/Roadmap presented in Figure 12 is a high-level work plan that identifies key projects that are needed to enable the Alabama Medicaid Enterprise to address the Gaps that have been identified between the As Is and the To Be states, and transitions the Medicaid Enterprise to an increased level of MITA Maturity. All of the projects on the To Be Roadmap are business process centric, and seek to advance Alabama up the MITA continuum. These projects will be presented to Executive Management for prioritization and a consensus on the project list obtained.

The To Be goals have been divided into three timeframes.

- MMIS Short Term – Those goals that will be addressed by the upcoming MMIS project
- BPR Near Term – Those objectives that will be addressed by the Business Process Re-engineering part of this overall project
- MITA Long Term – Those goals & objectives that move Alabama Medicaid along the MITA continuum over the next ten years.

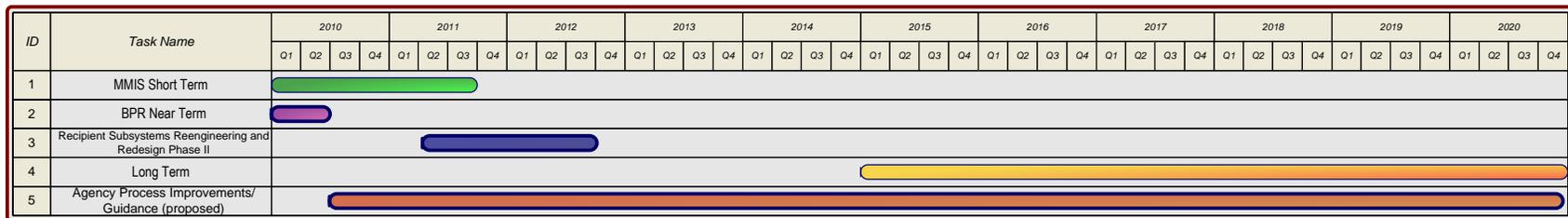
Appendix A identifies the To Be goals within these three timeline descriptions for each of the individual processes. These goals form the basis of the Roadmap projects. We expect that these projects will enhance the State's ability to improve efficiency and services for its stakeholders consistent with MITA principles. This Roadmap should be reviewed and updated periodically to review progress, as well as to update changes that will inevitably occur.

It is our understanding that the Agency plans to continue the re-engineering of business processes along the MITA continuum and will assume the ongoing maintenance of the MITA 2.01 SS-A after the current project is completed. It is strongly recommended that the Agency establish an internal process improvement effort that will provide the governance to establish the structure to identify, prioritize, control and implement the infinite number of ongoing improvement initiatives (MITA and otherwise) in a multi-year sustained effort modeling the new re-engineering process established within the BPR stages of this project. There is a bar on the Roadmap representing this continuous process improvement effort.

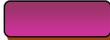
This Roadmap will continue to be defined with more detail added as decisions are made and projects implemented.

The following figure is the first version that will be elaborated once the enhancements that will be part of the BPR project have been identified. The time frames reflected in this version reflect the time frames specified for the MMIS reprocurement and the BPR project. The Long Term reflects the MITA approach of looking five to ten years into the future when specifying To Be goals.

**Figure 12 Alabama Medicaid Roadmap**





-  - MMIS Short Term
-  - BPR Near Term
-  - Recipient Subsystem Reengineering and Redesign Phase II
-  - Long Term
-  - Agency Process Improvements/Guidance (proposed)

## APPENDIX A: MITA SS-A BUSINESS ASSESSMENT DETAILS

This section adds further detail to the Business Assessment results presented in Section 3. There is a table for each business area containing a separate table. The tables contain more detailed maturity statements for each business process. The As Is statement addresses the reasoning behind the assessed MITA Maturity Level. The three To Be statements address the To Be Maturity Level goals indicated by the session participants. As applicable, the statements are worded to reflect the gap in capabilities between the process as it is today, and the stated Maturity Level.

ME	Member Management MITA Maturity Assessment Table
ME01	Determine Eligibility
<b>As Is</b>	The process is currently at level 1. Applications are not standardized across programs and member data is not standardized within the Agency. Many points in the eligibility determination workflow are still manual and the capability to scan documents and associate them with applications is not available. Some eligibility determination business rules (i.e., validation) are automated and some determinations of eligibility steps are not.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1. <b>Note:</b> There is an opportunity to address, in the ITB for the AMMIS the future intention to standardized member information as part of the BPR project.
<b>BPR Near Term</b>	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by merging the different eligibility pathways into a single standard process through interagency agreements and automation without eliminating manual options for members to submit applications (not all members are adaptable to electronic mechanisms); standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project); and automating as many process steps as possible: implementation of a single unified user interface for eligibility activities (transparency to the user regarding what system or file supports the activity); automated workflow and document management capabilities; automation of determination of eligibility business rules; and automation of validation activities to the extent possible through data matching with external entities (taking account that data exchange partners may not support a matching activity) and on-line access to data sources.
<b>MITA Long Term</b>	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.

ME	Member Management MITA Maturity Assessment Table
ME02	<b>Enroll Member</b>
<b>As Is</b>	The process is currently at level 1. Applications are not standardized across Waiver programs; member information is not standardized within the Agency. Neither the AMAES nor the AMMIS are capable of supporting address of residence resulting in problems with completing the process. Business rules for processing Waiver (medical eligibility) applications are still manual the capability to scan documents and associate them with medical eligibility applications is not available. Some enrollment business rules (i.e., Patient First) are automated, some are not (i.e., Waiver applications).
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1. <b>Note:</b> There is an opportunity to address, in the ITB for the MMIS, the future intention to standardized member information as part of the BPR project.
<b>BPR Near Term</b>	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project) including the capture of data not currently supported; automating as many process steps as possible; integration of enrollment steps into a single integrated eligibility determination/enrollment process wherever possible; implementation of a single unified user interface for enrollment activities (transparency to the user regarding what system or file supports the activity); automated workflow and document management capabilities; automation of waiver (medical eligibility) business rules.
<b>MITA Long Term</b>	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.
ME03	<b>Disenroll Member</b>
<b>As Is</b>	The process is currently at level 1. While some coordination with other agencies is taking place, information is still siloed in different systems (e.g., AMAES, ALLKids). Member information is not standardized within the Agency. Disenrollments are a mix of automated and manual steps and many automated disenrollment steps are not operating correctly.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1. <b>Note:</b> There is an opportunity to address, in the ITB for the MMIS, the future intention to standardized member information as part of the BPR project.
<b>BPR Near Term</b>	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project); automating as many process steps (implement business rules) as possible, including those reliant on data in Sister Agency systems (e.g., DPH ALLKids system); implementation of a single unified user interface for disenrollment activities (transparency to the user regarding what system or file supports the activity).

ME	Member Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.
<b>ME04</b>	<b>Inquire Member Eligibility</b>
<b>As Is</b>	The current maturity level of the Inquire Member Eligibility business process is Level 1. There are two separate systems independently responding to 270 requests (AMAES and AMMIS). Information available to users does not equally support all programs; the information is not easily accessible for all programs; external stakeholders are not always confident that all request pathways return consistent information.
<b>MMIS Short Term</b>	No level change but improvements in the implementation of the 270/271 transaction.
<b>BPR Near Term</b>	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards) to be developed as part of the BPR project; implementation of a single unified user interface for enrollment activities (transparency to the user regarding what system or file supports the activity); automated workflow and document management capabilities; automation of waiver (medical eligibility) business rules.
<b>MITA Long Term</b>	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.
<b>ME05</b>	<b>Manage Application and Member Communication</b>
<b>As Is</b>	The current As Is maturity level for the Manage Applicant and Member Communication business process is Level 1. The Agency is "head of the curve" with their ability to format communications linguistically, culturally and competently. The Agency has implemented the use of some electronic communication. However, the Agency would like to move into other means of electronic communication with further use of the web-site, text messages, etc.
<b>MMIS Short Term</b>	No level change but improvements in the increased use of electronic communications.
<b>BPR Near Term</b>	Implement all Level 2 capabilities by increasing the use of electronic communication and creating the "Recipient Service Centers".
<b>MITA Long Term</b>	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency.

<b>ME</b>	<b>Member Management MITA Maturity Assessment Table</b>
<b>ME06</b>	<b>Manage Member Grievance and Appeal</b>
<b>As Is</b>	The maturity level for the Manage Member Grievance and Appeal business process is Level 1. The Agency's grievance and appeals process for Members works well. There is a low frequency of appeals which allows the process to remain manual without causing too many difficulties to the stakeholders. The points of pain revolve around the members ability to communicate the grievance or appeal with 800 number only working for the southern part of the US or the contact numbers for all state staff published on the website which can cause the member to go through multiple channels to get to the right area.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1
<b>BPR Near Term</b>	The near term maturity goal is Level 2 and can be reached by the Agency creating standard forms and data that can be used across all program areas. Along with the implementation of standardized forms, the Agency can move towards fully meeting level 2 capabilities by implementing a workflow management system.
<b>MITA Long Term</b>	The long term To Be maturity goal is Level 3. By implementing the electronic case file and a document management system, the Agency can move towards meeting Level 3 capabilities. The MITA standards have not been developed, but the Agency will move towards meeting Level 3 capabilities as these standards are developed.
<b>ME07</b>	<b>Manage Member Information</b>
<b>As Is</b>	The Manage Member Information business process maturity level is Level 1. The Agency remains at a Level 1 capability because updates are inconsistently tracked and received in various formats. The notifications for these updates are not sent to the users and processes on a regular basis. In addition, the member data within the system is fragmented.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1.
<b>BPR Near Term</b>	The BPR Near Term To Be Maturity goal is Level 2. This can be accomplished with improvements to the logging and tracking of updates, the implementation of unified data standards across all systems, implementation of a document management system and automatic archiving of changes to the member data store.
<b>MITA Long Term</b>	The long term maturity goal for the Agency is Level 3. Consolidation or federation of the current member data store and the implementation of the electronic member case file will allow the Agency to move towards the Level 3 maturity.
<b>ME08</b>	<b>Manage Population and Member Outreach</b>

<b>ME</b>	<b>Member Management MITA Maturity Assessment Table</b>
<b>As Is</b>	The As Is capability maturity for the Perform Population and Member Outreach business process is Level 1. The Agency has a maturity level 2 for many capabilities but remains at a Level 1 because the outreach materials are maintained manually and are labor intensive to develop as well as the lack of ability to target current and prospective members
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1.
<b>BPR Near Term</b>	The BPR Near Term Maturity goal is to implement all Level 2 capabilities and as many Level 3 capabilities as possible by implementing a central repository for Outreach materials and leveraging information from Program Integrity, Quality Analysis, disease management, member eligibility, claims analysis and the Department of Public Health epidemiological data to target outreach needs.
<b>MITA Long Term</b>	The Agency will move towards Level 3 capabilities in the long term by the creation of Recipient Service Centers and creating and utilizing a member web-portal for distribution of outreach materials.

<b>PM</b>	<b>Provider Management MITA Maturity Assessment Table</b>
<b>PM01</b>	<b>PM01 Enroll Provider</b>
<b>As Is</b>	The As Is maturity level for the Enroll Provider business process is Level 1. The Agency remains at a Level 1 because of the manual validation and verification of application data.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1. The Agency does plan to do a provider re-enrollment in the near future.
<b>BPR Near Term</b>	The BPR Near Term Maturity goal is move towards being fully at a Level 2 maturity. The implementation of a document management and workflow management system and the provider web application will move the Agency towards a Level 2 maturity. Development of a standard provider application (one for all provider types) will also help the Agency move towards Level 2 maturity.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3 maturity with the implementation of MITA standards as they are developed.
<b>PM02</b>	<b>PM02 Disenroll Provider</b>
<b>As Is</b>	The As Is maturity level for the Disenroll Provider business process is Level 1. The process remains at a level 1 maturity because it is primarily manual and there is not a standard form for disenrollments. There is a standard set of information but no standard form. Process is manual; no standard form but a required set of data is needed to disenroll a provider.

<b>PM</b>	<b>Provider Management MITA Maturity Assessment Table</b>
<b>MMIS Short Term</b>	The MMIS short term maturity goal is to remain at a level 1.
<b>BPR Near Term</b>	The BPR near term maturity goal is to move towards being fully at Level 2 by the implementation of a document and workflow management system as well as development of an online enrollment/disenrollment form for providers.
<b>MITA Long Term</b>	The long term maturity level goal for the Agency is to move towards Level 3 maturity by implementing MITA standards as they are developed.
<b>PM03</b>	<b>PM03 Inquire Provider Information</b>
<b>As Is</b>	The as is maturity level for the Inquire Provider Information business process is Level 1. The Agency remains at a Level 1 because the process is manual, there is not a central presentation of information to the user (many screens/views to access information) and there is not an inquiry standard data set for the initial presentation of data.
<b>MMIS Short Term</b>	The MMIS Short Term goal for the Agency is to remain at a Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal for the Agency is to move towards Level 2 by developing a standard format for inquiries and implementing the provider web portal, which will allow the provider to update their own information. Provider information should also be available online for online inquiries. **Feedback from state indicates that interChange has real time updates
<b>MITA Long Term</b>	The Long Term maturity goal for the Agency is to move towards Level 3 by implementing MITA standards as they are developed.
<b>PM04</b>	<b>PM04 Manage Provider Communication</b>
<b>As Is</b>	The as is maturity level for the Manage Provider Communication business process is Level 1. The Agency remains at a Level 1 because the process is primarily manual and there are no Agency wide standards for communication.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1. Improved USPS software will eliminate some returned mail.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address establishing business relationship capabilities, this process will be impacted by the intent to increase the use of EDI. If implemented, these improvements would bring the process into alignment with some Level 2 capabilities.

PM	Provider Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	The Long Term maturity goal is to move towards Level 3 by implementing MITA standards as they are developed. To meet Level 3 capabilities, the Agency will also need to fully meet Level 2 capabilities which will include: <ul style="list-style-type: none"> <li>▪ Agency wide standards and automation of routine responses</li> <li>▪ Increased use of provider web portal</li> <li>▪ Improve in meeting linguistic, cultural and competency goals</li> </ul>
<b>PM05</b>	<b>PM05 Manage Provider Grievance and Appeal</b>
<b>As Is</b>	The as is maturity level for the Manage Provider Grievance and Appeal business process is Level 1. The Agency remains at a Level 1 because of the manual nature of this business process as well as the lack of ability to scan documents into a case file.
<b>MMIS Short Term</b>	The MMIS short term maturity goal is to remain at a Level 1.
<b>BPR Near Term</b>	The BPR near term maturity goal is Level 2. The implementation of document, workflow and case management systems as well as a call tracking system will help the Agency meet some Level 2 capabilities.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by implementing MITA standards as they become available.
<b>PM06</b>	<b>PM06 Manage Provider Information</b>
<b>As Is</b>	The as is maturity level for the Manage Provider Information business process is Level 1. The Agency remains at a Level 1 maturity level due to the manual verification, validation, and update of information.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1. The implementation of a provider web portal where providers can update or change their information will help them meet some Level 2 capabilities.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 1. The addition of work flow management and document imaging will improve the efficiency of the process. The improved interfaces and data exchanges will increase access to information and provide greater access to information.
<b>MITA Long Term</b>	The Long Term maturity goal is to move toward Level 3 maturity by implementing MITA standards as they are developed.

<b>PM</b>	<b>Provider Management MITA Maturity Assessment Table</b>
<b>PM07</b>	<b>PM07 Perform Provider Outreach</b>
<b>As Is</b>	The as is maturity level for the Perform Provider Outreach business process is Level 1. The Agency remains at a Level 1 because of lack of data standards and the primarily manual process.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1.
<b>BPR Near Term</b>	The BPR Near Term goal is to remain at Level 1. The business process can start moving towards meeting Level 2 capabilities by automating the process, adopting data standards and implementing document and workflow management systems and the ability to scan documents.
<b>MITA Long Term</b>	The Long Term maturity goal is to move towards Level 3 by implementing MITA standards as they are developed and fully implementing Web 2.0.

<b>CO</b>	<b>Contractor Management MITA Maturity Assessment Table</b>
<b>CO01</b>	<b>Produce Administrative or Health Services RFP</b>
<b>As Is</b>	The As Is maturity level for the Produce Administrative or Health Services RFP is Level 1. The Agency remains at a level 1 because of the lack of tools to structure and capture the RFP requirements and the lack of version control in the shared workspace.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1. Although version control is expected to be introduced through Increased use of the Share Point web portal.
<b>BPR Near Term</b>	The maturity level goal is Level 2, through the implementation of a workflow management tool and tools that supports structured capture of RFP requirements.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
<b>CO02</b>	<b>Award Administrative or Health Services Contract</b>
<b>As Is</b>	The As Is maturity level for the Agency is Level 1. The Agency is a Level 1 maturity because of the inability to accept proposals electronically (State Procurement Office); validation, verification and assessment of proposal data remains

CO	Contractor Management MITA Maturity Assessment Table
	manual; and the lack of a centralized repository for proposal data as part of the process. The process requires several months to complete, some of which is due to approval requirements including entities outside the Medicaid Agency (e.g., Legislative Contract Review Committee).
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1.
<b>BPR Near Term</b>	The maturity level of this process will remain at Level 1. The scope of the BPR project does not address electronic mechanisms to verify and validate proposal information. The Agency lacks control over improvements in the use of electronic mechanisms for the receipt of proposals because this capability resides with the State Procurement Office. However, the implementation of a central repository for proposal data by leveraging existing State system capabilities and the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, these improvements will move the process towards meeting Level 2 capabilities
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed and implementing the process as a service.
CO03	Manage Administrative or Health Services Contract
<b>As Is</b>	The As Is maturity level for the Agency is Level 1. The Agency is a Level 1 maturity because the Agency has no mechanism to centrally store or track contract management information, the unit that originated the contract performs monitoring activities and stores information within the unit, compilation of monitoring information is primarily manual. While the OGC provides a template for that provides consistent guidance, contract format and content regarding monitoring requirements is variable per the specifics of the individual contract.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1. The State is requesting dashboard reporting capabilities for the DSS that, provided the applicable data is loaded to the DSS, could include contract performance metrics that would give authorized users real-time information on contractor performance.
<b>BPR Near Term</b>	The maturity level of this process will remain at Level 1. The implementation of a central repository for contract monitoring information by leveraging existing State system capabilities and the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, these improvements will move the process towards meeting Level 2 capabilities.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed, implementing the process as a service, full coordination among programs and agencies in relation to managing contracts, standardization of contract format and content regarding monitoring activities, and centralized automated tracking of contracts to the extent feasible.

CO	Contractor Management MITA Maturity Assessment Table
CO04	<b>Close-out Administrative or Health Services Contract</b>
<b>As Is</b>	The As Is maturity level for the Agency is Level 1. The Agency is a Level 1 maturity because it has no mechanism to centrally and electronically store or track contract information. While the OGC provides a template that provides consistent guidance, contract format and content regarding monitoring requirements is variable per the specifics of the individual contract.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1.
<b>BPR Near Term</b>	The near term maturity goal is Level 2. While the scope of the BPR project does not address contract close-out capabilities, the implementation of a central repository for contract information by leveraging existing State system capabilities and the implementation of a workflow management system and document management system has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of contract format and content, and automation of close-out activities these improvements would bring the process into alignment with Level 2 capabilities.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed, implementing the process as a service, full coordination among Agency programs and other agencies in relation to closing-out contracts, standardization of contract format, content and close out activities, centralized automated tracking of contracts to the extent feasible, and automation of all feasible close-out steps.
CO05	<b>Manage Contractor Information</b>
<b>As Is</b>	While not specifically stating this in the capabilities for this process, the capabilities for all other processes in the Manage Contractor Business Area all indicate that at Level 2, contractor information is centralized or centrally available. Within the Medicaid Enterprise, procurement is not currently a centralized, though it is beginning to be centrally coordinated, process. This includes the storage of contractor information. Much of it is stored manually by the individual units responsible for managing the contract. Contractor data also resides in the Medicaid Agency's Office of General Counsel, Purchasing, and Finance units, the APS system, and the State Purchasing and State Comptroller's Office systems. The majority of the information is <i>not</i> stored electronically and updates, including those to system maintained data must be applied manually.
<b>MMIS Short Term</b>	The process will remain at Level 1.
<b>BPR Near Term</b>	The near term maturity goal is Level 2. While the scope of the BPR project does not address management of contract information capabilities, the implementation of a central repository for contract information by leveraging existing State

CO	Contractor Management MITA Maturity Assessment Table
	system capabilities the implementation of a workflow management system and document management system has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of contract format and content, centralization (or federation) of electronic contract information storage, and standard automated procedures for the update of contract information (to the extent feasible) these improvements would bring the process into alignment with Level 2 capabilities.
<b>MITA Long Term</b>	The long term maturity goal is level 3. Centralized (or federated), electronic storage and access of contractor information utilizing MITA standard interfaces, implemented as a service. Manual update of contractor data is the exception.
<b>CO06</b>	<b>Manage Contractor Communication</b>
<b>As Is</b>	The As Is maturity level for the Manage Contractor Communication business process is Level 1. The Agency remains at a level because of the lack of Agency-wide communication standards and the primarily manual process.
<b>MMIS Short Term</b>	The maturity level will remain at Level 1. The Agency does meet legal and contractual obligations in their communications with contractors and does have formalized processes for communication in certain instances.
<b>BPR Near Term</b>	The maturity will remain at Level 1 but moving towards Level 2 with the implementation of electronic mechanisms for communication. This would allow for more visibility of communications that affect other entities.
<b>MITA Long Term</b>	The long term maturity level goal would remain at Level 2. The Agency feels that complete automation of communication with contractors would not be beneficial.
<b>CO07</b>	<b>Perform Contractor Outreach</b>
<b>As Is</b>	The as is maturity level for Perform Contractor Outreach is Level 1. The Agency does not keep a log of the outreach materials that are distributed.
<b>MMIS Short Term</b>	The Agency will remain at a maturity Level 1. Email distribution lists and web-sites target specific contractors regarding upcoming ITBs and RFPs.
<b>BPR Near Term</b>	The near term As Is maturity goal is to move towards becoming fully at Level 2 with the implementation of electronic mechanisms for tracking/logging, storage, etc. of outreach materials.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
<b>CO08</b>	<b>Support Contractor Grievance and Appeal</b>
<b>As Is</b>	The As Is maturity level for the Support Contractor Grievance and Appeal business process is Level 1. The Agency

CO	Contractor Management MITA Maturity Assessment Table
	remains at a level 1 because the process is paper based and manual.
<b>MMIS Short Term</b>	The Agency will remain at a maturity Level 1. Stakeholders are satisfied because priority is given to complaints to resolve quickly. The Agency does not feel that automation of steps will not improve the process because there are so few grievance and appeal cases.
<b>BPR Near Term</b>	The near term As Is maturity goal is to move towards becoming fully at Level 2 with the implementation of a contract management system which will include the ability to scan documents and store grievance and appeal cases in a central location.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
<b>CO09</b>	<b>Inquire Contractor Information</b>
<b>As Is</b>	The As Is maturity level for the Inquire Contractor Information business process is Level 1. The Agency remains at a Level 1 due to the manual process and the Agency's lack of tracking/logging mechanism and web portal.
<b>MMIS Short Term</b>	The Agency will remain at a maturity Level 1. Contract information is stored on the Q drive which acts a central repository for contract information.
<b>BPR Near Term</b>	The near term As Is maturity goal is to move towards becoming fully at Level 2 with the implementation of a contract management system which can act as central repository of contract information and provide the ability to log and track inquiries into contract information.
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.

OM	Operations Management MITA Maturity Assessment Table
<b>OM01</b>	<b>Authorize Referral</b>
<b>As Is</b>	The Alabama Medicaid Agency does participate in the referral process but the referrals do not need to be approved for payment as the MITA business process is defined.
<b>MMIS Short Term</b>	N/A



OM	Operations Management MITA Maturity Assessment Table
<b>BPR Near Term</b>	N/A
<b>MITA Long Term</b>	<p>The Long Term maturity goal for the Authorize Referral business process is Level 3 by implementing MITA standards as they become available. Should the Agency decide to require that referrals be required for payment, they will need to implement Level 1 and Level 2 capabilities which will include:</p> <ul style="list-style-type: none"> <li>▪ Authorize Referral is a mix of paper/phone/fax and EDI (by internet Web portals, email). Primary Care Provider uses an on-line form to authorize the referral.</li> <li>▪ Access requires 1 or fewer hours</li> <li>▪ Automation of the process and use of HIPAA standard data reduce some of the labor overhead.</li> <li>▪ HIPAA standard transactions improve accuracy of data but the decision-making process may remain manual in some cases, leaving room for inconsistency.</li> </ul>
<b>OM02</b>	<b>Authorize Service</b>
<b>As Is</b>	The As Is maturity level for the Authorize Service business process is Level 1. The Agency remains at a Level 1 maturity level because the process is primarily paper, phone or fax. The Agency has the ability to use X12 transactions but they are used infrequently.
<b>MMIS Short Term</b>	The MMIS Short Term maturity level goal is Level 2. OM02 Authorize Service is currently at Level 1 because the X12N 278 transaction, while it can be received, has not been implemented as a response transaction. 5010 includes a new version of the 278 and does require that it be implemented. Assuming that implementation will include the capability to return a response, this process has been assigned a To Be Maturity goal of Level 2. If this assumption is incorrect and the prior authorization process capabilities will not be improved are to remain much as they are today, <u>without</u> implementing the return of the 278 when the request is received via a 278, the maturity level should be changed to Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. The document imaging, work flow, and on-line reports will make the access to data much faster. A tracking system will log and track provider and recipient calls. The State is seeking to expand electronic transactions with efile and X12 transactions.
<b>MITA Long Term</b>	The Long Term maturity goal for the Authorize Service business process is Level 3 and can be achieved by implementing MITA standards as they become available.

OM	Operations Management MITA Maturity Assessment Table
<b>OM03</b>	<b>Authorize Treatment Plan</b>
<b>As Is</b>	The Alabama Medicaid Agency does participate in the treatment plan process but the treatment plans do not need to be approved for payment as the MITA business process is defined.
<b>MMIS Short Term</b>	N/A
<b>BPR Near Term</b>	N/A
<b>MITA Long Term</b>	<p>The Long Term maturity goal for the Authorize Treatment Plan business process is Level 3 by implementing MITA standards as they become available. Should the Agency decide to require that approved treatment plans be required for payment, they will need to implement Level 1 and Level 2 capabilities which will include:</p> <ul style="list-style-type: none"> <li>• Automation of process</li> <li>• Use of HIPAA standard transactions (277/278, etc.)</li> <li>• Automated rule changes</li> <li>• Improved access to data</li> </ul>
<b>OM04</b>	<b>Apply Attachment</b>
<b>As Is</b>	The As Is maturity level for the Apply Attachment business process is Level 1. The Agency remains at a Level 1 maturity because the Apply Attachment process is primarily manual and electronic attachments are not being accepted.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 1. The additional of barcode functionality will improve efficiency of attachment processing by automating the link to the original documents.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. The addition of work flow management and document imaging will improve the efficiency of the process (BP1). The improved interfaces and data exchanges (BP4) will increase access to information and provide greater access to information.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The full implementation of Health Information Exchange (HIE) will provide access to clinical information making some attachments unnecessary and greatly improve the accuracy and efficiency of the process. The Agency will also want to implement MITA standards as they are developed to move towards a Level 3 maturity.

OM	Operations Management MITA Maturity Assessment Table
<b>OM05</b>	<b>Apply Mass Adjustment</b>
<b>As Is</b>	The As Is maturity level for the Apply Mass Adjustment business process is Level 1. The Agency remains at a Level 1 because claims identified for mass adjustment are automated for retroactive rate adjustments and retroactive liability adjustments but all others are manual ad-hoc queries.
<b>MMIS Short Term</b>	The MMIS short term goal is to remain at a Level 1 as the current process meets State needs.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at a Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. If implemented, these improvements would bring the process into alignment with Level 2 capabilities.
<b>MITA Long Term</b>	The Long Term maturity goal for the Apply Mass Adjustment business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
<b>OM06</b>	<b>Adjudicate and Price/Value Claim/Encounter</b>
<b>As Is</b>	The As Is maturity level for the Edit Claim/Encounter business process is Level 1. The Agency remains at a Level 1 because they do not currently process claims for any other sister Agency.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal for the Edit Claim/Encounter business process is to remain at Level 1. The participants in this business process indicated that there are no current plans to begin processing claims for other sister agencies. The implementation of online and real-time edits and audits creating more automation will also bring the process into alignment with Level 2 capabilities.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. If implemented, these improvements would bring the process into alignment with Level 2 capabilities.
<b>MITA Long Term</b>	The Long Term maturity goal for the Edit Claim/Encounter business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
<b>OM07</b>	<b>Adjudicate and Price/Value Claim/Encounter</b>
<b>As Is</b>	The As Is maturity level for the Edit Claim/Encounter business process is Level 1. The Agency remains at a Level 1 because they do not currently process claims for any other sister Agency.

OM	Operations Management MITA Maturity Assessment Table
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal for the Edit Claim/Encounter business process is to remain at Level 1. The participants in this business process indicated that there are no current plans to begin processing claims for other sister agencies. The implementation of online and real-time edits and audits creating more automation will also bring the process into alignment with Level 2 capabilities.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. If implemented, these improvements would bring the process into alignment with Level 2 capabilities.
<b>MITA Long Term</b>	The Long Term maturity goal for the Audit Claim/Encounter business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
<b>OM08</b>	<b>Adjudicate and Price/Value Claim/Encounter</b>
<b>As Is</b>	The As Is maturity level for the Price Claim/Value Encounter business process is Level 1. The Agency remains at a level one because it is a difficult and manual process to change rates in the system.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at Level 1. The development of enterprise wide standards for this process would bring the process towards meeting some Level 2 capabilities.
<b>MITA Long Term</b>	The Long Term maturity goal for the Price Claim/Value Encounter business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
<b>OM09</b>	<b>Prepare Remittance Advice/Encounter Report</b>
<b>As Is</b>	The As Is maturity level for the Prepare Remittance Advice/Encounter Report business process is fully at Level 2. The Agency has processes in place for the electronic delivery of 835 transactions but the provider community is slow to adopt the use of these transactions. An electronic PDF version of the remittance advice is also available to all providers on the web portal.
<b>MMIS Short Term</b>	The MMIS short term maturity goal for this process is Level 2. The Agency is considering changing the default remittance to PDF to reduce the amount of paper remittances. The process is fully automated which meets some Level 3 capabilities.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. The Agency is considering changing the default remittance to PDF to reduce the amount of paper remittances.

OM	Operations Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The Prepare Remittance Advice/Encounter report process is already fully automated using HIPAA standards for transaction which meets some of the Level 3 capabilities. To become fully at Level 3, the Agency will need to implement this process as a service and MITA standards as they are developed.
<b>OM10</b>	<b>Prepare Provider EFT/Check</b>
<b>As Is</b>	The As Is maturity level for the Prepare Provider EFT/Check business process is Level 1. The Agency remains at a Level 1 because the process is manual and it requires more than a week to complete a cycle. The Agency does meet some Level 2 capabilities, for example, both EFT and paper checks are sent and they conform to HIPAA requirements.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal for the Prepare Provider EFT/Check is Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 1. The addition of dual controls for all financial processes should be implemented to reduce the risk of fraud from internal sources. Improvements are needed in the NET process to eliminate manual processes and improve timeliness and efficiency.
<b>MITA Long Term</b>	Long Term maturity goal is Level 3. Level 3 maturity can be met by implementing this process as a service and MITA standards as they are developed, which will increase efficiency, accuracy, and automation of the process.
<b>OM11</b>	<b>Prepare COB</b>
<b>As Is</b>	The Alabama Medicaid Agency currently does not participate in the Prepare COB business process.
<b>MMIS Short Term</b>	N/A
<b>BPR Near Term</b>	The Agency does not perform the Prepare COB business process to date. However, a BPR Near Term maturity goal of Level 2 is possible if the Agency would start by pursuing COB for cost avoidance with Blue Cross.
<b>MITA Long Term</b>	<p>If the Agency begins to perform the Prepare COB business process, the Long Term maturity goal is Level 3. The Agency will need to implement MITA standards as they are developed as well as some Level 1 and Level 2 capabilities which include:</p> <ul style="list-style-type: none"> <li>▪ Implement the use of HIPAA standard transactions for COB</li> <li>▪ Automated the COB process</li> </ul>

<b>OM</b>	<b>Operations Management MITA Maturity Assessment Table</b>
<b>OM12</b>	<b>Prepare REOMB</b>
<b>As Is</b>	The As Is maturity level for the REOMB business process is Level 1. The Agency remains at a Level 1 due to REOMBs not meeting the linguistic, culturally and competency capability statement.
<b>MMIS Short Term</b>	The Agency will remain at a Level 1 maturity.
<b>BPR Near Term</b>	The Agency will remain at Level 1 maturity.
<b>MITA Long Term</b>	The long term maturity level goal for the Agency is Level 3 by implementing MITA standards as they become available.
<b>OM13</b>	<b>Prepare Home and Community Based Services Payment</b>
<b>As Is</b>	The As Is maturity goal for the Prepare Home and Community Based Services business process is Level 2. The HCBS payment process has already been integrated into the existing MMIS processes and takes advantage of the efficiencies of electronic claim submission and electronic remittance advice. This process is a Level 2 maturity because the process takes longer than 60 seconds and MITA standards for this process have not been developed.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 2. The HCBS Payment process will benefit from the improvements such as real-time adjudication of claims, ASC X12 5010 implementation, and ICD-10 enhancements.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. The process is fully automated.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The Agency already meets many Level 3 capabilities but cannot be fully at Level 3 until they implement MITA standards when they are developed.
<b>OM14</b>	<b>Prepare Premium EFT/Check</b>
<b>As Is</b>	The As Is maturity level for the Prepare Premium EFT/Check business process is Level 1. The process is currently meeting the needs of the state with a primarily manual process due to the low volumes. The Agency remains at a Level 1 because of the manual aspect, member data not standardized and the lack of online access to data.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1. Due to the low volume there is no need or plans to automate this process.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at Level 1. Due to the low volume there is no need or plans to automate this process.

OM	Operations Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. Prior to meeting Level 3, they will need to meet many Level 2 capabilities by taking advantage of the increasing use of EFT and standardized electronic transactions to increase the automation. To achieve Level 3 maturity, the Agency will need to implement MITA standards as they are developed.
<b>OM15</b>	<b>Prepare Capitation Premium Payment</b>
<b>As Is</b>	The As Is maturity level is Level 1 for the Prepare Capitation Premium Payment business process. The Agency remains at a Level 1 because provider and member information do not sync and it is a manual process.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal for the Prepare Capitation Premium Payment business process is Level 2. Modifying the system to process HIPAA EDI transactions in ASC X12 5010 should make the process more automated.
<b>BPR Near Term</b>	The BPR Near Term goal is Level 2. Adding the functionality of provider's updating or changing information to the provider web portal will solve some constraints listed for this process.
<b>MITA Long Term</b>	The Long Term maturity goal for this process is Level 3. Implementing MITA standards as they are developed will help the Agency meet many Level 3 capabilities.
<b>OM16</b>	<b>Prepare Health Insurance Premium Payment</b>
<b>As Is</b>	The As Is maturity level for the Prepare Health Insurance Premium Payment business process is at Level 1. The process remains at a Level 1 because entry, research and approval are manual. Payments are automatically generated but the output is paper.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal for this process is Level 1. The volume of HIPP payments is low and there isn't a need to move towards automation at this point.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. The implementation of document and workflow management systems and improvements to DSS will help meet Level 2 capabilities.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of this process as a service and MITA standards as they become available will meet Level 3 capabilities.
<b>OM17</b>	<b>Prepare Medicare Premium Payments</b>
<b>As Is</b>	The As Is maturity level for the Prepare Medicare Premium Payment business process is Level 1. The Agency remains at a Level 1 because the access to data is manual.
<b>MMIS Short</b>	The MMIS Short Term goal is to remain at Level 1 because the Agency has no plans to automate the access to data. The Agency will also remain at a Level 1 because CMS only sends the information needed for this process once a month. The

OM	Operations Management MITA Maturity Assessment Table
<b>Term</b>	Agency has the capability to run the payments daily but because of the file delay they do not meet all Level 2 capabilities.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at Level 1 because the Agency has no plans to automate the access to data. The Agency will also remain at a Level 1 because CMS only sends the information needed for this process once a month. The Agency has the capability to run the payments daily but because of the file delay they do not meet all Level 2 capabilities.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed as well as full automation of the process with meet Level 3 capabilities.
<b>OM18</b>	<b>Inquire Payment Status</b>
<b>As Is</b>	The As Is maturity level for the Inquire Payment Status business process is Level 2. The Agency remains at a Level 2 because MITA standards have not been developed and the current process does have some manual aspects to it.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at a Level 2. The stakeholders are satisfied with how the current process works. The Agency cannot meet many of the Level 3 capabilities because the MITA standards have not been defined.
<b>BPR Near Term</b>	The BPR Near Term maturity level goal is Level 2. Again, the Agency cannot meet Level 3 capabilities because the MITA standards have not been defined. However, the participants expressed a need for training and education of the provider community for increased use of the web portal.
<b>MITA Long Term</b>	The Long Term maturity level goal for the Inquire Payment Status business process is Level 3. Implementing this process as a business service and MITA standards as they are developed will meet Level 3 capabilities.
<b>OM19</b>	<b>Manage Payment Information</b>
<b>As Is</b>	The As Is maturity level for the Manage Payment Information business process is Level 1. The Agency remains at a Level 1 maturity because the internal payment history data is not centralized and coordinated or standardized. The Agency meets many Level 2 capabilities.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 1. Again, the Agency meets many Level 2 capabilities. At this time there are no plans to centralize or coordinate payment history data across agencies or to standardize this data.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at Level 1. The Agency meets many Level 2 capabilities but at this time, there is no plan to centralize or coordinate payment history data across agencies or to standardize the data.

OM	Operations Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards as they develop will meet many Level 3 capabilities.
<b>OM21</b>	<b>Prepare Member Premium Invoice</b>
<b>As Is</b>	The Alabama Medicaid Agency currently does not participate in the Prepare Member Premium Invoice business process.
<b>MMIS Short Term</b>	N/A
<b>BPR Near Term</b>	N/A
<b>MITA Long Term</b>	<p>Should the Agency decide to participate in this business process in the future, the Long Term goal is Level 3. Prior to reaching a Level 3 maturity, they will need to meet many Level 1 and 2 capabilities which will include:</p> <ul style="list-style-type: none"> <li>• Accounting functions are primarily automated</li> <li>• Data standards are developed for invoicing</li> <li>• Invoices can be sent on a staggered monthly schedule allowing for options for distributions</li> </ul> <p>Once these capabilities are met, the Agency will need to implement MITA standards and fully automate this process to meet the Level 3 capabilities.</p>
<b>OM22</b>	<b>Manage Drug Rebate</b>
<b>As Is</b>	The As Is maturity level for the Manage Drug Rebate business process is Level 2. The process is currently mostly automated and uses data from a variety of sources. The Agency cannot move beyond Level 2 maturity because the MITA standards have not been developed.
<b>MMIS Short Term</b>	The MMIS Short Term maturity level goal is Level 2. Increasing the use of EDI for transmission of invoices and receipt of payments via EFT will assist the Agency in beginning to meet some Level 3 capabilities.
<b>BPR Near Term</b>	The BPR Near Term maturity level goal is to remain at Level 2. The implementation of a document management system which includes the ability to scan documents.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The Agency can begin to meet Level 3 capabilities by implementing the business process as a service and MITA standards as they become available. Interfaces between the Agency and the drug manufacturers will also meet Level 3 capabilities.

OM	Operations Management MITA Maturity Assessment Table
<b>OM23</b>	<b>Manage Estate Recovery</b>
<b>As Is</b>	The As Is maturity level for the Manage Estate Recovery process is Level 1. The Agency remains at a Level due to the manual, paper based process and the lack of data standardization.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 1. There are no plans to automate the process or to develop standard data for this process.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 1. The implementation of document (including scanning capabilities) and workflow management system make the process more efficient and provide better access to data.
<b>MITA Long Term</b>	<p>The Long Term maturity goal is Level 3. The Agency will need to implement some Level 2 capabilities in order to become Level 3. Those capabilities include:</p> <ul style="list-style-type: none"> <li>• Increased automation of the business process</li> <li>• Implement electronic interfaces</li> <li>• Adopt standardized data</li> </ul> <p>In order to be fully at Level 3, the Agency will also need to implement MITA standards as they become available.</p>
<b>OM24</b>	<b>Manage Recoupment</b>
<b>As Is</b>	The As Is maturity level for the Manage Recoupment business process is Level 2. The Agency remains at a Level 2 because MITA standards have not been developed but also that some communication with providers is still manual and there is no overlapping of activities between departments.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 2. The Agency cannot move beyond Level 2 because MITA standards have not been developed.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Again, the Agency cannot move beyond a Level 2 maturity because MITA standards have not been developed.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards and the overlapping of activities between departments will bring the Agency into alignment with Level 3 capabilities.

OM	Operations Management MITA Maturity Assessment Table
<b>OM25</b>	<b>Manage Cost Settlement</b>
<b>As Is</b>	The As Is maturity level for the Manage Cost Settlement business process is Level 1. The Agency remains at a Level 1 maturity because there are no data interchanges, the timeliness of the process ranges from two weeks to two months due to lack of cooperation from providers and the lack of coordination with other processes.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1. The implementation of 5010 standards for claim activity could increase the timeliness of this process.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. The improved interfaces will allow for better access to data across the Agency and between systems.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed will help the Agency to align with Level 3 capabilities.
<b>OM26</b>	<b>Manage TPL Recovery</b>
<b>As Is</b>	The As Is maturity level for the Manage TPL Recovery business process is Level 1. The Agency remains at a Level 1 because data standards have not been implemented across the Agency.
<b>MMIS Short Term</b>	The MMIS Short Term maturity level goal is to remain at Level 1. At the current time, there are no plans to implement data standards.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed and an electronic interchange for communication will bring the process into alignment with Level 3 capabilities.

PG	Program Management MITA Maturity Assessment Table
PG01	<b>Designate Approved Service and Drug Formulary</b>
<b>As Is</b>	The As Is maturity level for the Designate Approved Services and Drug Formulary process is Level 2 due to the fact that decisions are still primarily based on fiscal impacts and regulatory requirements, development of communications with stakeholder, while supported by a centralized review process, is still distributed among Agency programs, and the information provided by the various entry points is not consistent. The process is also well positioned to meet Level 3 capabilities due to consistent, timely, and appropriate communication with process stakeholders, active support and enabling functionality for electronic access to information by stakeholders, and the use of some clinical data via analysis from the Consortium.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 2. Electronic access to data for stakeholders will be improved through the capability for providers to access the drug list via the web. Additionally, the implementation of CCI edits will increase the use of EDI and enable further automation of the process.
<b>BPR Near Term</b>	The maturity level of this process will remain at Level 2. While the scope of the BPR project does not address approval of service and drug code capabilities, the implementation of a workflow management system can further automate communication within the Agency in relation to this process.
<b>MITA Long Term</b>	The long term maturity goal is Level 3 through the adoption of MITA standards as they are developed; implementing the process as a service; improving the access to accurate clinical data to support decision making that is primarily based on clinical data and health care outcomes; further coordination and centralization of stakeholder communication and the ability of stakeholders to access required information, regardless of their entry point into the enterprise.
PG02	<b>Develop and Maintain Benefit Package</b>
<b>As Is</b>	The As Is maturity level for the Designate Approved Services and Drug Formulary process is Level 2.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 2.
<b>BPR Near Term</b>	The near term maturity goal is Level 3 as described in the v2.0 BCM for this process. Improvements to the AMAES system under the BPR project, will introduce for all programs flexibility within benefit packages, that enable choices among services and provider types that are available within the funding limits of all benefit packages for which the member is eligible.
<b>MITA Long Term</b>	The long term maturity goal is Level 3 through the adoption of MITA standards as they are developed and the implementation of the process as a service.

PG	Program Management MITA Maturity Assessment Table
<b>PG03</b>	<b>Manage Rate Setting</b>
<b>As Is</b>	The As Is maturity level for the Manage Rate Setting process is Level 1. Data is not standardized across the Agency, the manual nature of some process steps reduces the overall timeliness of the process, and, while for some rates, there is very good coordination among Agency units, other rates are set within individual units without interaction with other parts of the Agency.
<b>MMIS Short Term</b>	The maturity level of this process will remain at Level 1.
<b>BPR Near Term</b>	The near term maturity goal for this process is Level 2. While the scope of the BPR project does not address capabilities related to managing rate setting, the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of enterprise data, and increased automation of rate setting activities these improvements would bring the process into alignment with Level 2 capabilities.
<b>MITA Long Term</b>	The long term maturity goal is to take most of the process to level 3 through the automation of process steps to the extent feasible in a service oriented environment and implementation of MITA data and interface standards. However, the nature of rate setting for FQHC facilities will likely keep the overall process at level 2.
<b>PG04</b>	<b>Develop Agency Goals and Objectives</b>
<b>As Is</b>	The as is maturity level for the Develop Agency Goals and Objectives business process is Level 1. The Agency does meet many Level 2 capabilities but remains at a Level 1 because access to data is limited by inconsistent and untimely receipt of and updates to information. Data resident in other State agencies is hard to access and is not available in a format that allows analysis. In general, available data is difficult to manipulate for analysis
<b>MMIS Short Term</b>	The MMIS Short Term maturity level goal is Level 1. At the present time, there are no plans to coordinate data accessibility with other State agencies.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
<b>MITA Long Term</b>	The Long Term maturity level goal for the Develop Agency Goals and Objectives business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, electronic data interchange, and implementation of MITA standards as they are developed. Note: Electronic data interchange is dependent upon agreement with other state agencies.

<b>PG</b>	<b>Program Management MITA Maturity Assessment Table</b>
<b>PG05</b>	<b>Develop and Maintain Program Policy</b>
<b>As Is</b>	The as is maturity level for the Develop Agency Goals and Objectives business process is Level 1. The Agency does meet some Level 2 capabilities but remains at a Level 1 because access to external data is limited.
<b>MMIS Short Term</b>	The as is maturity level for the Develop Agency Goals and Objectives business process is Level 1. The Agency does meet some Level 2 capabilities but remains at a Level 1 because access to external data is limited.
<b>BPR Near Term</b>	The BPR Near Term maturity level goal is to remain at Level 1. Full standardization of internal data is a goal for the near term, but this process relies on external data outside the control of the Agency.
<b>MITA Long Term</b>	The Long Term maturity level goal for the Develop Agency Goals and Objectives business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, electronic data interchange, and implementation of MITA standards as they are developed. Note: Electronic data interchange is dependent upon agreement with other state agencies.
<b>PG06</b>	<b>Maintain State Plan</b>
<b>As Is</b>	The as is maturity level for the Maintain State Plan business process is Level 1. The Agency remains at a Level 1 because of the primarily manual process and the data to support impact analysis is not always available.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 1. There are no changes anticipated
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
<b>MITA Long Term</b>	The Long Term maturity goal for the Maintain State Plan business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, electronic data interchange, and implementation of MITA standards as they are developed.
<b>PG07</b>	<b>Formulate Budget</b>
<b>As Is</b>	The as is maturity level for the Formulate Budget business process is Level 1. The Agency remains at a Level 1 because of the manual process and the lack of predictive modeling tools. Attempts have been made to standardize the queries used by Program Managers for budget purposes but this effort is ongoing.

PG	Program Management MITA Maturity Assessment Table
<b>MMIS Short Term</b>	The MMIS Short Term maturity level goal is Level 1. There are no changes scheduled to occur that would benefit this process.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity level goal for the Formulate Budget business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, standardized COTS and predictive modeling tools, and implementation of MITA standards as they are developed.
<b>PG08</b>	<b>Manage FFP for MMIS</b>
<b>As Is</b>	The as is maturity level for the Manage FFP for MMIS business process is Level 1. The Agency remains at a Level 1 because the process is manual and data is not standardized or centralized.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 1. The Agency does not have any changes planned for this process.
<b>BPR Near Term</b>	The near term maturity goal is to remain at Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 2. The Agency will need to standardize and centralize their data and increase automation in order to meet many Level 2 capabilities. At that time, they will be able to move towards a Level 3 maturity by implementing MITA standards as they are developed.
<b>PG09</b>	<b>Manage F-MAP</b>
<b>As Is</b>	The as is maturity level for the Manage FFP for MMIS business process is Level 1. The Agency remains at a Level 1 because the process is manual and data is not standardized or centralized.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is Level 1. The Agency does not have any changes planned for this process.
<b>BPR Near Term</b>	The near term maturity goal is to remain at Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.

PG	Program Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	The Long Term maturity goal is Level 2. The Agency will need to standardize and centralize their data and increase automation in order to meet many Level 2 capabilities. At that time, they will be able to move towards a Level 3 maturity by implementing MITA standards as they are developed.
<b>PG10</b>	<b>Manage State Funds</b>
<b>As Is</b>	The as is maturity level for the Manage State Funds business process is Level 1. The Agency remains at a level 1 because process is manual and the lack of data standardization.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1 as there are no current plans to update this process.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
<b>MITA Long Term</b>	The Long Term maturity level goal is Level 3. The implementation of MITA standards as they are developed will align the Agency with Level 3 capabilities.
<b>PG11</b>	<b>Manage 1099s</b>
<b>As Is</b>	The as is maturity level for the Manage 1099s business process is Level 2. The Agency remains at a Level 2 because the process uses a mix of paper and electronic interchanges.
<b>MMIS Short Term</b>	The as is maturity level for the Manage 1099s business process is Level 2. The Agency remains at a Level 2 because the process uses a mix of paper and electronic interchanges.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at a Level 2.
<b>MITA Long Term</b>	<p>The Long Term maturity goal is Level 3. There is a new financial system under construction that is expected to include:</p> <ul style="list-style-type: none"> <li>• The capability to transmit individual 1099s electronically (e-mail, vendor portal)?</li> <li>• The capability to reproduce a 1099 via a computer initiated request that automatically reprints the 1099</li> <li>• Ability to capture Vendor data via a web portal – improve accuracy (on the State side)</li> <li>• Web portal mechanism for capturing information designed in such a way that the typical errors regarding 1099s would be greatly reduced.</li> </ul> <p>The implementation of this financial system will meet many Level 3 capabilities.</p>

<b>PG</b>	<b>Program Management MITA Maturity Assessment Table</b>
<b>PG12</b>	<b>Generate Financial and Program Analysis/Report</b>
<b>As Is</b>	The as is maturity level for the Generate Financial and Program Analysis/Report business process is Level 1. The Agency remains at a Level 2 because data is uncoordinated or not standardized.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at a Level 1. There are no plans to change the current process.
<b>BPR Near Term</b>	The near term maturity goal is Level 2. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of standardized data for automatic electronic interchanges will meet many Level 3 capabilities.
<b>PG13</b>	<b>Maintain Benefits/Reference Information</b>
<b>As Is</b>	The as is maturity level goal for the Maintain Benefit/Reference Information business process is Level 1. The Agency remains at a Level 1 because member and financial data is not standardized across the systems used for this business process.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal for the Maintain Benefit/Reference Information business process is to remain at Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at Level 1. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity level goal is Level 3. The Agency can align with Level 3 capabilities by implementing the process as a service and MITA standards as they are developed.
<b>PG14</b>	<b>Manage Program Information</b>
<b>As Is</b>	The as is maturity level for the Manage Program Information business process is Level 1. The Agency remains at a Level 1 because of the lack of standardized data and because there are still some manual aspects of the process. HIPAA transactions are used for incoming data but the data is then translated into local data requirements.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at a Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is Level 2. Full standardization of internal data is a goal for the near term.

<b>PG</b>	<b>Program Management MITA Maturity Assessment Table</b>
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed and an increased access standardized data will meet many Level 3 capabilities.
<b>PG15</b>	<b>Perform Accounting Functions</b>
<b>As Is</b>	The as is maturity level for the Perform Accounting Function business process is Level 1. The Agency remains at a Level 1 maturity because data is not standardized and the process is a mix of manual and automated.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at Level 1. However, the use of EFT for deposit of State funds with Fiscal Agent will meet some Level 2 capabilities.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed and the increased automation of the process will meet many Level 3 capabilities.
<b>PG16</b>	<b>Develop and Manage Performance Measures and Reporting</b>
<b>As Is</b>	The as is maturity level for this process is Level 1. There is a low volume of activities that are carried out in coordination with other agencies, member and financial data is not standardized, and data exchange is primarily phone, paper, fax and email.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at a Level 1 because there are no changes planned for this process.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The Agency can meet many Level 3 capabilities by increased automation, implementing MITA Standards as they are developed and use of electronic interface as the primary mechanism of data exchange.
<b>PG17</b>	<b>Monitor Performance and Business Activity</b>
<b>As Is</b>	The as is maturity level for this process is Level 1. There is a low volume of activities that are carried out in coordination with other agencies and member and financial data is not standardized.



PG	Program Management MITA Maturity Assessment Table
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at a Level 1 because there are no changes planned for this process.
<b>BPR Near Term</b>	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3. The Agency can meet many Level 3 capabilities by increased automation, implementing MITA Standards as they are developed and use of electronic interface as the primary mechanism of data exchange.
PG18	Draw and Report FFP
<b>As Is</b>	The as is maturity level for the Draw and Report FFP business process is Level 1. The Agency remains at a Level 1 because of the manual nature of the business process.
<b>MMIS Short Term</b>	The MMIS Short Term maturity goal is to remain at a Level 1. The Agency has no current plans to change this process.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at a Level 1. The Agency has no current plans to change this process. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
<b>MITA Long Term</b>	The Long Term maturity level goal is Level 3. The Agency can align with Level 3 capabilities by increasing automation, implementing the process as a service and implementing MITA standards as they are developed.
PG19	Manage FFP for Services
<b>As Is</b>	The as is maturity level for the Manage FFP for Services is Level 1. The Agency remains at a Level 1 maturity level because finance has no set of standards for how to report FFP related data for internal use.
<b>MMIS Short Term</b>	The MMIS Short Term Maturity goal is to remain at Level 1. There are no changes set to take place for this business process.
<b>BPR Near Term</b>	The BPR Near Term Maturity goal is to remain Level 1. There are no changes set to take place for this business process.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 2. There are changes in the system supporting this process that would bring the process to level 2 is dependent on when the new State accounting system becomes available.



BR	Business Relationship Assessment Table
BR01	BR01 Establish Business Relationship
<b>As Is</b>	The As Is maturity level of the Establish Business Relationship process is at Level 1 due to the mostly manual process steps, lack of a centralized data store for agreements, and the siloed nature of the process (the different types of agreements tend to be established independently by different parts of the organization and familiarity with the different types is not universal). The process adheres to all State and Federal rules and regulations. The process is well positioned to move towards Level 2 capabilities because internal data standards and guidelines have been implemented and HIPAA standards for transactions are in use.
<b>MMIS Short Term To Be</b>	The maturity level of the Establish Business Relationship process will remain at Level 1.
<b>BPR Near Term To Be</b>	The near term maturity goal is Level 2. The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address establishing business relationship capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to establishing specific agreements and setting precedent for how this process works within the Agency.
<b>MITA Long Term To Be</b>	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.



BR	Business Relationship Assessment Table
<b>BR02</b>	<b>BR02 Manage Business Relationship</b>
<b>As Is</b>	The As Is maturity level of the Manage Business Relationship process is at Level 1 due to the mostly manual process steps, lack of a centralized data store for agreements, and the siloed nature of the process (the different types of agreements tend to be established independently by different parts of the organization and familiarity with the different types is not universal). The process adheres to all State and Federal rules and regulations. The process is well positioned to move towards Level 2 capabilities because internal data standards and guidelines have been implemented and HIPAA standards for transactions are in use.
<b>MMIS Short Term To Be</b>	The maturity level of the Establish Business Relationship process will remain at Level 1.
<b>BPR Near Term To Be</b>	The near term maturity goal is Level 2. The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address managing business relationship capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to managing specific agreements and setting precedent for how this process works within the Agency.
<b>MITA Long Term To Be</b>	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.
<b>BR03</b>	<b>BR03 Terminate Business Relationship</b>
<b>As Is</b>	The As Is maturity level of the Terminate Business Relationship process is at Level 1 due to a primarily manual processes and timeliness of the process.
<b>MMIS Short Term To Be</b>	The maturity level of the Manage Business Relationship Communication process will remain at Level 1.



BR	Business Relationship Assessment Table
<b>BPR Near Term To Be</b>	The near term maturity goal is Level 2 through increased standardization of termination procedures, increased automation of process steps, The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address terminating business relationship capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to terminating specific agreements and setting precedent for how this process works within the Agency.
<b>MITA Long Term To Be</b>	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service including the use of Service Level Agreements. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.
<b>BR04</b>	<b>BR04 Manage Business Relationship Communication</b>
<b>As Is</b>	The As Is maturity level of the Manage Business Relationship Communication process is at Level 1 due to the mostly manual process steps, lack of a centralized data store for agreements, and the siloed nature of the process (the different types of agreements tend to be established independently by different parts of the organization and familiarity with the different types is not universal). The process adheres to all State and Federal rules and regulations. The process is well positioned to move towards Level 2 capabilities because internal data standards and guidelines have been implemented and HIPAA standards for transactions are in use.
<b>MMIS Short Term To Be</b>	The maturity level of the Manage Business Relationship Communication process will remain at Level 1.



BR	Business Relationship Assessment Table
<b>BPR Near Term To Be</b>	The near term maturity goal is Level 2. The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address managing business relationship communication capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to managing communication for specific agreements and setting precedent for how this process works within the Agency.
<b>MITA Long Term To Be</b>	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.

PI	Program Integrity MITA Maturity Assessment Table
<b>PI01</b>	<b>PI01 Identify Candidate Case</b>
<b>As Is</b>	The As Is maturity level for the process is Level 1. While the units responsible for this activity coordinate and do not duplicate efforts, data sources are not centralized: QC must use the AMAES, other areas use SUR and/or DSS, member data is not standardized across the Medicaid Enterprise, and much of the process is manual. Despite this User satisfaction and process accuracy is perceived to meet Level 2 capabilities.
<b>MMIS Short Term To Be</b>	The maturity level of this process will remain at Level 1. Note: In the short term, X12 5010 and the latest NCPDP version will be supported, and ICD-10 capabilities added. The changes will have a sizeable impact on this process.



PI	Program Integrity MITA Maturity Assessment Table
<b>BPR Near Term To Be</b>	The near term maturity goal is Level 2 through standardization of enterprise data (member data); centralization or federation of data sources; enhancement of parameters and access to parameters by stakeholders; increased use of electronic mechanisms of communication to obtain information; increased automation of business steps. The implementation of a combination of workflow management system, document management system, and case management system functionality which have been indicated as BPR Near Term To Be goals for other processes, if implemented would ensure that this process fully meets level 2 capabilities and positions it well for meeting Level 3 capabilities in the future.
<b>MITA Long Term To Be</b>	The long term maturity goal is Level 3 through adoption of MITA standards as they are developed; implementing the process as a service; automating most steps in the process including the use of automated parameters, pattern recognition, and other tools to identify qualified cases.
PI02	PI02 Manage Case
<b>As Is</b>	The As Is maturity level for the process is Level 1. While the units responsible for this activity coordinate and do not duplicate effort (cases), there are similar activities taking place in multiple parts of the organization that upon closer examination may offer opportunities to improve efficiency. Data sources are not centralized and much of the member data needed for this process is not available, electronically (e.g., case files), member data is not standardized across the Medicaid Enterprise, and much of the process is manual. Despite this User satisfaction and process accuracy is perceived to meet Level 2 capabilities.
<b>MMIS Short Term To Be</b>	The maturity level of this process will remain at Level 1.
<b>BPR Near Term To Be</b>	The near term maturity goal is Level 2 through standardization of enterprise data (member data); centralization or federation of data sources; increased use of electronic mechanisms of communication to obtain information; increased automation of business steps. The implementation of a combination of workflow management system, document management system, and case management system functionality which have been indicated as BPR Near Term To Be goals for other processes, if implemented would ensure that this process fully meets level 2 capabilities and positions it well for meeting Level 3 capabilities in the future.
<b>MITA Long Term To Be</b>	The long term maturity goal is Level 3 through adoption of MITA standards as they are developed; implementing the process as a service; automating most steps in the process including the use of electronic data exchange in all but exceptional cases that allows for real-time access to data (i.e., medical record) via a unified user access point.

CM	Care Management MITA Maturity Assessment Table
<b>CM01</b>	
<b>As Is</b>	The As Is maturity level for the Establish Case business process is Level 1. The ADPH has an electronic central repository for case files and are able to communicate with stakeholders in a various ways. The maturity level remains at a Level 1 because of the lack of some data sharing between the Alabama Medicaid Agency and ADPH.
<b>MMIS Short Term</b>	The MMIS Short Term maturity level is to remain at a Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at a Level 2 but working towards an agreement between Alabama Medicaid and ADPH regarding shared data and system access (CCRS, etc.)
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3 with implementing MITA standards as they become available.
<b>CM02</b>	
<b>As Is</b>	The As Is maturity Level for the Manage Case business process is Level 1. The ADPH does not have access to some patient/client information in the Medicaid system.
<b>MMIS Short Term</b>	The MMIS Short Term maturity level is to remain at a Level 1.
<b>BPR Near Term</b>	The BPR Near Term maturity goal is to remain at a Level 2 but working towards an agreement between Alabama Medicaid and ADPH regarding shared data and system access (CCRS, etc.) Universal log in for all systems.
<b>MITA Long Term</b>	The Long Term maturity goal is Level 3 with implementing MITA standards as they become available.
<b>CM03</b>	
<b>As Is</b>	The Agency's As Is maturity level for the Manage Medicaid Population Health business process is Level 1 due to the siloed and manual nature of the process.
<b>MMIS Short Term</b>	The Agency will remain at a maturity Level 1. Implementation of various communication methods for targeting the Medicaid population (Facebook, Twitter, text messages, etc.)
<b>BPR Near Term</b>	The near term As Is maturity goal is to adopt many of the Level 2 capabilities by working with the Department of Public Health and other agencies to expand QTool.



CM	Care Management MITA Maturity Assessment Table
<b>MITA Long Term</b>	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
<b>CM04</b>	
<b>As Is</b>	The Agency currently does not participate in the Manage Registry process.
<b>MMIS Short Term</b>	N/A
<b>BPR Near Term</b>	N/A
<b>MITA Long Term</b>	The Agency would like the ability to access the various registries.

## APPENDIX B: LIST OF PARTICIPANTS

The content of this list was compiled from the attendance sheets that SMEs signed at each MITA session.

NAME	DIVISION/UNIT
Admetria Mason	Long Term Care Division
Anita Brown	Program Integrity
Ann Farmer	HP Enterprise Services
Ann Holloway	Finance
Anu Rajagopal	HP Enterprise Services
April Daniels	HP Enterprise Services
Aretha Woodson	Certification Support
Bakeba Thomas	Pharmacy Services
Barbara Jean Luther	Patient First
Betty Payne	Fiscal Agent Office
Bill Butler	Office of General Counsel
Brenda Zeigler	SUR
Carol Akin	Medical Services
Caroline Lilly	Information Systems
Cathy Brown	Fiscal Agent Office
Celeste Perez	Third Party Liability
Charlie Ferguson	Information Systems
Cheryl Werts	HP Enterprise Services
Chris Presley	HP Enterprise Services
Cindy Crockett	HP Enterprise Services
Clemice Hurst	Pharmacy Services
Connie Cherry	Patient First
Curt Rushing	HP Enterprise Services
Cynthia Dobyne	SUR
Debra Murphy	Information Systems
Denise Lacy	Information Systems



NAME	DIVISION/UNIT
Diane Hamilton	NET
Diane McCall	NET
Dorothy Powell	NET
Dr. Mary McIntyre	Medical Director
Dr. Robert Moon	Medical Director
Elizabeth Ball	Fiscal Agent Liaison Division
Gail Williams	Medical Services Division
Gladys Gray	Finance
Gloria Luster	Maternity Care
Gloria Wright	Patient First
Gretel Felton	Certification Support
Gwen Crenshaw	HP Enterprise Services
Heather Vega	Pharmacy Services
Iola Dow	Constituent Affairs
Jackie Holloway	Department of Human Resources
Jackie Thomas	Program Integrity
James Barnett	HP Enterprise Services
Jan Sticka	Pharmacy Services
Jane Bowman	Third Party Liability
Janice Beddingfield	HP Enterprise Services
Janice Miles	Third Party Liability
Jean Watson	HP Enterprise Services
Jennifer Sluis	HP Enterprise Services
Jerri Jackson	Medical Services
Joetta Evans	Patient First
John Evans	HP Enterprise Services
Karen Meyer	Provider Audit
Karen Wainwright	Finance
Kathy Hall	Provider Services



NAME	DIVISION/UNIT
Kathy Turner	Fiscal Agent Liaison Division
Kaye Melnick	EPSDT
Keith Boswell	Reimbursement
Keith Thompson	Third Party Liability/Medicaid Advantage
Kelli Littlejohn	Pharmacy Services
Kim Bath	Finance
Kim Davis-Allen	Together for Quality
Kirk Parker	HP Enterprise Services
Lamar Smith	HP Enterprise Services
Laquita Thrasher	HP Enterprise Services
LaTonya Jackson	Third Party Liability
Laura Powell	HP Enterprise Services
Laura Walcott	Third Party Liability/HIPP
Lee Maddox	Administrative Services
Lee Rawlinson	Beneficiary Services
Leigh Ann Hixon	Plan First
Linda Lackey	Office of General Counsel
Linda Stephens	Long Term Care Division
Lisa Anderson	HP Enterprise Services
Lisa Kurtti	HP Enterprise Services
Luann McQueen	Elderly & Disabled Division
Lynn Abrell	Drug Rebate
Marilyn Chappelle	Long Term Care Division
MaryAnn Fannin	Office of General Counsel Division
Mary Hasselwander	Office of Communications
Mary Timmerman	Medical Services
Mattie Jackson	Commissioner's Office
Melissa Hornsby	Department of Public Health



NAME	DIVISION/UNIT
Michael Kelley	Information Systems
Michael Lamb	Information Systems
Misti Nichols	HP Enterprise Services
Nancy Headley	Medical Services
Nell Larkin	Certification Support
Ozenia Patterson	Long Term Care Division
Paige Clark	Patient First
Paul Brannan	MMIS
Renee LaRosa	Software Engineering Services
Rhonda Bryant	Finance
Rhonda Hollan	Department of Public Health
Robert Lee	Certification Support
Robin Arrington	Long Term Care Division
Robin Rawls	Director of Communication
Rochelle Winters	SUR
Sally Hoveland	HP Enterprise Services
Sandra Johnson	Provider Audit
Sanquetta Holmes	Finance
Sarah Hataway	HP Enterprise Services
Sebrena Whiting	Fiscal Agent Liaison Division
Sharon Gipson-Harris	Long Term Care Division
Sharon Moore	Quality Improvement
Sharon Parker	Family Certification Division
Sharon Rhodes	Statistical Support
Sheila McDaniel	Medical Prior Authorizations
Stephanie Lindsay	Statistical Support
Subbu Padmanabhan	HP Enterprise Services
Susan Childers	Third Party Liability
Susan Jones	Fiscal Agent Liaison Division



NAME	DIVISION/UNIT
Susan Luckie	Information Systems
Sylisa Perryman	Quality Improvement
Teresa Pringle	Third Party Liability
Teresa Thomas	Prior Authorizations
Teresa Ward	HP Enterprise Services
Terrell Flowers	Information Systems
Terry Bryant	Finance
Theresa Carlos	Prior Authorizations
Theresa Richburg	Quality Improvement
Tiffany Minnifield	Pharmacy Services
Vickey Thomas	Administrative Services
Vicki Brant	Department of Public Health
Vicki Wilson	Certification Support
Vickie Diamond	Information Systems
Wanda Wright	Third Party Liability
Zeffie Smith	Third Party Liability

## **APPENDIX C: MITA TECHNICAL SURVEY**

A blank copy of the survey can be found in separate file named Technical Assessment Survey submitted with this document.

## APPENDIX D: MITA SS-A TECHNICAL ASSESSMENT DETAILS

This section adds further detail to the Technical Assessment results presented in section 4. The information addresses each technical function in a separate table. The tables are grouped within the seven Technical Areas.

The tables are divided into three sections:

- **MITA Technical Function Description** – This section contains a description of the function and maturity capability statements taken directly from the framework. A shaded circle precedes each capability statement. The circle indicates the general level of Technical Capability with which the statement is associated. There may not be a capability statement directly addressing each general level of Technical Capability. There may be more than one statement associated with a level of capability.
- **State Technical Function Description** – This section contains a description of the Alabama Medicaid technical function. The last sentence of this section lists the survey questions that provided the information used in creating the description.
- **State As Is Maturity Level** – This section addresses the As Is maturity assessment for each of the Alabama Medicaid's primary systems and projects. There is a separate maturity assessment and As Is description for each system/project. The shaded circle in the Maturity column indicates the level at which the system or project was assessed.

Note: The first section is not a key to the last section. FOX considers all three of the general levels of Technical Capability when assessing the systems and projects relative to a technical function, whether or not the framework content does so.

The key to understanding the symbols representing levels of Technical Capability is repeated at the beginning of the section for Technical Area.

### **Business Enabling Services**

The Business Enabling Services include the functionality necessary to support the common business activities of the Medicaid Program. These activities involve external interaction with Recipients and Providers, as well as internal activities involved with information management and decision-making.

Key to the Maturity Level symbols – Shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◐ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

B.1 – Forms Management
<b>MITA Technical Function Description</b>
<p>The Forms Management technical function focuses on the ability of an enterprise to receive data via a form.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Manual data entry on hardcopy forms</li> <li><input checked="" type="radio"/> Online data entry on electronic forms</li> </ul>
<b>State Technical Function Description</b>
<p>The data enters into the Alabama Medicaid through manual data entry on hardcopy forms, through online data entry, and through electronic forms. Many of the paper claims are scanned electronically. Electronic forms include Claims forms with HIPAA transactions. Paper format includes D.O. Application, SOBRA Application, FP Application, Claims, attachments, consent forms, PA forms, cash transaction forms, etc. Provider and recipient enrollment forms are also on paper. TFQ area has screens for the capture of medical professional notes on vitals, personal history, demographics, lab results, etc. Through the use of online user friendly forms, a provider is able to inquire on recipient eligibility, claim status, prior authorization requests and household inquiries. A provider is also able to enter and submit claims, including online voids and adjustments and prior authorization requests. However, Provider enrollment information cannot be entered directly on any online forms. The claims data that the Providers can enter directly via online is used in batch processing, not real-time.</p> <p>The State has not mandated data entry on electronic forms and still allows the submission of hardcopy forms.</p> <p>All claims, regardless of media, are translated into a common file structure for the AMMIS system. The file structure used is Extensible Markup Language (XML) format. Paper claims are acquired through the SunGard Workflow Solutions (formerly known as Recognition Research Incorporated – RRI) suite of products, and formatted into the XML data structures. Pharmacy claims are passed into the AMMIS system, and translated into the XML data structure. Claims submitted through the WEB Portal are transmitted to the AMMIS system directly in the required XML format. These processes support the entry of fee-for-service claims, encounter claims and claim adjustments. Submitted claim data is electronically captured and imaged for permanent storage in the Computer Output to Laser Disk (COLD) Storage and Retrieval component. For electronic claims, the AMMIS X12 translator accepts ASC X12 HIPAA-compliant claims, and formats them into the XML file structures recognized by the AMMIS system.</p> <p>In APS, users can create the vouchers through online screens. New Department codes can be entered into the Department code table, via an online data entry screen. If there are many number codes to be entered, APS seeks the help of Database Administrator (DBA). Creation of Personal Payment Vouchers (Salaries and vouchers) is a manual process.</p> <p>The Technical survey questions 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 &amp; 20 have been identified as the source of this description.</p>



<b>B.1 – Forms Management</b>		
<b>State As Is Maturity Level</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	○	The data enters into the Alabama Medicaid through manual data entry on hardcopy forms (e.g., Form 291 application, D.O. Application, SOBRA Application, FP Application etc) and online data entry through electronic forms (e.g., Web applications). 75% of the data entering into the AL Medicaid Enterprise are through electronic forms. Paper claims and other paper forms are scanned into the system. Paper forms like HCFA1500 and UB04 are scanned and processed on daily basis. There are forms available online which allow user to download and complete it manually. The web applications for Public Health and all CICS screens have front end error handling to avoid common mistakes. Paper forms are still maintained because State has not mandated electronic forms or they cannot be scanned in.
<b>AMMIS</b>	○	The data enters into the Alabama Medicaid through manual data entry on hardcopy forms (e.g., Claims, attachments, consent forms, PA forms, cash transaction forms, provider enrollment applications & updates, etc.) and online data entry through electronic forms (e.g.). Seventy-five percent of the data entering into the AL Medicaid Enterprise are through electronic forms. Paper claims and other paper forms are scanned into the system. Paper forms like Attachments, Consent Forms, Cash Transaction Forms, Provider Enrollment Application forms and updates are scanned and processed on daily basis. Claims, PA Forms are available on both online and paper format. There are forms available online which allow user to download and complete it manually. Provider Electronic Solutions software allows providers to use software to submit HIPAA transactions and this tool is capable to handle any front end error. The Claims submitted via the web portal is an example of forms that are direct data entered into the Medicaid enterprise. Paper forms are still maintained because signatures are required. Considering going for electronic signatures online.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	●	There are screens for the capture of medical professional notes on vitals, personal history, demographics, lab results, etc. In order to avoid front end error/typing error, Procedures, Diagnosis etc codes are entered through look up tables. The QTool system can act as an EMR Light application.
<b>APS</b>	○	Manual data entry on online screens.



## B.2 – Workflow Management

### MITA Technical Function Description

The Workflow Management technical function focuses on the capabilities of an enterprise to route files and data to individuals and business processes.

- Manual routing of hardcopy files to individuals involved in processing
- Electronic routing of files to business processes and individuals involved in processing. Responsible for processing completion and other individual and business processes.

### State Technical Function Description

Alabama has some basic workflow using event tracking but this process is primarily manual. Some routing procedures for calls and emails are used, but these processes are also primarily manual. Workflow metrics are generally not captured for adopting workflow improvements. Camellia II is a citizen portal and application data capture system. Workflow is resulting from Camellia II is handled by each participating agency's back-end systems.

On the State side, they receive files daily from ADPH containing web and referral applications along with electronic signature information. This data is verified and uploaded onto ALLKids VSAM file. This batch program also assigns the regional coordinator based on the applicant's count of residence. Once this assignment is made, it shows up on a report as well as on a CICS screen for the regional coordinator to assign to a worker. Once the worker is assigned, it shows up on their CICS screen until the case is worked (when the application process pulls in the application data from the ALLKids VSAM file). Therefore, part of the workflow is automated and some parts require user intervention

Creation of vouchers and batches in APS are manual process. If there is an error in the Payment Voucher batch that is sent to Comptroller's office, APS will get a "Green slip" and the error needs to be fixed on the APS' end.

The Technical survey questions 21, 22, 23, 24, 25, 26, and 27 have been identified as the source of this description.



<b>B.2 – Workflow Management</b>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	○	The workflow management system is a mix of manual and electronic process and does not have the capability to electronically route files to Business or Individuals involved in the processes. SharePoint is used to electronically route the files to individuals. In general, manual processes are used to route files and work between processing steps. Common repositories and email are also used to route work (e.g., In Change control process; work is routed from developer to peer to supervisor to CM in QA and Operations). Email is used to let the DBA know the provider data is available for use in refreshing the data tables. There are some applications capable of generating some workflow tasks depending on certain conditions, which includes NET voucher request, Web application from public health, workflow generated by the member, etc.
<b>AMMIS</b>	○	In the Provider enrollment and data entry areas capability exists to electronically route files to Business or Individuals involved in the processes. Everywhere else it is a manual process. In general, manual processes are used to route files and work between processing steps. Common repositories and email are also used to route work (e.g., escalated calls are routed via email). Provider enrollment files are manually routed around during the enrollment process. There are some applications capable of generating some workflow tasks depending on certain conditions, which includes NET Voucher Requests, Faith Workflow – which is utilized for PE Application processing, RRI Workflow – which routes data entry through different steps, etc.
<b>CAMELLIA II/My Alabama</b>	N/A	There is no Workflow Management.
<b>TFQ</b>	N/A	There is no Workflow Management.
<b>APS</b>	○	The workflow management system is a mix of manual (i.e., manual submission of forms) and electronic processes (HP's check write).

### B.3 – Business Process Management (BPM)

#### MITA Technical Function Description

The Business Process Management technical function focuses on the capabilities of an enterprise to manage their business processes.

- Manual by the user
- Specification and management of business processes is in conformance with MITA BPM standards (e.g., Business Process Execution Language [BPEL])

#### State Technical Function Description

The business process is managed primarily through a combination of systems list and hard coded logic. AMAES Triggers:

A Form103 work request by a user or when a customer fills out an application (DO, SOBRA or FED), Claims receipt, Provider enrollment application, Recipient enrollment application, Inquiries from various sources, application from member, phone call, email, written correspondence from member, receipt of claims-related data sets, request for ad-hoc report, receipt of SDX record from SSA for SSI cases, receipt of Form-8036 from SSA for SSI cases, receipt of "503 Lead" file from SDX SSA for D.O. cases, receipt of DHR record from DHR for DHR Aged, Blind, or Disabled Cases, Foster Care cases, or DYS cases, receipt of D.O. Application for DO Nursing Home, MSP (QMB, SLIMB, QI-1), Waiver programs, etc, receipt of SOBRA Application for SOBRA, MLIF, etc., referrals from DHR, referrals from Public Health for Breast and Cervical Cancer, receipt of applications from Public Health of ALLKids/Medicaid Application trigger a transaction/process.

AMMIS Triggers:

Member processes - feed from AMAES system is put into member data store & eligibility requests are serviced via AVRS, phone, and 270/271 transactions

Provider processes - HP enrolls providers from applications, stores information and answers inquiries.

OM and PG processes are tied to receipt and payment of claims and encounters. BR processes are tied to Agency relationships with provider and entities with which the Agency wishes to share data.

TFQ Triggers:

EMR or Hospital initiates secure HL7 request to the QTool system, User Interface user kicks off a patient search in the application

There is no consistent way of managing the Business process across the enterprise. There is no central place or common repository that stores this information.

Some of the business rules in APS system (like wrong department codes) are hardcoded, and some of the business rules are not properly documented anywhere. State and agency has contract with HP to collect all bills and categories.

The Technical survey questions 3, 28, 29, 30, and 31 have been identified as the source of this description.



<b>B.3 – Business Process Management (BPM)</b>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	○	Configuration of Business process is a mix of manual and automated process (e.g., in Rules engine, depending on information entered, some parameters auto-populate; some manual configuration is required). NET voucher request system has a rules engine. Rules are maintained in the tables. The system is not capable of managing their business processes in an automated way (with no manual intervention). The BPM consist of combination of system lists and/or hard coded logic.
<b>AMMIS</b>	○	The BPM consist of combination of system lists and/or hard coded logic. Rules engine is used in the MMIS Claims engine for editing and auditing. Configuration of Business process is mainly manual. Many of the processes are capable of managing their business processes in an automated way (with no manual intervention). For example; claims processing, eligibility updating etc does not require manual intervention, while others (Provider Enrollment) does require some manual intervention.
<b>CAMELLIA II/My Alabama</b>	N/A	Not applicable
<b>TFQ</b>	N/A	Not applicable.
<b>APS</b>	○	Business process management is manual. The Business rules are not properly documented and rely on individual intervention.

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

### MITA Technical Function Description

The Business Relationship Management technical function focuses on the capabilities of an enterprise to manage their business relationships.

- Manual (e.g., by attaching annotations to case files)
  - Basic BRM, including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services they have requested and received
- Or
- Advanced BRM, which includes basic BRM plus analytics support and personalization capabilities

### State Technical Function Description

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

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

The Technical survey questions 32, 33, 34, 35, 36, 37, 38, 39, 40, and 41 have been identified as the source of this description.



<b>B.4 – Business Relationship Management (BRM)</b>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	○	<p>The Business Relationship Management process is primarily a manual process. The relationships with recipients are managed through a manual process. The recipient requests are tracked. Privacy tracking system (PTS) are not automated and all updates occur manually. Recipient requests made through Case workers are tracked in CICS log files. This log file is used to train and to prepare monthly statistical information. As part of BRM following letters to the recipient are generated: Award letters, Termination Letters, Denial Letters (from CICS system), Annual Reviews, EPSDT monthly and annual letters (also known as October letter.), Privacy notices; eligibility concerns (retro Medicaid), continuous eligibility, exparte, etc. Fifty to seventy-five percent are hard printed and mailed, &lt;25% are PDF'd and emailed and &lt;25% are posted on website. Member outreach activities are handled through a combination of automated and manual processes (e.g., alert notices in SOBRA are automated, EPSDT monthly and annual letters are manually generated and mailed to recipients informing/reminding them of the program). Member outreach by member services is a mix of manual and automated process.</p> <p>Sends daily files to both ALLKids and Plan First containing recipients who were terminated or denied SOBRA, MLIF, or Plan First eligibility due to specified reasons; i.e., denial or termination codes captured at the time of denial or termination.</p> <p>The phone calls are routed to call units automatically based on automated queries in the call tree and responses made by the caller. The recipient phone line is automated (AVRS), but not all other phone lines are; Providers call into a provider hotline and line is automated (AVRS).</p> <p>In Provider call center, Provider information is automated so that it populates on the screen of the worker who receives the call. However, in the recipient call center the recipient has to provide (key in) their Medicaid ID number but it does not populate on the screen of the worker who receives the call; other specific information is also manually entered.</p>



<b>B.4 – Business Relationship Management (BRM)</b>		
<b>AMMIS</b>	<input type="radio"/>	<p>The Business Relationship Management process is primarily a manual process. In many cases the Business Relationship Management (BRM) process is capable of tracking relationships between Medicaid systems users and the services they have requested and received (e.g., calls, claims, etc. but not every encounter is tracked as a request/receipt combination...e.g., outgoing interfaces that are automatically generated. As part of BRM the following letters to the Providers are generated: Approval and Denial. One hundred percent of these letters are hard printed and mailed (working towards disseminating some of these letters through email). Most of the member outreach is done manually due to the nature of the request. Call center takes incoming inquiries, but there is no outgoing outreach.</p> <p>The phone calls are routed to call units automatically based on automated queries in the call tree and responses made by the caller.</p>
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	N/A	Not Applicable
<b>APS</b>	N/A	Not Applicable

<b>B.5 – Foreign Language Support</b>
<p><b>MITA Technical Function Description</b></p> <p>The Foreign Language Support technical function focuses on the State’s capabilities to support foreign languages.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Manual translation of messages into supported foreign languages</li> <li><input checked="" type="radio"/> Foreign language translation support for real-time and offline interaction with beneficiaries in designated languages</li> </ul>
<p><b>State Technical Function Description</b></p> <p>Supporting foreign languages is primarily a manual process. All systems operate using primarily the English language. However, ‘Translate’ utility tool in Microsoft Outlook and foreign speaking translator service (e.g., Open Communication) are also used as well.</p> <p>The Technical survey questions 42, 43, 44, 45, 46, 47, 48, and 49 have been identified as the source of this description.</p>



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

<b>B.5 – Foreign Language Support</b>		
<b>TFQ</b>	<b>N/A</b>	This system operates primarily using English. No foreign languages are supported.
<b>APS</b>	<b>N/A</b>	Not Applicable

<b>B.6 – Decision Support</b>		
<b>B.6.1 – Data Warehouse</b>		
<b>MITA Technical Function Description</b>		
<p>The Data Warehouse technical function is focused on the ability to extract, transform and load data from multiple databases into a data warehouse so that decision support functions can be accomplished.</p> <ul style="list-style-type: none"> <li>● Extracting, transforming and loading data from multiple databases into a data warehouse that conforms with the MITA Logical Data Model</li> </ul>		
<b>State Technical Function Description</b>		
<p>Data is extracted from the MMIS and supporting systems by the MMIS Fiscal Agent and transferred to the DSS. The data sources are AMMIS Financial tables, Managed care tables, Recipient tables, Reference tables, Prior Authorization tables, EPSDT tables, Provider tables, TPL tables, AMAES and Net voucher data from the Agency, AMMIS Claims table. There is a weekly and bi-weekly extract, transform and load (ETL) process. The process has a mix of automated and manual activities and relies on static files to transfer data between systems (i.e., Drug rebate is quarterly, Profiler jobs on request, the rest is automated – just have to kick off the jobs). The Alabama Medicaid DSS does not support real-time or near real-time processing. Updates to the Medical Data Warehouse are performed primarily on a weekly and bi-weekly basis.</p> <p>The data is stored in an Oracle RDBMS and is accessed through the Business Objects application. Within Business Objects, universes can be created by functional area. The universes are the data-models that show the relationships among the individual elements. Depending on the type of data, the data in the Data Warehouse will be appended or replaced (e.g., Claims data will be appended and Provider/Recipient data will be replaced). According to the contract five years worth of data is to be maintained in the Data Warehouse. Since the implementation of interChange, an infinite amount of data can be stored.</p> <p>The bulk of the information is in DSS, but there are a number of other systems that contain Program Information and must be accessed separately: AMAES, APS, some MMIS data, electronic documents on the state network, manually maintained data such as recipient case files and contract information, etc.</p> <p>There was an Agency Data Warehouse that was created by an outside contractor (Magentic), which is on hold and has yet to go into production. This includes only drug claims back to 1991 and all claims from 1997 forward.</p> <p>The Technical survey questions 50, 51, 52, 53, 54, 55, 56, 57, and 58 have been identified as the source of this description.</p>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>



<b>B.6 – Decision Support</b>		
<b>B.6.1 – Data Warehouse</b>		
<b>AMAES</b>	<input type="radio"/>	Files are generated through an automated system job. Significant activities are manually completed.
<b>AMMIS</b>	<input type="radio"/>	Files are generated through an automated system job. Significant activities are manually completed.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	N/A	Not Applicable
<b>APS</b>	N/A	Not Applicable

<b>B.6.2 – Data Marts</b>		
<b>MITA Technical Function Description</b>		
<p>The Data Mart technical function is focused on the ability to import data into subsets of the data store to perform a specific purpose.</p> <ul style="list-style-type: none"> <li>● Importing data into data marts that conform with the MITA Logical Data Model</li> </ul>		
<b>State Technical Function Description</b>		
<p>DSSProfiler, SUR, MAR, ETG, and Alabama specific Profiler are the Data Marts. These are dependent Data Marts and the schema used to design the Data Marts is Cube schema. These Data Marts are a physical subset of Data Warehouse. There is an independent Data Mart named QTool (provider entered database) in the TFQ area. This Data Mart is generally accessed by e-prescription and Physicians. The source of data which populate the QTool information screens are:</p> <ul style="list-style-type: none"> <li>- Medicaid claims information</li> <li>- Blue Cross claims information for those providers that have a contractual relationship with InfoSolutions – which is the Blue Cross version of QTool.</li> <li>- Provider Entered- there is the ability for providers to enter some types of information such as in-office labs, vitals, personal history, etc. There is very little provider-entered information.</li> </ul> <p>Other than that there are no other Data Marts in Alabama Medicaid Enterprise. Extraction to Data Marts is automated</p> <p>The Technical survey questions 59, 60, 61, 62, 63, and 64 have been identified as the source of this description.</p>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	N/A	Not Applicable



<b>B.6.2 – Data Marts</b>		
<b>MITA Technical Function Description</b>		
<b>AMMIS</b>	<input type="radio"/>	There are five Data Marts (i.e., DSSProfiler, SUR, MAR, ETG, and Alabama specific Profiler) and the extract transform and load process is automated.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input type="radio"/>	There is an independent Data Mart named QTool (Provider entered database) and the extract transform and load process is automated.
<b>APS</b>	N/A	Not Applicable

<b>B.6.3 – Ad hoc Reporting</b>		
<b>MITA Technical Function Description</b>		
<p>The Ad hoc Reporting technical function is focused on the ability to create various reports from data within the Medicaid Enterprise.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Ad hoc reporting, typically using coded procedures</li> <li><input checked="" type="radio"/> Ad hoc reporting against databases using COTS tools</li> </ul>		
<b>State Technical Function Description</b>		
<p>Ad hoc reports are created against the DSS using a mix of both coded procedures and a COTS tool named Business Objects through which agency users can submit queries. Some reports created are statistical in nature. Other reports are for tracking workers transactions and for providing information needed for case management. The majority of the reports generated from the Account and Payable System (APS – which stores budget information and salary data) are ad hoc reports. Reports are generated with the help of programmers and a COTS tool named Crystal Reports. Canned reports are also annually generated from APS (APS receives data from the State Personnel system, HP interChange, Comptroller’s system, and direct data entry by finance).</p> <p>APS uses Crystal Reports against APS database. Canned reports like General Ledger reports are created on Crystal. In addition APS uses coded procedures to create ad hoc reports. They have a hard time with the Crystal and SQL servers because they do not communicate each other. APS uses EZtrieve Plus to create reports out of State Mainframe.</p> <p>The Technical survey questions 70, 71, and 72 have been identified as the source of this description.</p>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Ad hoc reports are created using both coded procedures/SQL and COTS tool.
<b>AMMIS</b>	<input type="radio"/>	Ad hoc reports are created using both coded procedures/SQL and COTS tool.



<b>CAMELLIA II</b>	N/A	Not Applicable
<b>TFQ</b>	<b>N/A</b>	Not Applicable
<b>APS</b>	<input type="radio"/>	Ad hoc reports are created using both coded procedures/SQL and COTS tool.
<b>B.6.4 – Data Mining</b>		
<b>MITA Technical Function Description</b>		
<p>The Data Mining technical function is focused on the ability to parse large volumes of data to detect patterns in usage.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Data mining to detect patterns in large volumes of data, typically using coded procedures</li> <li><input checked="" type="radio"/> Data mining to detect patterns in large volumes of data using COTS tools</li> </ul>		
<b>State Technical Function Description</b>		
<p>Data mining is not used to detect patterns in large volumes of data. The MMIS Fiscal agent made available the COTS tool named Statistical Package for the Social Sciences (SPSS) 9.0. However, it is currently not being utilized.</p> <p>The Technical survey questions 65, 66, 67, and 68 have been identified as the source of this description.</p>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	A COTS tool Statistical Package for the Social Sciences (SPSS) was purchased and loaded to two Agency machines, but it is not being utilized at this time.
<b>AMMIS</b>	<input type="radio"/>	A COTS tool Statistical Package for the Social Sciences (SPSS) was purchased and loaded to two Agency machines, but it is not being utilized at this time.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	N/A	Not Applicable
<b>APS</b>	N/A	Not Applicable

### B.6.5 – Statistical Analysis

#### MITA Technical Function Description

The Statistical Analysis technical function is focused on the ability to perform statistical analysis of designated data (e.g., regression analysis).

- Statistical analysis of designated data (e.g., regression analysis), typically using coded procedures
- Statistical analysis of designated data (e.g., regression analysis) using COTS tools

#### State Technical Function Description

The current Alabama Medicaid Enterprise use SURS and MARS to review data, analyze information, and produce reports. The request to run report against AMAES must be submitted in Form-103. If the Agency wishes to go against production MMIS data, a request must be submitted to the MMIS Fiscal agent. If data can be pulled from DSS, the Agency can submit via Business Objects. AMAES users cannot directly produce statistical reports. They must request the reports through IT or the DSS at HP.

The Technical survey questions 69, 70, 71, 72, 73, 74, and 75 have been identified as the source of this description.

#### State As Is Maturity

System	Maturity	As Is Description
AMAES	<input type="radio"/>	Coded procedures are used to run against AMAES files and produce many reports from AMAES and the Log File, which are related to Eligibility. No COTS products are used to perform statistical analysis.
AMMIS	<input type="radio"/>	Perform statistical analysis, review data, analyze information, and produce reports using SURS and MARS.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	N/A	Not Applicable
APS	N/A	Not Applicable

### B.6.6 – Neural Network Tools

#### MITA Technical Function Description

The Neural Network Tools technical function is focused on the ability to perform data analysis using neural network (i.e., learning) tools.

- None
- Analysis using neural network (e.g., learning) tools

#### State Technical Function Description



Alabama Medicaid Enterprise does not use any learning tool (neural network tools) nor utilize the services of third party (like Fair Isaac) to perform the neural network analysis.

The Technical survey questions 77, 78, 79, and 80 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
AMAES	<input type="radio"/>	There is no neural network tool.
AMMIS	<input type="radio"/>	There is no neural network tool.
CAMELLIA II/My Alabama	<input type="radio"/>	There is no neural network tool.
TFQ	<input type="radio"/>	There is no neural network tool.
APS	<input type="radio"/>	There is no neural network tool.

## **ACCESS CHANNEL**

Access Channels refers to how providers, beneficiaries, or other users are able to access Medicaid services or programs. This includes web portals, alphanumeric devices, etc.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

A.1 – Portal Access
<b>MITA Technical Function Description</b>
<p>The Portal Access technical function focuses on the method of access to the Medicaid business functions.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices</li> <li><input type="radio"/> Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point</li> </ul>
<b>State Technical Function Description</b>
<p>Recipients and Provider access to Alabama Medicaid is via a mix of manual, alphanumeric devices, and portal. Web alerts available on the public website, if the webpage changes.</p> <p>Users can access APS functions via Medicaid web portal and users can go either to APS Test region or Production region. There are no alphanumeric devices.</p> <p>The Technical survey questions 81, 82, 83, 84, 85, and 86 have been identified as the source of this description.</p>



<b>A.1 – Portal Access</b>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Recipients access the Alabama Medicaid functions via a mix of manual, alphanumeric devices, and portal (e.g., Recipients can turn in an application on-line, or via paper, face-to-face, FAX). Users can access through a single online access point. Provider access is mainly via portal. The MMIS Fiscal agent maintains a portal that some providers can access functions related to claims. All other processes that are not related to claims and eligibility (standard HIPAA transactions) are manual.
<b>AMMIS</b>	<input type="radio"/>	Recipient access is mostly a manual process (face-to-face). Recipients can access AVRS for access to data and entry into a call center. Provider access is via a mix of manual, alphanumeric devices, and portal (with single online access point).
<b>CAMELLIA II/My Alabama</b>	<b>N/A</b>	Not Applicable
<b>TFQ</b>	<input type="radio"/>	Providers' access is via a Portal with single online access point. This portal is basically an HIE capable EMR system, not an MMIS system.
<b>APS</b>	<input type="radio"/>	Through Medicaid web portal, users can access APS functions. In addition APS allows manual submission of data.

<b>A.2 – Support for Access Devices</b>
<b>MITA Technical Function Description</b>
<p>The Support for Access Devices technical function focuses on the type of devices supported to access Medicaid services.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Beneficiary and provider access to services via manual submissions, alphanumeric (“green screen”) devices, or EDI</li> <li><input type="radio"/> Beneficiary and provider access to services via browser, Kiosk, voice response system or mobile phone</li> <li><input checked="" type="radio"/> Beneficiary and provider access to services online via PDA</li> </ul>

## A.2 – Support for Access Devices

### State Technical Function Description

Recipients access the Medicaid function via a mix of manual submission, alpha numeric devices, voice response systems, browser, kiosk, etc. Provider access the Medicaid function via a mix of Manual submissions, Alphanumeric (“green screen”) devices, voice response system, browser, and call center. Providers can access web portal for claims submission, claims lookup, eligibility. The Agency use PDAs mainly for e-mail.

APS allows submission of data via manual and through browser (Internet Explorer) and there are no alphanumeric devices.

The Technical survey questions 87, 88, 89, 90 and 91 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	<input type="radio"/>	Recipients access the Medicaid function via a mix of manual submission, alpha numeric devices, voice response systems, browser, etc. The proportion for each device that Recipients use to access are as follows: Manual submissions - 25-50%, Browser - 25-50%, Voice response system - <25%. Recipients can access via kiosk, however it is very limited. The proportion for each device that Providers use to access are as follows: Manual submissions - 25-50%, Browser - 25-50%, Voice response system - <25%.
<b>AMMIS</b>	<input type="radio"/>	Recipients access the Medicaid function via a mix of Manual submissions, browser, voice response system, call center agents. The proportions for each device that Recipients use to access are as follows: Voice response system - 25-50%, Call center agents < 25. Recipient access the Medicaid functions via a mix of manual submissions, EDI, Browser, Voice response system, and call center agents. The proportions for each device that Providers use to access are as follows: Manual submissions - <25%, EDI - 75-100%, AVRS - <25%, Call center agents < 25.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input type="radio"/>	Provider access via EDI and Browser, Use the HL7 Data Exchange Standard for hospitals and EMRs.
<b>APS</b>	<input type="radio"/>	Accesses to services are via a mix of manual and browser. No AVRS or Kiosks or mobile phone.



## **I.0 – Interoperability Channels**

This MITA Technical capability area addresses the ability for systems to share services. This area also focuses on the links necessary to connect several technical services together to create larger technical services and additional business services.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

### **I.1 – Service Oriented Architecture**

#### **I.1.1 – Service Structuring and Invocation**

##### **MITA Technical Function Description**

Service Structuring and Invocation is used to identify the services of the Medicaid Enterprise. It is focused on how the various services (i.e., system functions or modules) are defined and structured and how they are invoked.

- Non-standardized definition and invocation of services
  - Services support using architecture that does not comply with published MITA service interfaces and interface standards
  - Services support using architecture that complies with published MITA service interfaces and interface standards
- Or
- Services support using a cross-enterprise services registry (to be verified)

## I.1 – Service Oriented Architecture

### I.1.1 – Service Structuring and Invocation

#### State Technical Function Description

The system functions or modules are defined, structured and invoked in a non-standardized way, with point-to-point interfaces. AMAES is mainframe, COBOL and 75-100% is defined using a non-standard approach. Less than 25% of interChange has some standards and the rest is non-standard approach. From a SOA standpoint, only certain areas like translator and front end are SOA compliant. Everything else is non-standard. However, <25% of the TFQ are non-standard. The web interactions and EDI transmissions in TFQ area are defined, structured and invoked in a standardized way.

The modules within AMAES are generally tightly coupled and rely on proprietary parameter passing to perform the necessary functions. Most software is written, not as a service, but for a specific purpose. However, some components like sub-routines, copy books, etc are reused for multiple purposes. There is no portability across platforms. However, in the mainframe environment, there are reusable sub-routines or called programs within in same environment.

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

Some of the data are defined in Extensible Markup Language (XML) schema (i.e., Claims entry goes thru translator into XML then into claims engine and then returns thru process). In addition Alabama Medicaid Enterprise uses proprietary, X12 and ascii text data formats too. From the Survey responses, only TFQ interfaces are defined in Web Service Description Language (WSDL).

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

The Technical survey questions 92, 93, 94, 95, 96, 97, and 98 have been identified as the source of this description.

#### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	○	Almost everything is defined, structured and invoked in non-standardized way. Data is defined in XML, proprietary, X12, ascii text formats.
<b>AMMIS</b>	○	Only <25% are defined, structured and invoked in standardized way. Data is defined in XML, proprietary, X12, ascii text formats.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable

I.1 – Service Oriented Architecture		
I.1.1 – Service Structuring and Invocation		
<b>TFQ</b>	<input type="radio"/>	Majority is defined, structured and invoked in standardized way There is only <25% are defined, structured and invoked in non-standardized way. Data are defined in XML schema and interfaces defined in Web Service Description Language (WSDL).
<b>APS</b>	<input type="radio"/>	Everything is defined, structured and invoked in a non-standardized way. Data is defined in binary and text formats.

I.1.2 – Enterprise Service Bus		
MITA Technical Function Description		
<p>Enterprise Service Bus focuses on the service layer that provides the capability for services to interoperate and be invoked as a chain of simple services that perform a more complex end-to-end process.</p> <ul style="list-style-type: none"> <li><input type="radio"/> None or non-standardized application integration</li> <li><input type="radio"/> Reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages</li> <li><input checked="" type="radio"/> MITA compliant ESB</li> </ul> <p>Or</p> <p>MITA compliant ESB interoperable outside of State Medicaid agency</p>		
State Technical Function Description		
<p>The Alabama Medicaid Enterprise is capable of interoperating with other systems/applications and performing an end-to-end process. The Medicaid Enterprise is coupled using conventional common mainframe legacy integration standards, and has non-standardized application integration with lot of hard coding. The AMMIS Fiscal agent follows some internal standards. However an Enterprise Service Bus (ESB) is used in the TFQ.</p> <p>The Technical survey questions 99, 100, 101, 102, 103, and 104 have been identified as the source of this description.</p>		
State As Is Maturity		
System	Maturity	As Is Description
<b>AMAES</b>	<input type="radio"/>	AMAES does not currently use an ESB, Non-standard application integration, using point-to-point interfaces and lots of hard coding.
<b>AMMIS</b>	<input type="radio"/>	AMMIS does not currently use an ESB, The integration a mix of standard and non-standard methods. However the standards are not

### I.1.2 – Enterprise Service Bus

#### MITA Technical Function Description

<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input checked="" type="radio"/>	Enterprise Service Bus is used to interoperate as a shared messaging layer for connecting applications and it guarantee delivery of messages.
<b>APS</b>	<input type="radio"/>	Non-standard application integration, using point-to-point interfaces and lots of hard coding.

### I.1.3 – Orchestration and Composition

#### MITA Technical Function Description

Orchestration and Composition technical area focuses on the approach to the functionality within and across the Medicaid Management Information System (MMIS).

- Non-standardized approach to orchestration and composition within and across the MMIS
- MITA standard approach to Orchestrating and Composing services

#### State Technical Function Description

From a Service Oriented Architecture (SOA) standpoint, there is no standardized approach to orchestration and composition within and across the Alabama Medicaid Enterprise. There are some internal standards within the AMAES system, but it is mainly non-standardized approach to orchestration and composition. In general, only certain processes have well defined and interactive functionality (e.g., the web portal on Fiscal agent side interacts with the translator to take the standard transactions, send them to the translator, pass the XML on to the claims engine and send response back through that path in an interactive way).

TFQ uses standardized approach like HL7 Continuity of Care Document (CCD). However, they receive Claims Post adjudication information in a non-standardized format from the MMIS Fiscal agent (ACS used to receive the same file that HID was receiving and in the same format. Later on, that changed, because ACS requested additional data other than what HID was receiving, so they receive a different file with a layout from HP, according to what they directed and needed).

Orchestration and composition in the APS system is through a non-standardized approach (i.e., during check write process, HP consolidates the information into 12 categories and creates a mainframe file. Someone in APS manually checks the availability of the mainframe file, runs SQL and converts the information to vouchers, APS staff manually verifies the data, and depending on fund availability, payment will be made to HP, and HP redistributes it to Providers).

The Technical survey question 105 has been identified as the source of this description.

<b>I.1.3 – Orchestration and Composition</b>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Approach to orchestration and compositions are a mix of standard (internal) and non-standardize methods and do not use a MITA standard approach to orchestrate activities across the Medicaid Enterprise.
<b>AMMIS</b>	<input type="radio"/>	Approach to orchestration and a composition are a mix of standard (internal) and non-standard methods and do not use a MITA standard approach to orchestrate activities across the Medicaid Enterprise.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input type="radio"/>	Standardized approach to orchestration and composition.
<b>APS</b>	<input type="radio"/>	Non-standard approach to orchestration and composition within and across MMIS.

<b>I.2 – Standards Based Data Exchange</b>
<b>MITA Technical Function Description</b>
<p>Standards based data exchange technical area focuses on the structure of data exchanged between systems and entities.</p> <p><input type="radio"/> Ad hoc formats for data exchange</p> <p><input checked="" type="radio"/> Data exchange (internally and externally) using MITA Standards</p> <p>Or</p> <p>Data exchange (internally and externally) in conformance with MITA-defined semantic data Standards (ontology based)</p>

## I.2 – Standards Based Data Exchange

### State Technical Function Description

Standard data extracts for external customers will be provided in fixed file formats. The Alabama Medicaid Enterprise supports HIPAA format, Pipe-delimited ASCII format, Comma delimited files, etc. Other extracts are in a format that is mutually agreed upon between the two parties. Data extracts formatted for external use is typically based upon the requested format of the requesting party (e.g., SSA, CMS, and IRS). EDI Transactions are in HIPAA/X12 format. TFQ mostly uses Pipe-delimited ASCII format, HL7 and X12 standards for data exchange. TFQ uses MITA and HL7 standards when exchange data with external agencies. Cartridges sent to external entities are not encrypted. Data transmitted through Connect: Direct, FTP, and SOBRA transmission are not encrypted. However, Tumbleweed (transmission to IRS) is encrypted and transmission to the bank is secured by sending it through VPN. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. AMAES and TFQ uses media tracking (e.g., use Tumbleweed) when Protected Health Information (PHI) is sent out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email. TFQ and AMMIS have policy that requires the notebook computers must have encryption.

APS sends the data per the format required at the receiving end. Packed decimal data needs to be unpacked and sent.

The Technical survey questions 106, 107, 108, 109, 110, 111, 112, 113, 114, and 115 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	<input type="radio"/>	Mostly proprietary data exchange standards are used.
<b>AMMIS</b>	<input type="radio"/>	Mostly proprietary data exchange standards are used. Incoming data in national standard is translated into proprietary format using the Sybase translator and store it in MMIS.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input type="radio"/>	Mostly proprietary data exchange standards are used.
<b>APS</b>	<input type="radio"/>	Proprietary data exchange standards are used.



### I.3 – Integration of Legacy Systems

#### MITA Technical Function Description

Integration of legacy systems technical area focuses on the structure of the integration of systems within the MMIS.

- Ad hoc, point-to-point approaches to systems integration
- Service-enabling legacy systems using MITA-standard service interfaces

The integration of components within the Alabama Medicaid Enterprise is mainly through an ad hoc, point-to-point (tightly coupled) integration. The interactive pieces with translator & web are loosely coupled and the batch is tightly coupled. There are some service-enabling technologies in AMAES, AMMIS, and TFQ areas (e.g., provider enrollment interacts with the web portal and a data table in the MMIS).

The Technical survey questions 104, 116, and 117 have been identified as the source of this description.

#### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	<input type="radio"/>	Integration is point-to-point with each point individually developed to meet the need of the exchange.
<b>AMMIS</b>	<input type="radio"/>	Integration of systems is achieved via a mix of both tightly (ad hoc point-to-point) and loosely coupled approaches. Most integration is point-to-point with each point individually developed to meet the need of the exchange.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input type="radio"/>	Most integration is point-to-point with each point individually developed to meet the need of the exchange
<b>APS</b>	<input type="radio"/>	Ad hoc point-to-point integration based on the requirement on State side.

## **D.0 – Data Management and Data Sharing**

Data management and Data sharing defines Medicaid-specific data and identifies Medicaid-specific data standards and vocabularies, with an emphasis on data structure, data taxonomy, and metadata standards development to describe data.

Key to the Maturity Level symbols – Shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

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

#### **MITA Technical Function Description**

Data exchange across multiple organizations technical area is focused on data formats and methods of transmission or sharing between multiple organizations.

- Manual data exchange between multiple organizations, sending data requests via telephone or email to data processing organizations and receiving requested data in nonstandard formats and in various media (e.g., paper)
- Electronic data exchange with multiple organizations via a MITA information hub using secure data in which the location and format are transparent to the user and the results are delivered in a defined style that meets the user's needs
- Electronic data exchange with multiple organizations via a MITA information hub that can perform advanced information monitoring and route alerts/alarms to communities of interest if the system detects unusual conditions

#### **State Technical Function Description**

## D.1 – Data Exchange Across Multiple Organizations

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

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

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

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

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

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

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

The Technical survey questions 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, and 134 have been identified as the source of this description.



## D.1 – Data Exchange Across Multiple Organizations

### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	<input type="radio"/>	Though some data exchanges are conducted electronically (e.g., EDI, Connect:Direct, CyberFusion, etc.), there are still numerous manual exchanges as well (e.g., phone, paper, fax etc).
<b>AMMIS</b>	<input type="radio"/>	Though most of the data exchanges are conducted via SFTP and Connect:Direct, there are still manual exchanges as well (e.g., paper, fax, etc).
<b>CAMELLIA II/My Alabama</b>	N/A	
<b>TFQ</b>	<input type="radio"/>	Though most of the data exchanges are conducted electronically, there are still some manual exchanges as well (e.g., faxed e-prescriptions).
<b>APS</b>	<input type="radio"/>	Though data exchanges are conducted via SFTP, there are still some manual exchanges (e.g., purchase orders are on paper).

## D.2 – Adoption of Data Standards

### MITA Technical Function Description

Adoption of data standards technical area is focused on the data standards the State has adopted in the Medicaid Environment.

- No use of enterprise-wide data standards
- Data model that conforms to the MITA model and maps data exchanged with external organizations to this model
- Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model
  - Or
  - Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model and includes standards for clinical data and electronic health records
  - Or
  - Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model and that includes national standards for clinical data and electronic health records and other public health and national standards



## D.2 – Adoption of Data Standards

### State Technical Function Description

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

The Technical survey questions 134 and 135 have been identified as the source of this description.

### State As Is Maturity

<b>AMAES</b>	<input type="radio"/>	Not all data is standardized throughout the AMAES
<b>AMMIS</b>	<input type="radio"/>	Not all data is standardized throughout the MMIS. Much of the MMIS still utilizes proprietary standards.
<b>CAMELLIA II/My Alabama</b>	N/A	
<b>TFQ</b>	<input type="radio"/>	Data is standardized throughout the system.
<b>APS</b>	<input type="radio"/>	Proprietary data standards and formats are used.

## **P.0 – Performance Management**

Performance Management creates standard policy and performance measurement capabilities by developing and publishing common measurement criteria, defining standard methods of data collection across MITA organizations, and developing standard report formats and utilities.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

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

#### **MITA Technical Function Description**

Performance data collection and reporting technical area is focused on the methods and approach of the organization in collecting and reporting performance data.

- Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics
- Define, implement, collect, and report using a set of business process–related performance metrics that conform to MITA-defined performance metrics  
 Or  
 Generate alerts and alarms when the value of a metric falls outside limits

#### **State Technical Function Description**

AMAES collects and reports how many batch jobs were submitted thru CA7 and sums up how many where executed and how many were abended using predefined and ad hoc reporting methods and places on monthly report.

The areas that the performance is monitored:

- COLD system
- VPN lines
- Web portal
- System resource usage
- Servers
- System performance
- Job executes
- Operations processes
- Network
- Call Tracking

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

- System performance
- Cisco equipment
- Wireless networks
- Email
- Network performance monitoring
- Workstations
- Call Tracking
- Claims processing averages

The metrics that were defined to monitor the performance are:

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

Performance monitoring and reporting is mostly a mix of manual and automated process (e.g., contract performance reports are manual and generation of monthly status report is automated and pulling them together into report format is manual). Performance monitoring and reporting is not centralized and consistent across Medicaid Enterprise. Tools used to monitor the performance are:

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

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

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

The Technical survey questions 136, 137, 138, 139, 140, 141, and 142 have been identified as the source of this description.

**State As Is Maturity**

System	Maturity	As Is Description
<b>AMAES</b>	●	Collects and reports on the number of batch jobs were submitted thru CA7 and sums up how many where executed and how many abended using predefined and ad hoc reporting methods and places on monthly report. Contract monitoring reports are also produced manually.

<b>P.1 – Performance Data Collection and Reporting</b>		
<b>AMMIS</b>	<input type="radio"/>	Monthly status report collects several performance metrics for the Agency. Generation of monthly status report is automated and pulling them together into report format is manual
<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>	Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics which includes: call tracking, Cisco equipment, Wireless networks, Servers, Web portal, System resource usage, System performance, email, Network performance monitoring, VPN lines, etc. Network Monitoring and Exchange Monitoring generate alerts and alarms when the value of a metric falls outside limits.
<b>TFQ</b>	<input type="radio"/>	Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics which includes: servers, Web portal, System resource usage, Network performance monitoring, etc. Sequel tool generates alerts and alarms when the value of a metric falls outside limits.
<b>APS</b>	N/A	APS does not perform any performance data collection.

<b>P.2 – Dashboard Generation</b>
<b>MITA Technical Function Description</b>
<p>Dashboard generation technical area is focused on the presentation of the performance information and the use of summary-level methods and approach of the organization in collecting and reporting performance data.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Generate and display summary-level performance information (i.e., performance dashboards)</li> <li><input checked="" type="radio"/> Generate and display summary-level performance information (i.e., performance dashboards) within a State Medicaid agency for all MITA-defined metrics</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>Generate and display summary-level performance information (i.e., performance dashboards) from external sources (e.g., other States and agencies) within a State Medicaid agency for all MITA-defined metrics</li> </ul>



**P.2 – Dashboard Generation**

**State Technical Function Description**

Dashboards are generated on RACF reports and Call Center. Call center reports are generated on daily, weekly, bi-weekly, monthly, and quarterly; and RACF reports are generated on monthly basis and printed on paper. Tools used to generate the dashboard are CA Unicenter (Call Center) and Vanguard (RACF reports)

The Technical survey questions 143, 144, 145, 146, 147, and 148 have been identified as the source of this description.

**State As Is Maturity**

System	Maturity	As Is Description
<b>AMAES</b>	<input checked="" type="radio"/>	Generate and display performance dashboards (RACF reports). Dashboards are printed on paper.
<b>AMMIS</b>	<input type="radio"/>	Performance dashboards are not generated.
<b>CAMELLIA II/My Alabama</b>	<input checked="" type="radio"/>	Generate and display performance dashboards (Call center)
<b>TFQ</b>	<input type="radio"/>	Performance dashboards are not generated.
<b>APS</b>	<input type="radio"/>	Performance dashboards are not generated.

## **S.0 – Security and Privacy**

Security and Privacy involves making sure all information contained within the State systems remains protected and confidential and is only accessible by those with proper authority. This involves electronic data as well as physical system components, such as server or building access.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

<b>S.1 – Authentication</b>
<b>MITA Technical Function Description</b>
<p>Authentication technical area is focused on the methods and approach to security access of the Medicaid Environment.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Access to MMIS system capabilities via logon ID and password</li> <li><input checked="" type="radio"/> User authentication using public key infrastructure in conformance with MITA-identified standards</li> </ul>
<b>State Technical Function Description</b>
<p>System access is allowed based on user-id and password and allows users to access function based on their sign-on (role based access). Mainframe is secured using Resource Access Control Facility (RACF) on AMAES and related files. There is no "single sign-on" that covers all the systems, except Camellia II. In certain instances, the user needs to navigate through multiple functional systems to perform a single task (e.g., in NET, user needs to go through eligibility verification, CICS system, two or three panels on MMIS to check on prior claims, FEITH COLD system, then create voucher request. The user needs to log on to each of these data bases to retrieve the information). Except Camellia II, public key infrastructure (PKI) is not used to perform user authentication. There is no consistent way for an application to be authenticated by another system with which it must interact (i.e., since the systems does not share security utility services, the outstation SOBRA workers need to sign into separate systems separately and workers cannot access them using one log-on and systems cannot be authenticated in a standard manner). In general, the access requirements identified in the business processes are defined within the data models, and implemented across the enterprise. A user is authenticated both at log-on and database level.</p> <p>Only registered providers who have a high security level (known as clinical user) can input information in QTool. From the Agency perspective, there is not a restriction on who can have this level. The level of security is decided by the practice/provider who takes responsibility for the persons that are allowing</p>

<b>S.1 – Authentication</b>		
access to the system.		
The Technical survey questions 126, 149, 150, 151, 152, 153, 154, 155, and 156 have been identified as the source of this description.		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at logon and database level.
<b>AMMIS</b>	<input type="radio"/>	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at logon and database level.
<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>	Unique logon ID and password used. Role-based access. Authenticate both at logon and database level. Single sign-on and PKI are implemented.
<b>TFQ</b>	<input type="radio"/>	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at logon and database level.
<b>APS</b>	<input type="radio"/>	Unique logon ID and password used. Based on users' access rights, the APS applications will become available to the user. Single sign-on.

<b>S.2 – Authentication Devices</b>
<b>MITA Technical Function Description</b>
Authentication Devices technical area is focused on the equipment used to provide security to the MMIS system.
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Support for user authentication via kiosks based on fingerprints and delivery of results to authentication and authorization functions.</li> <li>Or</li> <li>Support for user authentication via Secure ID tokens and delivery of results to authentication and authorization functions.</li> <li>Or</li> <li>Support for user authentication via kiosks based on retinal scans and delivery of results to authentication and authorization functions</li> </ul>

## S.2 – Authentication Devices

### State Technical Function Description

The Alabama Medicaid Enterprise does not use any biometric measures for user authentication. The LAN is controlled by user IDs/passwords and the mainframe is secured using RACF. Logon ID and password are still used in all areas. Card access is used in certain areas. User authentication via kiosks based on fingerprints and RSA SecureID tokens are not supported.

The Technical survey questions 157, 158, and 159 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
AMAES	<input type="radio"/>	Secure access is primarily determined by building access cards and logon IDs.
AMMIS	<input type="radio"/>	Secure access is primarily determined by building access cards and logon IDs.
CAMELLIA II/My Alabama	<input type="radio"/>	Secure access is primarily determined by building access cards and logon IDs.
TFQ	<input type="radio"/>	Secure access is primarily determined by building access cards and logon IDs.
APS	<input type="radio"/>	Secure access is primarily determined by building access cards and logon IDs.

## S.3 – Authorization and Access Control

### MITA Technical Function Description

Authorization and Access Control technical area is focused on the ability to use roles for security access.

- User access to system resources depending on their role at sign-on

### State Technical Function Description

User access to system resources depends on their role at sign-on (role-based access). Each user gets a unique logon ID. The user needs to renew their password anywhere from 30 to 60 days depending on the system (e.g., AMAES – 30 days, Network – 45 days, Internet ISD – 60 days, Camellia II – 60 days, TFQ – 45 days, MMIS – 30 days). In general, access to the building and parking ramp relies on a card swipe authorization system which allows access only to authorized personnel. Any guest visitor must wear a visitor badge, sign into a log book, and be escorted by approved personnel.

Cartridges sent to external entities are not encrypted. Data transmitted through Connect:Direct, FTP, and SOBRA transmission are not encrypted. However, Tumbleweed (transmission to IRS) is encrypted and transmission to the bank is secured by sending it through VPN. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. AMAES and TFQ uses media tracking (e.g., use Tumbleweed) when Protected Health Information (PHI) is sent out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email. TFQ and AMMIS have policy that requires the notebook computers must have

### S.3 – Authorization and Access Control

encryption.

Only registered providers who have a high security level (known as clinical user) can input information in QTool. From the Agency perspective, there is not a restriction on who can have this level. The level of security is decided by the practice/provider who takes responsibility for the persons that are allowing access to the system.

The Technical survey questions 110, 111, 112, 113, 114, 115, 126, 160, 161, and 162 have been identified as the source of this description.

#### State As Is Maturity

System	Maturity	As Is Description
AMAES	<input type="radio"/>	User access to system resources depend on their role at sign-on (role-based access).
AMMIS	<input type="radio"/>	User access to system resources depend on their role at sign-on
CAMELLIA II /My Alabama	<input type="radio"/>	User access to system resources depend on their role at sign-on
TFQ	<input type="radio"/>	User access to system resources depend on their role at sign-on
APS	<input type="radio"/>	User access to system resources depend on their role at sign-on.

### S.4 – Intrusion Detection

#### MITA Technical Function Description

Intrusion detection technical area is focused on the ability of the organization to detect and control intrusion into secure systems.

## S.4 – Intrusion Detection

### State Technical Function Description

The intrusion detection tools/devices in place across the enterprise are:

- Virus detection
- Firewall
- Anti spyware
- Website filtering
- Email filtering
- Desktop security software
- Personal firewall
- Pointsec PC encryption software

The intrusion detection tools installed in AMAES, TFGQ, and CAMELLIA II are capable of detecting when an intrusion attempt has been made on the network and relays that information to the respective person. The network is protected using Demilitarized Zone (DMZ) firewall configuration. The data sent through the network are encrypted with an exception of local LAN, where it is point to point connection between the MMIS Fiscal agent & the Alabama Medicaid Agency. As a mean of physical measures, security badges, card keys, and/or intrusion detection devices like motion control cameras are used to monitor a physical breach of security. The equipments are stored in secured access area (e.g., State mainframe, Medicaid servers, Medicaid printers, MMIS Fiscal agent equipments etc). Systems or Application (AMAES, MPS, etc.) security is defined within the application. Active Directory & RACF are configured to lock an account if the password is entered incorrectly 3 times.

The Technical survey questions 163, 164, 165, 166, 167, and 168 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
<b>AMMIS</b>	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
<b>CAMELLIA II/My Alabama</b>	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.



<b>S.4 – Intrusion Detection</b>		
<b>TFQ</b>	<input type="radio"/>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
<b>APS</b>	<input type="radio"/>	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network. It is not capable to automatically relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.

<b>S.5 – Logging and Auditing</b>
<p><b>MITA Technical Function Description</b></p> <p>Logging and auditing technical area is focused on the approach of the organization to logging access attempts and their methods of auditing access.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Manual logging and analysis</li> <li><input checked="" type="radio"/> Access to the history of a user's activities and other management functions, including logon approvals and disapprovals and log search and playback</li> </ul>

## S.5 – Logging and Auditing

### State Technical Function Description

The logging and auditing is a mix of manual and automated process (e.g., Mainframe logging is automated, screen access or transactions are automated, network logon is captured, RACF also captures logon information, and SMF files capture everything automatically). All login (successful and failed logon) attempts and account lockouts in AMAES and TFQ are tracked automatically, and print a report (that includes at least records of updates, data changed in tables, who did it, and when they did it) on a daily basis. In AMMIS, failed and successful logons and account lockouts are logged at initial authentication to the windows servers. Additionally log failed and successful logon at the UNIX application level. Data changes to tables are captured via audit tables, but no reports are printed. In general, the Alabama Medicaid Enterprise has the capability to lock a user id if the logon attempt fails three times or more, with an exception of Camellia II. Except Camellia II, there are audit tables that show who changed data, and have the capability to generate any reports or set any alerts. Capabilities exist to access the history of user's activities like network and email activities, log file of on-line transactions per user and create reports; and other management functions. In APS, Active Directory and RACF is configured to capture the last logon information and manually run monthly reports to identify the corresponding accounts that have been inactive for 90 day or more.

Camellia II is in the process to develop tracking mechanism that tracks all successful and failed logon's, and also track users logging in from different IP addresses. Triggers and reports will be part of this development.

Other than the above, the Alabama Medicaid Enterprise is capable to providing a complete audit trail of business functions (e.g., Claims and adjudication history data: provides a complete audit trail of the processing of each claim from receipt through adjudication and payment, Premium and capitation payment history data: provides a complete audit trail of the processing of each premium and capitation payment, and HCBS claims and payment history data: provides a complete audit trail of each HCBS claim from receipt through adjudication and payment).

The Technical survey questions 169, 170, 171, 172, 173, 174, 175, and 176, and OM19 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Logging process is automated and analysis of audits is largely manual. Capable to search the log and access the History of user's activities and other management functions. Capable to do playback. Capable to view logs and screens that users had accessed.
AMMIS	○	Logging process is automated and analysis of audits is largely manual. Capable to access the History of user's activities and other management functions. Not capable to do playback. The Fiscal agent's interChange system tracks changes that were made by the users.



<b>S.5 – Logging and Auditing</b>		
<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>	Logging process is automated and analysis of audits is largely manual. Capable to access history of user's activities and do playback. Camellia plans to date and time stamp all data changes and also will historically snapshot all application data.
<b>TFQ</b>	<input type="radio"/>	Logging process is automated and analysis of audits is largely manual. Capable to access the History of user's activities and other management functions. Not capable to do playback.
<b>APS</b>	<input type="radio"/>	Logging process is automated and analysis of audits is manual.

<b>S.6 – Privacy</b>		
<b>MITA Technical Function Description</b>		
Privacy technical area is focused on the approach of the organization to ensure privacy of information. <ul style="list-style-type: none"> <li><input type="radio"/> Procedural controls to ensure privacy of information</li> <li><input checked="" type="radio"/> Access restriction to data elements based on defined access roles</li> </ul>		
<b>State Technical Function Description</b>		
<p>The Alabama Medicaid Enterprise has procedural controls including training, positioning of computer monitors, and ensuring sensitive information is out of sight etc for the privacy and security of data, and it is HIPAA compliant. The Agency ensures that PHI files in electronic format are password protected. Agency requires employees to take adequate technical steps to safeguard PHI, by locking door, storing files in locked cabinet and ensuring their screen saver is activated, when leaving the immediate area of PHI. Not all areas have the ability to restrict or grant access down to the column/field level (e.g., Camellia II). On Medicaid files maintained on the mainframe, access cannot be restricted up to the column/field level. However, via programming PHI data on the on-line screens can be displayed/hide. In TFQ, restrict or grant access is down to data type and not data element. In AMAES and TFQ, access to data elements based on defined access roles. In AMMIS, access is restricted at screen or report level. Except Camellia II, access to sensitive information based on assigned roles and logon IDs. If applicable, information requests are funneled through the Privacy Officer.</p> <p>The Technical survey questions 177, 178, 179, 180, 181, and 182 have been identified as the source of this description.</p>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Privacy is largely procedural based with some user-defined access roles.
<b>AMMIS</b>	<input type="radio"/>	Privacy is largely procedural based with some user-defined access roles.



<b>S.6 – Privacy</b>		
<b>CAMELLIA II/My Alabama</b>	<input type="radio"/>	Privacy is largely procedural based with some user-defined access roles.
<b>TFQ</b>	<input type="radio"/>	Privacy is largely procedural based with some user-defined access roles.
<b>APS</b>	<input type="radio"/>	Privacy is largely procedural based across the agency with some user-defined access roles.

## F.0 – Flexibility - Adaptability and Extensibility

This MITA Technical Capability area focuses on the ability of systems to meet changing business needs and adapt to different environments over time. The flexibility and adaptability of a system mature as more control is extended to the business user. Extensibility refers to how well the system is designed for growth and change to prospectively address anticipated future changes.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

- The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

### F.1 – Rules Driven Processing

#### MITA Technical Function Description

Rules driven processing technical area is focused on the methods the State uses to apply system and business process rules and their approach to management of those rules.

- Manual application of rules (and consequent inconsistent decision making)
- Linking a defined set of rules into business processes or using applications executed with a Basic Rules Management System (often called a Rules Engine)

#### State Technical Function Description

Most of the system and business process rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables, and changes to business rules requires programming changes. Systems lists and parameters are also used in AMAES, AMMIS, and TFQ to apply system and business process rules. AMAES is setting up a table-driven system and that will be controlled and managed by programming staff under the direction of business users. In the NET voucher request system, workflow documents are routed and processed through the workflow according to a rules engine (i.e., the FEITH Document Database rules engine (REX), which was developed and maintained by FEITH Systems and Software, Inc). For the systems that are on the mainframe platform (e.g., AMAES, BENDEX, SDS, SVES, etc.), the business rules are primarily within the Cobol program and not in tables. However, there is a process in progress to convert from VSAM to DB2 which will allow system users to add some business rules into DB2 tables in the future. In addition, Price Claim/Value Encounter also relies on rules engine.

Both TFQ and AMMIS also have a rules engine (e.g., editing and auditing rules in MMIS claims engine). A variety of methods are used to apply rules to systems (e.g., manually through panel interaction and then automated as with the reapplication of rules when data changes, use tables and coded ID codes, configurable rules based on patient procedures, diagnosis, dates of service, clinical observations etc).

### F.1 – Rules Driven Processing

More than 75% of the business process rules in AMAES and AMMIS are either hardcoded in program codes or system parameters. A log file is maintained for auditing CICS transactions, and changes to all software rules in both programs and in hard copy are tracked. However, >75% of the business rules in TFQ are in rules engine.

Business process rules are managed either by:

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

By using the program log, change request, history of changes, or last update date, one would be able to see which rules were in production at any given time.

Changes to edit & audit rules are captured with date stamps in the reference audit tables and are accessible through audit trail panels.

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

The Technical survey questions 28, 183, 184, 185, 186, 187, 188, 189, and 190 have been identified as the source of this description.

#### State As Is Maturity

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

## F.2 – Extensibility

### MITA Technical Function Description

Extensibility technical area is focused on the ability of the State to apply extensions to system functionality.

- Extensions to system functionality that require pervasive coding changes
- Services with points at which to add extensions to existing functionality (changes highly localized)

### State Technical Function Description

Most of the key transactions processing functions are in or dependent on legacy applications with business rules embedded in the coding. Extension to system functionality requires pervasive coding/coding changes, depending on the business need. The components of Alabama Medicaid Enterprise are not loosely coupled and the interfaces are Technology dependent on applications. In other words, it is highly proprietary. In AMMIS, the system functionality can be added as modular, hard coded, parameter, or table driven depending on the functionality. Around twenty five percent of the operational extensions in AMMIS and TFQ are applied through systems lists and system parameters and the rest through configuration files, tables, hard coding, etc. Table driven functionality makes it easier to make changes. Testing can add to the time needed to make changes. The majority of the interfaces in the Alabama Medicaid Enterprise are technology dependent. There are some off-line, desktop solutions which are not integrated to MMIS system (like siloed/standalone or home grown system (e.g., Project Tracking System, Tape Management, Motor Pool, HR, CROCS, APS (interfaces), Help Desk, MPS, PTS etc). The changes or extension to the system functionality is not localized.

Following are the tools used to facilitate the mapping and development of interfaces:

- Microsoft Visual Studio framework
- DevExpress
- Power Designer
- tcAccess
- Sybase translator
- Biztalk (by TFQ)

The Technical survey questions 6, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, and 203 have been identified as the source of this description.

### State As Is Maturity

System	Maturity	As Is Description
<b>AMAES</b>	<input type="radio"/>	New functionality can be integrated as modular or hard coded
<b>AMMIS</b>	<input type="radio"/>	New functionality can be integrated as modular, hard coded, parameter, or table driven depends on the functionality. There are places where plug and play exists, but not for the overall architecture (e.g., Translator, web portal, places where COTS products are utilized).
<b>CAMELLIA II/My Alabama</b>	N/A	Not applicable

<b>F.2 – Extensibility</b>		
<b>TFQ</b>	<input checked="" type="radio"/>	New functionality can be integrated as a modular. The QTool application is built on .NET SOA based architecture. Additional functionality is added as plug and play
<b>APS</b>	<input type="radio"/>	Significant programmer and/or Database Administrator (DBA) intervention is required.

<b>F.3 – Automate Configuration and Reconfiguration Services</b>
<p><b>MITA Technical Function Description</b></p> <p>Automate configuration and reconfiguration services technical area is focused on the State's approach to configuration management.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Configuration and reconfiguration of distributed application that typically requires extensive hard-coded changes across many software components and/or applications across the enterprise (and with significant disruption)</li> <li><input checked="" type="radio"/> Consistent distributed applications using common business change processes that coordinate between active components and ensure minimal disruption</li> </ul>
<p><b>State Technical Function Description</b></p> <p>There are some published procedures and there is no configuration management plan across the Medicaid Enterprise. There are separate configuration management plans for AMAES, AMMIS, and TFQ as they are on different platforms like mainframe, servers, etc. Mainframe processes are documented. The Server applications are new to IT and hence policies and procedures are still being developed. MMIS has its own Configuration Management process outside of IT which is maintained by the Fiscal agent. . Configuration Management Plan on the MMIS Fiscal agent side only applies to AMMIS. Only TFQ has the capability to automatically configure and reconfigure the applications/functions and it is manual elsewhere. Configuration and reconfiguration of rules engine is a mix of manual and automated process; i.e., some parameters will auto-populate and some manual configuration is required based on the information entered. The majority of the configuration and reconfiguration of distributed applications requires extensive hard-coded changes across many software components and/or applications across the enterprise. However, the configuration and reconfiguration implementations on AMMIS are planned to not cause significant disruption. Except TFQ, the introduction of new technology significantly affects the interfaces to applications. The introduction of new technology is a resource challenge rather than a technology challenge. Reconfiguring the applications and functions usually requires coding changes with the associated requirements gathering, code development, testing and implementation. In TFQ, there are published procedures and configuration management plan, but in a Medicaid Enterprise perspective, those rules are applied only in the TFQ area). APS uses the new versioning software named TFS, which is not stable and they are still learning how to use it. Configuration and reconfiguration requires extensive changes to hardcoded program logic, and it creates a significant disruption to services.</p> <p>The Technical survey questions 29, 204, 205, and 206 have been identified as the source of this description.</p>



<b>F.3 – Automate Configuration and Reconfiguration Services</b>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Configuration is generally manual and requires code level changes.
<b>AMMIS</b>	<input type="radio"/>	Configuration is generally manual and requires code level changes.
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable. The system is in the development stage, and hence at this time there is no configuration/reconfiguration process or plans
<b>TFQ</b>	<input type="radio"/>	Capable to do automatic configuration and reconfiguration
<b>APS</b>	<input type="radio"/>	Requires extensive changes to the hardcoded logic. There is significant disruption.

<b>F.4 – Introduction of New Technology</b>		
<b>MITA Technical Function Description</b>		
<p>Introduction of new technology technical area is focused on the State’s ability to introduce new technology and the affect that has on existing systems.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Technology-dependent interfaces to applications that can be significantly affected by the introduction of new technology</li> <li><input checked="" type="radio"/> Technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., data abstraction in data management services to provide product neutral access to data based on metadata definitions)</li> </ul>		
<b>State Technical Function Description</b>		
<p>The majority of components of the Alabama Medicaid Enterprise are neither loosely coupled nor introduced fairly easily. Most of the interfaces are not defined in WSDL, with point-to-point connection, and are dependent to Technology. There are web services created in AMAES and TFQ (i.e., which connect hospitals and EMR systems to TFQ), and the TFQ web services is created in WSDL. Introduction of new technology is cumbersome due to the legacy mainframe environment and the distribution of information and data across multiple subsystems. The introduction of new technology is both a resource challenge and technology challenge.</p> <p>The Technical survey questions 98, 207, 208, 209, and 210 have been identified as the source of this description.</p>		
<b>State As Is Maturity</b>		
<b>System</b>	<b>Maturity</b>	<b>As Is Description</b>
<b>AMAES</b>	<input type="radio"/>	Interfaces to applications are technology-dependent, are affected by the introduction of new technology



#### F.4 – Introduction of New Technology

<b>AMMIS</b>	<input type="radio"/>	Interfaces to applications are technology-dependent, are affected by the introduction of new technology
<b>CAMELLIA II/My Alabama</b>	N/A	Not Applicable
<b>TFQ</b>	<input type="radio"/>	Interfaces to applications are technology-neutral and are not affected by the introduction of new technology
<b>APS</b>	<input type="radio"/>	Technology dependent. Introduction of new technology is a resource challenge.

## **APPENDIX E: GLOSSARY**

.NET: Microsoft's application development framework for Web, server and Smart Client Application

ACORN: Alabama Care Coordination Referral Network

ACS: Affiliated Computer Systems

ADA: American Dental Association

AHIMA: American Health Information Management Association

AMA: Alabama Medicaid Agency

AMAES: Alabama Medicaid Application and Eligibility System

AMMIS: Alabama Medicaid Management Information Systems

APC: Ambulatory Payment Classification

APD: Advance Planning Document

APS: Accounts and Payables System

ARRA: American Recovery and Reinvestment Act of 2009

ARS: Alabama Rehabilitation Services

ASCII: American Standard Code for Information Interchange

ASP: Active Server Pages

AVECS: Automated Voice Eligibility and Claims System

AVR: Automated Voice Response

AVRS: Automated Voice Response System

BA: Business Area

BCBS: Blue Cross/Blue Shield

BCM: Business Capability Matrix

BENDEX: Beneficiary Earnings Data Exchange

BP: Business Process

BPEL: Business Process Execution Language

BPM: Business Process Management

BPR: Business Processing Reengineering

BRM: Business Relationship Management

BSM: Bureau of Systems Management

C#: C Sharp

CA: Computer Associates

CBE: Computer Based Edits

CCD: Continuity of Care Document (HL7)

CCHIT: [Certification Commission for Healthcare Information Technology](#)

CCRS: Core Coordination Referral System

CD: Compact Disc

CDA: Clinical Document Architecture

CFR: Code of Federal Regulations

CHIP: Children's Health Insurance Program

CICS: Customer Information Control System

CLEAR: Super fast mobile internet

CM: Clinical Modifications

CMS: Centers for Medicare & Medicaid Services

COB: Coordination of Benefits

COBOL: Common Business Orientated Language

COLD: Enterprise report management system

COTS: Commercial Off-the-Shelf

CPT: Current Procedural Terminology

CRM: Customer Relationship Management

CROCS: Comprehensive Recipient On-Line Collections

CSR: Computer Systems Request

DAC: Disabled Adult Children

DB2: Database 2

DDE: Direct Data Entry

DEA: Drug Enforcement Agency

DFA: Department of Finance Administration

DHR: Department of Human Resources

DOE: Department of Education  
DOF: Department of Finance  
DOH: Department of Health  
DOL: Department of Labor  
DOM: Division of Medicaid  
DPH: Department of Public Health  
DPS: Department of Public Safety  
DRA: Deficit Reduction Act  
DRG: Diagnosis Related Group  
DSS: Department of Senior Services  
DSMO: Data Standards Maintenance Organization  
DSS: Decision Support System  
DVD: Digital Video Disc  
DW: Data Warehouse

EA: Enterprise Architecture  
EAI: Enterprise Application Integration  
EDB: Electronic Data base  
EDI: Electronic Data Interchange  
EDS: Electronic Data Systems – now HP Enterprises  
EFT: Electronic Funds Transfer  
EHI: Electronic Health Information  
EHR: Electronic Health Record  
EHRS: Electronic Health Record System  
EOB: Explanation of Benefits  
EPSDT: Early Periodic Screening, Diagnosis, and Treatment Program  
ESB: Enterprise Service Bus  
eSignature Electronic signature  
ESRD: End Stage Renal Disease  
ETL: Extract, Transform, Load  
EVS: Eligibility Verification System

FA: Fiscal Agent

FAQ: Frequently Asked Question

FFP: Federal Financial Participation

FFS: Fee-for-Service

FQHC: Federally Qualified Health Centers

FMAP: Federal Medical Assistance Percentage Match

FTP: File Transfer Protocol

FY: Fiscal Year

GIS: Geographic Information System

HCBS: Home and Community Based Service

HCPCS: Healthcare Common Procedure Coding System

HHS: Health and Human Services

HIE: Health Information Exchange

HIFA: Health Insurance Flexibility and Accountability

HIPAA: Health Insurance Portability and Accountability Act

HIPAA 270/271: HIPAA X.12 standard format eligibility verification requests and response

HIPP: Health Insurance Premium Payment

HIS: Health Information System

HIT: Health Information Technology

HL7: Health Information Seven (Standards for exchanging medical information)

HMO: Health Maintenance Organization

IA: Information Architecture

IAPD: Implementation Advance Planning Document

ICD: International Statistical Classification of Disease and Related Health Problems

ICCY: Interagency Coordinating Council for Children and Youth

ICF/MR: Intermediate Care Facilities for the Mentally Retarded

IEVS: Income Eligibility Verification System

IHS: Indian Health Services

IIS: Information Internet Server

IRS: Internal Revenue Service

ISAM: Indexed Sequential Access Method

IT: Information Technology

ITB: Invitation to Bid

ITF: Integrated Test Facility

IV&V: Independent Verification and Validation

IVR: Interactive Voice Response

JCL: Job Control Language

LAN: Local Area Network

LBO: Legislative Budget Office

LIN: Local Interconnect Network

LOINC: Logical Observation Identifiers Names and Codes

LTC: Long Term Care

MAR: Management & Administrative Reporting

MCH: Maternal and Child Health

MEDS: Medicaid Eligibility Determination System

MEDSX: Medicaid Eligibility Determination System Expansion

MEQC: Medicaid Eligibility Quality Control Division

MFCU: Medicaid Fraud Control Units

MITA: Medicaid Information Technology Architecture

MITA & BPR Phase I Project: Medicaid Information Technology Architecture and Business Process Reengineering Phase I Project

MLIF: Medicaid for Low Income Families

MMA: Medicare Modernization Act of 2003

MMIS: Medicaid Management Information Systems

MOA: Memorandum of Agreement

MOU: Memorandum of Understanding

MPS: Multiprocessor Systems

MR/DD: Mentally Retarded/Developmentally Disabled

MS: Microsoft

MSIS: Medicaid Statistical Information System

N-Tier: Multi Tier application architecture

NAIC: National Association of Insurance Commissioners

NAMPI: National Association of Program Integrity

NASIRE: National Association of State Information Resource Executives

NCHS: National Council of Health Statistics

NCVHS: National Committee on Vital and Health Statistics

NDC: National Drug Code

NDPDP: National Council for Prescription Drug Programs

NET: Non-Emergency Transportation

NHIN: National Health Information Network

NMEH: National Medicaid EDI Healthcare Workgroup

NPI: National Provider Identifier

NPES: National Plan and Provider Enumeration System

NPRM: Notice of Proposed Rulemaking

NUBC: National Uniform Billing Committee

OCR: Optical Character Recognition

OIT: Optical Imaging Technology

OGC: Office of General Council

OPDIV: Operating Division

OT: Occupational Therapy

P4P: Pay for Performance

PA: Prior Authorization

PARIS: Public Assistance Reporting Information System

Part D: Medicare Prescription Drug Coverage Plans

PAS: Pre-Admission Screening  
PC: Personal Computer  
PCCM: Primary Care Case Management  
PCP: Primary Care Provider  
PCS: Procedure Coding System  
PDA: Personal Digital Assistant  
PDF: Portable Document Format  
PEC: Post Extended Hospital Care  
PHI: Protected Health Information  
PHRM: High-Risk Management Program  
PKI: Public Key Infrastructure  
POA: Present on Admission  
POS: Point of Sale  
PRTF: Psychiatric Residential Treatment Facilities  
PSCRB: Personnel Services Contract Review Board  
PT: Physical Therapy

QA/QC: Quality Assurance/Quality Control  
QDWI: Qualified Disabled Working Individuals  
QI: Quality Improvement  
QI-1: Qualified Individual 1  
QI-2: Qualified Individual 2  
QMB: Qualified Medicare Beneficiaries

RA: Remittance Advice  
RACF: Resources Access Control Facility  
RFP: Request for Proposal  
RHC: Rural Health Clinic  
RHIO: Regional Health Information Organization  
RO: Regional Office  
ROI: Return on Investment

RS R&R Phase II Project: Recipient Subsystems Reengineering and Redesign Phase II Project

RTI: Remote Technologies Inc

RVU: Relative Value Unit

S-CHIP: State Children's Health Insurance Program

SAIL: State of Alabama Independent Living Waiver

SDO: Standard Development Organization

SDX: State Data Exchange

SFTP: SSH File Transfer Protocol

SLMB: Specified Low-Income Medicare Beneficiaries

SME: Subject Matter Expert

SMM: State Medicaid Manual

SNOMED: Systematized Nomenclature of Medicine

SOA: Service Oriented Architecture

SPA: State Plan Amendment

SPSS: Statistical Package for Social Sciences

SQL: Structured Query Language

SSA: Social Security Administration

SS-A: State Self-Assessment

SSI: Supplemental Security Income

SURS: Surveillance and Utilization Review Subsystem

SVES: State Verification Exchange System

TA: Technical Assessment

TANF: Temporary Assistance for Needy Families

TBD: To Be Determined

TCM: Technical Capability Matrix

TF: Technical Function

TFQ: Together For Quality Transformation Grant

TOAD: Tool for Application Developers

TPL: Third Party Liability

TSO: Time Sharing Option

UAT: User Acceptance Testing

UM/QIO: Utilization Management and Quality Improvement Organization

UML: Unified Modeling Language

VPN: Virtual Private Network

VSAM: Virtual Storage Access Method

USPS: United States Postal Service

WBS: Work Breakdown Structure

WHO: World Health Organization

WIC: Women, Infants and Children

WSDL: Web Service Description Language

XML: Extensible Markup Language

**RFP # 2014-MITA-01**  
**Medicaid Information Technology Architecture**  
**State Self-Assessment (MITA SS-A) 3.0 RFP**  
**Round 1**  
**Proposer Questions**  
**01/12/15**

<b>Question ID:</b>	1
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Can the Agency share the budget for this project?
<b>Section Number:</b>	1.1
<b>RFP Page Number:</b>	7
<b>Agency Answer:</b>	No
<b>Question ID:</b>	2
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Could we please get a phone number for the procurement office. Normally, Courier services require us to provide a phone number in addition to the address.
<b>Section Number:</b>	3.2.1
<b>RFP Page Number:</b>	15
<b>Agency Answer:</b>	The procurement office phone number is 334-244-3090. However, as defined in Section 1.8, any oral communications will be considered unofficial and non-binding to the Agency.
<b>Question ID:</b>	3
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	RFP instructs to include the "RFP Proposal Sheet, and the first page of this RFP". Could the Agency please clarify what is the RFP Proposal Sheet? We do understand that first page of the RFP is the Page 1 of the RFP.
<b>Section Number:</b>	3.2.7
<b>RFP Page Number:</b>	17
<b>Agency Answer:</b>	The RFP Proposal Sheet is the first page of the RFP containing Procurement Information, Instructions to Proposers, and Proposer Information. The Proposer must submit the completed RFP Proposal Sheet as defined in Section 3.2.7.
<b>Question ID:</b>	4

<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	If the Proposer does not have any exceptions, do we still include blank, signed Attachment 9.2 in the proposal?
<b>Section Number:</b>	4.1.6
<b>RFP Page Number:</b>	23
<b>Agency Answer:</b>	No
<b>Question ID:</b> 5	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Page 25 states “A statement from the PROPOSER’s counsel as to whether there is pending or current litigation which would impair PROPOSER’s performance in a Contract under this RFP; “Could the Agency please clarify this requirement. Are we to insert a letter from our counsel or a statement in the proposal is sufficient.
<b>Section Number:</b>	4.3.1.10
<b>RFP Page Number:</b>	25
<b>Agency Answer:</b>	Either one as long as it is affirmed by the Proposer’s counsel.
<b>Question ID:</b> 6	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	RFP is requesting 3 references in both of these sections for similar size and scope. Section 4.4 does state that we could list Government references. This totals to six (6) references. Would the Agency be willing to relax this requirement and allow the proposers to list the same references for these two sections?
<b>Section Number:</b>	4.4 and 4.5
<b>RFP Page Number:</b>	27 and 29
<b>Agency Answer:</b>	No, a total of 6 references shall be provided in accordance to Section 4.4 and 4.5.
<b>Question ID:</b> 7	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	<ul style="list-style-type: none"> <li>a. Could the Agency share what changes have occurred since the MITA 2.0 assessment was performed?</li> <li>b. Who did the SSA MITA 2.0 assessment for the Agency?</li> <li>c. Will the report for MITA 2.0 assessment be available to the vendor community?</li> <li>d. What was the duration of MITA 2.0 assessment project?</li> <li>e. Did the MITA 2.0 assessment complete all required architectures (BA, IA and TA)?</li> </ul>

<b>Section Number:</b>	5.2.1.1
<b>RFP Page Number:</b>	37
<b>Agency Answer:</b>	<p>a. Specific changes in the business areas have not been documented since the MITA 2.0 assessment was completed in 2010.</p> <p>b. Fox Systems, currently Cognosante, did the SSA MITA 2.0 assessment.</p> <p>c. Yes, the MITA 2.0 SS-A will be posted on the website.</p> <p>d. 7 months.</p> <p>e. No, IA was not included in the MITA 2.0 assessment.</p>
<b>Question ID:</b>	8
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Could the Agency please share the actual system architecture of the current systems? This information will be important to address this section.
<b>Section Number:</b>	5.2.1.7.3
<b>RFP Page Number:</b>	38
<b>Agency Answer:</b>	<p>The Agency currently uses InterChange as its MMIS, and it 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 core components include the MMIS batch processing which was developed in the C programming language executing in a Unix environment and an n-tier web-based user interface written primarily in C#, utilizing Microsoft ASP.NET. The MMIS data resides in an Oracle 10g database. There are many other critical software components for InterChange, involving letter generation, ad-hoc reports, optical character recognition, electronic storage of paper reports and forms, and EDI.</p> <p>The new E&amp;E system was built in a web-based user interface environment incorporating rules engine technology. The legacy E&amp;E system is a mainframe COBOL architecture.</p>
<b>Question ID:</b>	9
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Could the Agency please identify/qualify "Other Alabama Medicaid vendors".
<b>Section Number:</b>	5.2.2.1.3
<b>RFP Page Number:</b>	38
<b>Agency Answer:</b>	Vendors referred to in this section perform MMIS functions outside of the current fiscal agent. These vendors include but are not limited to the:

	<ul style="list-style-type: none"> <li>• Prior authorization agent</li> <li>• Pharmacy agent</li> <li>• HIE agent</li> <li>• Third Party Recovery agent</li> </ul>
<b>Question ID:</b>	10
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Could the Agency please confirm if the CDMs at the level of detail needed for the IA assessment exist and are (or will be) available (from the fiscal agent) to the successful vendor? The effort for developing as compared to obtaining is quite different, hence the question.
<b>Section Number:</b>	5.2.4.2
<b>RFP Page Number:</b>	39
<b>Agency Answer:</b>	The agency cannot confirm that the CDM will be at the level needed. The selected Proposer should plan on developing the CDM. Please refer to Section 5.2.4.2.
<b>Question ID:</b>	11
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Can the Agency please elaborate on the distinction between the “Business Process Assessment” and the “Business Architecture Assessment”?
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	49 and 50
<b>Agency Answer:</b>	The business processes define how the Agency achieves the goals of the Medicaid Enterprise; whereas, the Business Architecture is the systems’ structure as it relates to the business processes.
<b>Question ID:</b>	12
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	The RFP states “PROPOSERS must submit pricing for all consultant services to be delivered as a full-service model, including the staffing of maintenance and administrative positions for on-going operation”. Could the Agency please clarify “full-service model” and “on-going operations” as applicable for this RFP?
<b>Section Number:</b>	6.5
<b>RFP Page Number:</b>	65
<b>Agency Answer:</b>	All overhead costs, including administrative, indirect, travel, etc., must be included in the deliverable costs. The Agency will not reimburse the selected Proposer for these costs separately.

<b>Question ID:</b>	13
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Will there be travel required to other offices Statewide and/or vendor sites other than Agency offices in Montgomery, Alabama?
<b>Section Number:</b>	6.8
<b>RFP Page Number:</b>	65
<b>Agency Answer:</b>	No
<b>Question ID:</b>	14
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	The RFP requires a performance guarantee of \$300K. Could the Agency relax this requirement?
<b>Section Number:</b>	6.12
<b>RFP Page Number:</b>	65
<b>Agency Answer:</b>	No
<b>Question ID:</b>	15
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	<p>1. Will the State consider the collective experience of the proposed individual resources, i.e. not just the experience of the firm, when evaluating proposals?</p> <p>2. Will the state consider the collective experience of the prime firm as well as any subcontractors proposed for this project?</p>
<b>Section Number:</b>	4.3.1.13
<b>RFP Page Number:</b>	25
<b>Agency Answer:</b>	<p>1. As described in the RFP, the Proposer shall thoroughly describe its experience for the Agency to consider.</p> <p>2. Yes, the Agency will consider experience from the Proposer as well as any Subcontractor as defined in Section 4.3.1 and 4.3.2.</p>
<b>Question ID:</b>	16
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the State have existing written documentation, such as desk level procedures, available electronically for vendors to access and review once awarded the contract?
<b>Section Number:</b>	5.2.1.2
<b>RFP Page Number:</b>	37
<b>Agency Answer:</b>	The Agency does have written desk level procedures; some of them are in electronic form.
<b>Question ID:</b>	17

<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the Agency have an existing Agency Strategic plan that business goals and objectives over the short term (i.e. next 3- 5 years) and also does a statewide IT strategic plan exist documenting any Statewide IT Strategic plans?
<b>Section Number:</b>	5.2.3.4
<b>RFP Page Number:</b>	39
<b>Agency Answer:</b>	Yes to both.
<b>Question ID:</b> 18	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the state have existing business work flows for all Medicaid functions and eligibility determination functions or will the vendor be creating them for the first time with the State as a part of this project?
<b>Section Number:</b>	5.2.13
<b>RFP Page Number:</b>	44
<b>Agency Answer:</b>	The Agency has workflows from the prior assessment. The workflows may require updating and new workflows may need to be created for functions that are new or have had significant changes.
<b>Question ID:</b> 19	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	What is the significance of requesting ancillary systems to be screened and documented within 2 months of project start date? Would the State consider removing this comment and leave it to proposer to propose the appropriate timeline for documenting the 13 ancillary systems listed in the RFP?
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	53
<b>Agency Answer:</b>	Most of the ancillary systems are an integral part of the MMIS operations. The Agency wants to ensure that they are screened and documented at the same time. Having them screened and documented within 2 months will ensure all MMIS components are considered during the MMIS assessment.  No, the Agency will not remove the comment.
<b>Question ID:</b> 20	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Please confirm that this 1 requirement is actually two separate requirements -- with "Track and follow-up on any action items identified during the meetings "being a separate, distinct requirement.

<b>Section Number:</b>	5.6.3.5
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	Yes, it is two separate requirements. Please refer to Amendment I.
<b>Question ID:</b> 21	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	What expectations or requirements does the state have regarding vendor resources being onsite for the duration of this project? E.g. will the state expect or require that all vendor resources or specific vendor resources be onsite every week during the course of the project?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The Agency expects the Proposer to identify the percentage of time resources be assigned and onsite as described in Section 4.6.1.5.
<b>Question ID:</b> 22	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	If the proposer uses non-proprietary software such as Microsoft Office to complete and maintain the documentation as listed above, is the proposer responsible for providing the agency with such software? Or is this only for proprietary software the proposer uses?
<b>Section Number:</b>	5.2.14.5
<b>RFP Page Number:</b>	47
<b>Agency Answer:</b>	The Agency does not expect the Proposer to provide the Agency with software in cases where the Agency has adequate licenses for that software.
<b>Question ID:</b> 23	
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Alabama Medicaid's Eligibility & Enrollment (E&E) systems are included in the list of ancillary systems in section 5.2.8. Is there more that the Proposer needs to address for the E&E systems, specifically in regard to interfaces and interactions than for other ancillary systems?
<b>Section Number:</b>	5.2
<b>RFP Page Number:</b>	36
<b>Agency Answer:</b>	The E&E systems interface and interact with other state and federal agencies and these interfaces need to be part of the assessment.  Ex: Federal Marketplace, IRS, Social Security Administration.

<b>Question ID:</b>	24
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	The SS-A scorecards depicted in the SS-A Companion Guide incorporate most of the first three bullets. Is the Agency expecting 4 separate artifacts or will a completed scorecard satisfy the first 3 bullets?
<b>Section Number:</b>	5.2
<b>RFP Page Number:</b>	36
<b>Agency Answer:</b>	A completed scorecard will satisfy the first three bullets.
<b>Question ID:</b>	25
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	The SS-A Companion Guide references a 5 year To Be time frame. Please articulate any potential time frames other than the required 5 years.
<b>Section Number:</b>	5.2.1.9
<b>RFP Page Number:</b>	38
<b>Agency Answer:</b>	No
<b>Question ID:</b>	26
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	As no specific steps are articulated under section 5.2.2.1 and the MMIS is one of the major areas listed above under section 5.2, please confirm that the phrase "do the MMIS assessment" refers to completing the 5 steps noted in section 5.2
<b>Section Number:</b>	5.2.2.1 and 5.2
<b>RFP Page Number:</b>	38
<b>Agency Answer:</b>	Yes, this is in reference to the 5 steps listed in Section 5.2.
<b>Question ID:</b>	27
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the use of the term "MMIS assessments" (plural) in section 5.2.2.2 refer, collectively, to the Business Architecture (BA), Information Architecture (IA), Technical Architecture (TA), and Seven Conditions & Standards (7C&S) SS-As?
<b>Section Number:</b>	5.2.2.2
<b>RFP Page Number:</b>	38
<b>Agency Answer:</b>	Yes
<b>Question ID:</b>	28
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	The list of requirements in section 5.2.4 appears to address only the MMIS vendor. The names of the IA and TA related deliverables only address the MMIS. The Ancillary Systems

	sections mention only steps related to assessing compliance with the 7C&S. All of this appears to be in conflict with the requirement in section 5.2 to conduct the IA and TA SS-A for the major areas listed in that section. Please clarify.
<b>Section Number:</b>	5.2.4 and 5.2.5
<b>RFP Page Number:</b>	39 and 40
<b>Agency Answer:</b>	The Agency agrees the intent is to have an IA and TA SS-A for the major areas. The Agency will amend the RFP to remove reference to "MMIS" in the deliverables and the IA and TA. Please refer to Amendment I.
<b>Question ID:</b> 29	
<b>Date Question Asked:</b> 01/05/2015	
<b>Question:</b>	Can the Agency provide examples of important high level functions and messages for which technical service models are to be developed?
<b>Section Number:</b>	5.2.5.2
<b>RFP Page Number:</b>	40
<b>Agency Answer:</b>	An example of this would be the Agency's web portal services, communicating with the MMIS claims processing engine and messaging between the two.
<b>Question ID:</b> 30	
<b>Date Question Asked:</b> 01/05/2015	
<b>Question:</b>	Sections 5.2.10 appears to address creating a roadmap relative to ancillary systems in relation to the 7C&S. This appears to conflict with the requirement in section 5.2 to conduct the BA, IA, and TA SS-As and produce artifacts including the roadmap relative to the major area of ancillary systems. Please clarify.
<b>Section Number:</b>	5.2.10
<b>RFP Page Number:</b>	43
<b>Agency Answer:</b>	The Agency expects the Proposer to complete a MITA roadmap for all areas following the SS-A Companion Guide. Section 5.2.10 is intended to have the Proposer identify what it will take and cost to reach full maturity and be compliant with the Seven Conditions and Standards.
<b>Question ID:</b> 31	
<b>Date Question Asked:</b> 01/05/2015	
<b>Question:</b>	Should the Proposer interpret the lack of articulated steps in section 5.2.11 to imply that the requirement is to complete the 5 steps articulated in section 5.2 for the major areas?
<b>Section Number:</b>	5.2.11
<b>RFP Page Number:</b>	43

<b>Agency Answer:</b>	Yes
<b>Question ID:</b>	32
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	As the E&E system is identified as an ancillary system, is the RFP requesting an assessment of the E&E systems as part of the ancillary systems and a separate assessment of just the E&E interfaces and interactions?
<b>Section Number:</b>	5.2.11
<b>RFP Page Number:</b>	43
<b>Agency Answer:</b>	No. The interfaces and interactions of the E&E system must be included in the assessment of the E&E systems.
<b>Question ID:</b>	33
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	In which deliverable should the results of the assessment in section 5.2.11 be included?
<b>Section Number:</b>	5.2.11
<b>RFP Page Number:</b>	43
<b>Agency Answer:</b>	They must be included in the Ancillary Systems deliverables for E&E systems.
<b>Question ID:</b>	34
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the State require the development of As Is business process models in the form of activity diagrams that graphically depict process workflows as part of the scope of services for this project?
<b>Section Number:</b>	5.2.13
<b>RFP Page Number:</b>	44
<b>Agency Answer:</b>	The requirements are defined within the RFP.
<b>Question ID:</b>	35
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	<p>In the SS-A Companion Guide, the BA Scorecard is a single artifact that addresses for each BP:</p> <ul style="list-style-type: none"> <li>• Capabilities (both manual and automated and relative to all systems supporting a BP)</li> <li>• Associated As Is maturity levels</li> <li>• Associated To Be maturity levels</li> <li>• Supporting evidence reference.</li> </ul> <p>In the RFP, this information appears to be broken across four</p>

	<p>deliverables. Is it the expectation that the Proposer will deliver four separate scorecards associated with the following deliverables?</p> <ul style="list-style-type: none"> <li>• Medicaid Business Process SS-A – As Is Assessment</li> <li>• Medicaid Business Process SS-A – To Be Assessment</li> <li>• MMIS Business Architecture SS-A – As Is Assessment</li> <li>• MMIS Business Architecture SS-A – To Be Assessment</li> </ul>
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	49
<b>Agency Answer:</b>	The Proposer must follow the SS-A Companion Guide.
<b>Question ID:</b>	36
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	<p>In the SS-A Companion Guide, the 7C&amp;S Scorecard is a single artifact that addresses for the BA, IA, and TA:</p> <ul style="list-style-type: none"> <li>• Capabilities both manual and automated (relative to all systems)</li> <li>• Associated As Is maturity levels</li> <li>• Associated To Be maturity levels</li> <li>• Supporting evidence reference.</li> </ul> <p>In the RFP, this information appears to be broken across six deliverables. Is the Proposer expected to deliver six separate scorecards associated with the following deliverables?</p> <ul style="list-style-type: none"> <li>• Medicaid Business Process SS-A – As Is Assessment</li> <li>• Medicaid Business Process SS-A – To Be Assessment</li> <li>• MMIS - 7C&amp;S SS-A - As Is Assessment</li> <li>• MMIS - 7C&amp;S SS-A To Be Assessment</li> <li>• Ancillary Systems - 7C&amp;S SS-A – As Is Assessments</li> <li>• Ancillary Systems - 7C&amp;S SS-A – To Be Assessments</li> </ul>
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	49
<b>Agency Answer:</b>	The Proposer must follow the SS-A Companion Guide.
<b>Question ID:</b>	37
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the State require the development of To Be business process models in the form of activity diagrams that graphically depict process workflows as part of the scope of services for this project?
<b>Section Number:</b>	5.3

<b>RFP Page Number:</b>	49
<b>Agency Answer:</b>	The requirements are defined within the RFP.
<b>Question ID:</b>	38
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the term MITA Management Task refer to section 5.5.1, AGENCY Project Management?
<b>Section Number:</b>	5.6.1.4
<b>RFP Page Number:</b>	58
<b>Agency Answer:</b>	MITA Management Task refers to activities and tasks that will be performed by the Proposer as part of the MITA 3.0 PROPOSER Project Management Responsibilities listed in Section 5.6.1.
<b>Question ID:</b>	39
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Does the term Project Initiation Task refer to section 5.5.2, AGENCY Project Initiation Responsibilities?
<b>Section Number:</b>	5.6.1.12
<b>RFP Page Number:</b>	58
<b>Agency Answer:</b>	No, the Project Initiation Task refers to activities performed by the Proposer as part of the initiation of the project. The Agency will support such tasks as described in Section 5.5.2.
<b>Question ID:</b>	40
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	The MITA 3.0 Strategy and Methodology for Documentation Review (Technical and Operational) appears to be the same document as the MITA 3.0 Strategies and Methodologies document referenced in 5.6.1.12. Is this document expected to address only the Documentation Review or the entire project?
<b>Section Number:</b>	5.6.2.1
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	This document is expected to address the entire project.
<b>Question ID:</b>	41
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Is the Proposer responsible for the development of the RFP or to support the development activities of the RFP?
<b>Section Number:</b>	5.6.3.1
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	The awarded Proposer must support the procurement activities of the RFP and develop the core deliverables of the RFP which includes the development of the RFP as described in Section 5.6.3.1.

<b>Question ID:</b>	42
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Will assessment of compliance with Seven Conditions and Standards need to be conducted based solely on interviews with the Agency/Vendor architects and technical staff? Or, will Contractor be provided access to system and system architecture documentation for the existing technology?
<b>Section Number:</b>	5.2.1.5 and 5.2.6.3
<b>RFP Page Number:</b>	37, 38 and 41
<b>Agency Answer:</b>	The awarded Proposer will be provided the system architecture documentation.
<b>Question ID:</b>	43
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Can the subcontractor references in 4.5.2 be the same as the references provided in 4.5.2?
<b>Section Number:</b>	4.4.2 and 4.5.2
<b>RFP Page Number:</b>	28 and 29
<b>Agency Answer:</b>	A total of 6 references shall be provided in accordance to Section 4.4.2 and 4.5.2.
<b>Question ID:</b>	44
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Would the Agency provide the MITA 2.0 SS-A for proposers' reference?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	Yes, the MITA 2.0 SS-A will be posted on the RFP website.

**RFP # 2014-MITA-01**  
**Medicaid Information Technology Architecture**  
**State Self-Assessment (MITA SS-A) 3.0 RFP**  
**Round 2**  
**Proposer Questions**  
**01/27/15**

<b>Question ID:</b>	45
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Will the State consider extending the proposal submission due date to 3/4?
<b>Section Number:</b>	2
<b>RFP Page Number:</b>	13
<b>Agency Answer:</b>	The Deadline for Submitting Proposals has been extended to 02/11/2015.
<b>Question ID:</b>	46
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Can vendors request additions / changes to Standard T&C via the Q&A process?
<b>Section Number:</b>	4.1.7
<b>RFP Page Number:</b>	23
<b>Agency Answer:</b>	No. The RFP states additions and exceptions to the General Terms and Conditions are not allowed as described in Section 4.1.7.
<b>Question ID:</b>	47
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Will the State consider including “as appropriate” at the end of the sentence?
<b>Section Number:</b>	5.2.6.3
<b>RFP Page Number:</b>	41
<b>Agency Answer:</b>	The Agency believes the sentence is clear as written.
<b>Question ID:</b>	48
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	All deliverables created by the Vendor will be in Microsoft Office product suite. Is it acceptable to assume the State already has licenses and that the vendor does not need to provide

	Microsoft Office suite? Additionally does the State have licenses to a document library (such as SharePoint) to facilitate project artifacts?
<b>Section Number:</b>	5.2.14.5
<b>RFP Page Number:</b>	47
<b>Agency Answer:</b>	Yes, the Agency has a document library.
<b>Question ID:</b>	49
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Will the State consider alternate options to the performance guarantee or the amount stated?
<b>Section Number:</b>	6.12
<b>RFP Page Number:</b>	65
<b>Agency Answer:</b>	No
<b>Question ID:</b>	50
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Will the State be willing to deem the financial disclosure as confidential?
<b>Section Number:</b>	8.30
<b>RFP Page Number:</b>	76
<b>Agency Answer:</b>	The Code of Alabama states in Section 41-16-85 the following:  Filing of disclosure statement; public records.  A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. Any disclosure statement filed pursuant to this article shall be a public record.
<b>Question ID:</b>	51
<b>Date Question Asked:</b>	01/05/2015
<b>Question:</b>	Is the successful vendor precluded from future bids such as QA, IV&V?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The selected Proposer is excluded from bidding on procurements resulting from the MITA 3.0 project such as IV&V and QA.
<b>Question ID:</b>	52
<b>Date Question Asked:</b>	01/06/2015

<b>Question:</b>	Has funding been allocated for the future MMIS Enhancements and Fiscal Agent Services? If so, from where? If not, where will the agency look for funding?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	No, funding for the future MMIS enhancement has not been allocated.  Funding for future MMIS enhancements and fiscal services will come from state and federal funding.
<b>Question ID:</b>	53
<b>Date Question Asked:</b>	01/06/2015
<b>Question:</b>	Is there an estimated time frame available for when the Agency would like to release the RFP for the MMIS Enhancements and Fiscal Agent Services?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The estimated timeframe of release of the RFP will be determined by the results of the MITA 3.0 assessment and the successful vendor's recommendation on whether the Agency should pursue a new system or continue operating the old system.
<b>Question ID:</b>	54
<b>Date Question Asked:</b>	01/19/2015
<b>Question:</b>	The Q&A Round One published on 1/12/15 indicated that the previous MITA SS-A 2.0 included business process models for the current project to use and modify as necessary.  A. Would the Agency consider posting these to the RFP website? B. What software/application were these BP models created?
<b>Section Number:</b>	5.2.13
<b>RFP Page Number:</b>	44
<b>Agency Answer:</b>	A. The MITA 2.0 SS-A business process models were completed as part of a business process reengineering at the same time as the MITA assessment. The Agency will provide the selected Proposer access to these documents after the contract is awarded.  B. The Agency does not know what tools were used by the previous vendor.

<b>Question ID:</b>	55
<b>Date Question Asked:</b>	01/19/2015
<b>Question:</b>	<p>The Q&amp;A Round One published on 1/12/15 indicated that the Proposer should plan on developing an As-Is CDM for the IA SS-A. Does the Agency intend for the CDM to be developed to be at a certain MITA maturity level? For instance, a level 2 consists of spreadsheet that identify high level data used by the Agency however, a level 3 is the development and adoption of an enterprise CDM. There is a significant difference in effort and cost related to these different variations. A level 3 would require a modeling tool like Erwin.</p> <p>A. Does the Agency intend to have the Proposer include a data modeling tool?  B. The Cost Template II does not include a line item cost for the development of a CDM</p>
<b>Section Number:</b>	5.2.4.2 9.7
<b>RFP Page Number:</b>	39, 93
<b>Agency Answer:</b>	<p>A. The Proposer may propose a solution that will enable the Agency to achieve the greatest or higher MITA maturity level. If the Proposer proposes a solution that includes a modeling tool, the tool should be provided  B. Please refer to Amendment II.</p>
<b>Question ID:</b>	56
<b>Date Question Asked:</b>	01/19/2015
<b>Question:</b>	<p>Does this statement refer to the APD to be developed for the MMIS replacement or is this a typo?</p> <p>The PROPOSER must give us estimates of the time needed from the MMIS fiscal agent to be included in the APD.</p>
<b>Section Number:</b>	5.2.3.2.1
<b>RFP Page Number:</b>	39
<b>Agency Answer:</b>	The statement refers to the MMIS replacement.
<b>Question ID:</b>	57
<b>Date Question Asked:</b>	01/19/2015
<b>Question:</b>	Please define the acronym ODM
<b>Section Number:</b>	5.2.5.1
<b>RFP Page Number:</b>	40
<b>Agency Answer:</b>	<p>5.2.5.1 – The RFP will be amended to read:</p> <p>Use the MITA 3.0 BPM and technical capability matrices (TCMs), to evaluate the as-is technical architecture (TA)</p>

	environment for each of the ten (10) business areas. Evaluate the AGENCY's as-is TA environment from the perspectives of the technical management strategy, business services, technical services, application architecture, and technology standards.
<b>Question ID:</b>	58
<b>Date Question Asked:</b>	01/19/2015
<b>Question:</b>	Cost of software licensing is not included in the Cost Template II. Please indicate where the cost of this requirement should be included.
<b>Section Number:</b>	5.2.14.5 9.7
<b>RFP Page Number:</b>	47, 93
<b>Agency Answer:</b>	Please refer to Amendment II.
<b>Question ID:</b>	59
<b>Date Question Asked:</b>	01/19/2015
<b>Question:</b>	The MITA 3.0 Strategy and Methodology is not included in Cost Template II. Please indicate where the cost of this requirement should be included.
<b>Section Number:</b>	5.6.1.4 5.6.1.6 5.6.2.1 9.7
<b>RFP Page Number:</b>	58 58 59 93
<b>Agency Answer:</b>	Please refer to Amendment II.
<b>Question ID:</b>	60
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	The procurement related tasks identified in RFP could very well span beyond the two year contract term identified in the RFP. Since this is a firm-fixed price, deliverable based RFP, how will be the successful vendor be paid for the deliverable # 25, State Medicaid Procurement Documentation?
<b>Section Number:</b>	5.6.3
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	Under the terms of Contract, section 8.3, the Agency has a one year option to extend the contract for such work to be completed without adding additional funding. The Agency expects the project to be completed within 2 years.
<b>Question ID:</b>	61

<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Does Agency anticipates the procurement activities for future MMIS Fiscal Agent and MMIS Solution will be completed before the contract for the current RFP expires? If not, how does Agency plans to handle the contract resulting from the current RFP?
<b>Section Number:</b>	5.6.3
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	Yes, The Agency expects the activities under the current RFP to be completed.
<b>Question ID:</b>	62
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section has several tasks that are open-ended. For the purpose of pricing (and evaluations), could Agency establish a bench-mark of hours for this deliverable?
<b>Section Number:</b>	5.6.3
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	The Proposer should base their pricing on their experience with a project of this scope and size.
<b>Question ID:</b>	63
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	How many total people need to be trained?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The Proposer should prepare to train approximately 60 people
<b>Question ID:</b>	64
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Are the major assessment areas referred to in section 5.2.14.3.3 in the RFP the same as the ten MITA 3.0 business areas? If not, please identify the major assessment areas.
<b>Section Number:</b>	5.2.14.3.3
<b>RFP Page Number:</b>	
<b>Agency Answer:</b>	Yes
<b>Question ID:</b>	65
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Is it the same set of 30 people that need to be trained by business area or are there different people that need to be trained in different business areas? Should we be planning to train 30 total or 30 different individuals for each MITA business area?

<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	There may be some overlap with a person having experience in multiple business areas and will not have to be trained more than once.
<b>Question ID:</b>	66
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Does Alabama already have an existing training program for employees? If so, would the Proposer have access to this existing infrastructure?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	Yes, however the Proposer should plan on using their own Vendor resources.
<b>Question ID:</b>	67
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	We understand that the number of procurement documents (e.g., RFPs) will not be defined until the procurement strategy is developed; however, for purposes of developing a budget for these tasks, it would be very helpful if all proposers are working on the same set of assumptions. It would also help to ensure an "apples to apples" evaluation of proposers' costs. Would the State please consider providing any specific expectations and putting parameters around the numbers of RFPs to be developed, recognizing that these numbers may need to be adjusted once the final procurement strategy has been determined?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The Agency expects to take a modular approach to our next procurement whether a new system or a take-over with enhancements and anticipates a minimum of three ITB/RFP's. The selected procurement strategy based on the MITA 3.0 assessment could expand the number of RFP's needed. Therefore, the agency is unable to give an assumption and proposers should draw upon their own experience(s).
<b>Question ID:</b>	68
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section requires that a high-level MITA roadmap and Concept of Operations (COO) document be developed for the overall Alabama Medicaid Enterprise. Does the term high-level

	refer to the level of detail expected in both the MITA roadmap and the Concept of Operations documents?
<b>Section Number:</b>	5.2
<b>RFP Page Number:</b>	37
<b>Agency Answer:</b>	Yes, as it relates to the overall Alabama Medicaid Enterprise.
<b>Question ID:</b>	69
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Business workflows are referenced in section 5.2.1.8 and section 5.2.13. Does this mean that the Proposer is required to create two different sets of business workflows; one to be delivered with the Medicaid Business Process SS-A deliverables and another to be delivered with the State Medicaid Concept of Operations and Business Process Models deliverable? If so, please articulate the difference between these sets of workflows.
<b>Section Number:</b>	5.2.1.8 and 5.2.13
<b>RFP Page Number:</b>	38 and 44
<b>Agency Answer:</b>	No, only one set of workflow will be delivered for the business workflow deliverable and the COO and Business Process Models.
<b>Question ID:</b>	70
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	To allow the PROPOSER to develop an accurate estimate of process workflow development, can the Agency please provide an estimate of business process workflows required for this project? Can the PROPOSER assume the 80 business processes defined in the MITA Framework 3.0 as a baseline for process workflow development?
<b>Section Number:</b>	5.2.1.8 and 5.2.13
<b>RFP Page Number:</b>	38 and 44
<b>Agency Answer:</b>	Yes, the Proposer should use the 80 business processes defined in the MITA Framework 3.0.
<b>Question ID:</b>	71
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section requires that the PROPOSER identify to-be levels of maturity and potential timeframes. This request is also made in sections 5.2.3.6, 5.2.4.7, 5.2.5.7, 5.2.6.9, 5.2.9.7.  Is the AGENCY requesting that the PROPOSER identify 5 year to be goals and the potential time frame for reaching full MITA maturity (i.e., MITA Maturity Level 5)?
<b>Section Number:</b>	5.2.1.9, 5.2.3.6, 5.2.4.7, 5.2.5.7, 5.2.6.9, 5.2.9.7

<b>RFP Page Number:</b>	38 – 41, 43
<b>Agency Answer:</b>	Yes
<b>Question ID:</b>	72
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	<p>This section asks the PROPOSER to establish TA goals and objectives for each business area <u>and business process</u> to create a to-be view;</p> <p>The TA BCM requires assessment of capabilities relative to each business area but does not individually address business processes.</p> <p>Is the AGENCY requesting that the PROPOSER expand the BCM to address individual business processes?</p>
<b>Section Number:</b>	5.2.5.5
<b>RFP Page Number:</b>	40
<b>Agency Answer:</b>	The Agency expects the Proposer to follow the requirements outlined in MITA 3.0 Framework.
<b>Question ID:</b>	73
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Section 5.2 indicates that it is providing “details for the assessments that comprise the initial scope for the State Self-Assessment”. Does the use of the word “initial” in this requirement refer to a specific portion of the SOW or does it imply that there will be additional deliverables added to the requirements after the contract is awarded?
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	48
<b>Agency Answer:</b>	No, there will be no additional deliverables added to the requirements after the contract has been awarded.
<b>Question ID:</b>	74
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section includes the State Self-Assessment (SS-A) Project Plan – Approach to SS-A deliverable. Is this the same document referred to in sections 5.6.1.4, 5.6.1.6, and 5.6.2.1 as the MITA 3.0 Strategy and Methodology? If not, please articulate the distinction between the two and identify in which deliverable the 3.0 Strategy and Methodology document is to be provided.
<b>Section Number:</b>	5.3, 5.6.1.4, 5.6.1.6 and 5.6.2.1
<b>RFP Page Number:</b>	48, 58, 59
<b>Agency Answer:</b>	Yes

<b>Question ID:</b>	75
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section includes the SS-A Project Plan – WBS, Schedule, contractor, fiscal agent, AGENCY and PROPOSER resources. Does this refer to the same documents mentioned in section 5.6.1.14 as the MITA 3.0 Project Plan – Detailed and the MITA 3.0 Project Schedule? If not, please articulate the distinction between the documents and identify in which deliverable the latter two documents should be provided.
<b>Section Number:</b>	5.3 and 5.6.1.14
<b>RFP Page Number:</b>	48, 58
<b>Agency Answer:</b>	Yes
<b>Question ID:</b>	76
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section includes the SS-A Project Plan – Other artifacts which include plans for risk, communications, change control, and quality management; training plan; metrics, constraints and assumptions, tools, lessons learned etc. Does this list refer to the same documents mentioned in section 5.6.1.14 as the Change/Issue Management Plan, Internal and External Communication Plan, Quality Assurance Plan, Risk Management Plan, Project Charter? If not, please articulate the distinction between the documents and identify in which deliverable the latter set of documents should be provided.
<b>Section Number:</b>	5.3 and 5.6.1.14
<b>RFP Page Number:</b>	48 and 58
<b>Agency Answer:</b>	Yes
<b>Question ID:</b>	77
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Included in the SS-A Project Plan – Other artifacts is “lessons learned”. Is this artifact referring to lessons the PROPOSER brings to the project via past experience to be shared early in the project timeline or is it meant to be a late-project artifact which assesses lessons learned through the course of the project?
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	48
<b>Agency Answer:</b>	The statement refers to the lessons through the course of the project.
<b>Question ID:</b>	78
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	This section includes the MITA Training Plan and delivery deliverable. Is this plan the same document referenced above in

	section 5.3 as part of the SS-A Project Plan – Other artifacts? If not, please articulate the distinction between the two.
<b>Section Number:</b>	5.3
<b>RFP Page Number:</b>	49
<b>Agency Answer:</b>	Yes, this is the same document.
<b>Question ID:</b>	79
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	<p>This section requires the Contractor to produce and deliver an initial MITA 3.0 Project Work Plan. The last sentence requires that this plan will be adjusted and coordinated with the MITA 3.0 Project schedule and work plan.</p> <p>Please articulate the difference between the initial MITA 3.0 Project Work Plan and the MITA 3.0 Project schedule and work plan.</p>
<b>Section Number:</b>	5.6.1.5
<b>RFP Page Number:</b>	58
<b>Agency Answer:</b>	<p>It should have read MITA 3.0 schedule and not the MITA 3.0 work plan. The AGENCY will amend that statement.</p> <p>5.6.1.5 - The RFP will be amended to read:</p> <p>Produce and deliver an initial MITA 3.0 Project Work Plan. The Project Work Plan must include the estimated schedule showing the tasks, subtasks, and associated MITA 3.0 resources that will be required to satisfy the scope of work. This Project Work Plan will be adjusted and coordinated with the MITA 3.0 schedule.</p>
<b>Question ID:</b>	80
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	<p>Please clarify the scope the of the RFP MMIS system for the procurement support tasking (Section 5.6.3.1 and 5.6.3.3). Will it include a full MMIS or only select MMIS modules? Is the MMIS procurement scope dependent on the state's decision on Procurement Strategy and Recommendation Report (Section 5.2)? If so, how can bidders price supporting potentially different procurements that require very different levels of effort? How will the state assure that bidders provide sufficient staffing support to the state when the procurement strategy is not known?</p>
<b>Section Number:</b>	5.6.3.1
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	The Agency MMIS procurement will be dependent on the recommendation and procurement report. Based on this report,

	the Agency will determine whether to implement a new MMIS or do a MMIS takeover with the implementation of enhancement. The State expects to do a modular procurement regardless of the option chosen.
<b>Question ID:</b>	81
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Can the AGENCY articulate the set of core documents they are expecting as part of the RFP?
<b>Section Number:</b>	5.6.3.1
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	The Agency expects the Proposer to produce procurement documents including, but not limited to the IAPD, RFP, RFP Evaluation Criteria and the requirements documents.
<b>Question ID:</b>	82
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Section 5.6.3.2 Requires the contractor support the evaluation process by action as Subject Matter Expert (SME) as needed. Does this support include assisting the AGENCY with the following activities? <ul style="list-style-type: none"> <li>❖ Vendor Conference</li> <li>❖ Q&amp;A process</li> <li>❖ Proposal evaluation process</li> <li>❖ Vendor contract process</li> </ul>
<b>Section Number:</b>	5.6.3.2
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	Yes, The Proposer needs to be available as the Agency Subject Matter Expert if needed during these phases of the procurement.  The Agency will be responsible for the overall Procurement process.
<b>Question ID:</b>	83
<b>Date Question Asked:</b>	01/20/2015
<b>Question:</b>	Are the requirements (e.g., time frames) for scheduling of training sessions and distribution of training related materials the same as that articulated for scheduling and distribution of meeting materials?
<b>Section Number:</b>	5.7.5
<b>RFP Page Number:</b>	62
<b>Agency Answer:</b>	Yes. The Proposer should use the same scheduling and distribution of training materials in Section 5.6.2.

**Amendment I to RFP 2014-MITA-01**

**01/12/2015**

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2014-MITA-01. THIS AMENDMENT MUST BE INCLUDED IN THE PROPOSER'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

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

I. Section 5.2.4.2, page 39, change as follows:

5.2.4.2 Develop (or obtain from the AGENCY vendor or fiscal agent) the as-is CDM for important high level functions, and inputs and outputs of each of the business areas. Document the as-is DMS and data standards;

II. Section 5.2.4.5, page 40, change as follows:

5.2.4.5 Work with the AGENCY, AGENCY vendor or fiscal agent to establish IA goals and objectives for each business area and business process to create a to-be view;

III. Section 5.2.4.6, page 40, change as follows:

5.2.4.6 Work with the AGENCY, AGENCY vendor or fiscal agent to conduct a gap analysis to determine realistic IA target levels for the various business areas, summarize the development work necessary to reach those levels, and estimate the costs; assess what changes are cost-effective to consider;

IV. Section 5.2.5.2, page 40, change as follows:

5.2.5.2 Develop, with the support of the AGENCY, AGENCY vendor or fiscal agent the as-is technical service models for important high level functions and messages of each of the business areas. Document the as-is technical service areas and classifications;

V. Section 5.2.5.5, page 40, change as follows:

5.2.5.5 Work with the State and the AGENCY, AGENCY vendor or fiscal agent to establish TA goals and objectives for each business area and business process to create a to-be view;

VI. Section 5.2.5.6, page 40, change as follows:

5.2.5.6 Work with the State and the AGENCY, AGENCY vendor or fiscal agent to conduct a gap analysis to determine realistic TA target levels for the various business areas, summarize the development work necessary to reach those levels, and estimate the costs; assess what changes are cost-effective to consider;

VII. Section 5.2.6.3, page 41, change as follows:

5.2.6.3 Work with the AGENCY, AGENCY vendor or fiscal agent to understand the MMIS architecture (business, information, and technical) and to what extent it meets each of the Seven Conditions and Standards

VIII. Section 5.2.6.7, page 41, change as follows:

5.2.6.7 Work with the AGENCY, AGENCY vendor or fiscal agent to establish goals and objectives for each business area as it relates to the Seven Conditions and Standards to create a to-be view;

IX. Section 5.2.6.8, page 41, change as follows:

5.2.6.8 Work with the AGENCY, AGENCY vendor or fiscal agent to conduct a gap analysis to determine Realistic target levels for each business area for each of the Seven Conditions and Standards and summarize the development work necessary to reach those levels. Estimate the costs versus benefits and determine what changes are cost-effective to consider;

X. Section 5.2.7.1, page 41, change as follows:

5.2.7.1 Work with the AGENCY, AGENCY vendor or fiscal agent to assess whether, how, when, and at what cost the MMIS could be modified to reach full maturity according to the maturity curves for MITA 3.0 and the Seven Conditions and Standards;

XI. Section 5.2.14.2, Monthly Status Reports, page 41, change as follows:

5.2.14.2 Monthly Status Reports

Throughout the project, the PROPOSER is required to produce regular monthly project status reports along with formal debriefing presentations of the highlights of the status reports.

These reports must include:

- A dashboard (whose format and content has been accepted by the AGENCY) that shows on a single page the overall status of the project;
- A summary of work completed during the previous month along with the PROPOSER's analysis of progress (tasks, deliverables, milestones, and work breakdown elements);
- A summary of work to be performed for the upcoming month (tasks, deliverables, milestones, and work breakdown elements), including any AGENCY, AGENCY vendor or fiscal agent staff who are needed;
- Analysis of critical issues including any schedule variance/slippage; and
- Risk tracking and assessment, with mitigation strategies.

XII. Section 5.6.3.5, page 59, change as follows:

5.6.3.5 Identify/make recommendations for MMIS to become more modular

XIII. Section 5.6.3 MITA 3.0 PROPOSER Procurement Responsibilities, page 59, add the following:

5.6.3.6 Track and follow-up on any action items identified during the meetings.

XIV. Attachment 9.7 Cost Proposal Template II, page 93, change as follows:

Enter the price of each deliverable.

Proposer:	
Authorized Signature:	Date:
Deliverables	Cost
State Self-Assessment (SS-A) Project Plan – Approach to SS-A	
SS-A Project Plan – WBS, Schedule, Contractor, fiscal agent, state and PROPOSER resources	
SS-A Project Plan – Other artifacts	
MITA, Seven Conditions and Standards and COO Governance Plan	
Monthly Status Reports	
MITA Training Plan and Delivery	
Medicaid Business Process SS-A – As-Is Assessment	
Medicaid Business Process SS-A – To-Be Assessment	
Medicaid Business Process MITA Roadmap	
Medicaid Business Architecture SS-A – As- Is Assessment	
Medicaid Business Architecture SS-A – To- Be Assessment	
Medicaid Information Architecture SS-A – As- Is Assessment	
Medicaid Information Architecture SS-A – To- Be Assessment	
Medicaid Technical Architecture SS-A – As- Is Assessment	
Medicaid Technical Architecture SS-A – To- Be Assessment	
Medicaid – Seven Conditions and Standards SS-A – As-Is Assessment	
Medicaid – Seven Conditions and Standards SS-A – To-Be Assessment	
Medicaid MITA Roadmap	
Screening of Ancillary Medicaid Systems –	
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State Medicaid Procurement Documentation – IAPD, PAPD, and RFP	
<b>TOTAL FIRM AND FIXED PRICE</b>	

I hereby acknowledge the receipt of Addendum 1 to RFP 2014-MITA-01.

\_\_\_\_\_  
Authorized Proposer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposer Organization

**Amendment II to RFP 2014-MITA-01**

**01/27/2015**

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2014-MITA-01. THIS AMENDMENT MUST BE INCLUDED IN THE PROPOSER'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

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

Cover page to RFP# 2014-MITA-01 updated to reflect the new due date for the RFP as: February 11, 2015 by 5:00 pm Central Time



ALABAMA MEDICAID AGENCY  
REQUEST FOR PROPOSALS

RFP Number: 2014-MITA-01	RFP Title: Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A) 3.0 RFP	
RFP Due Date and Time: February 11, 2015 by 5:00 pm Central Time	Number of Pages: 118	
<b>PROCUREMENT INFORMATION</b>		
Project Director: Clay Gaddis		Issue Date: December 19, 2014
E-mail Address: <a href="mailto:Tobias.Mense@medicaid.alabama.gov">Tobias.Mense@medicaid.alabama.gov</a>	Issuing Division: Portfolio Management Office	
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a>		
<b>INSTRUCTIONS TO PROPOSERS</b>		
Return Proposal to: Tobias Mense RFP Coordinator Technology Solutions Auburn Montgomery 400 S. Union St., Suite 335 Montgomery, AL 36104	Mark Face of Envelope/Package: RFP Number: 2014-MITA-01 RFP Due Date: February 11, 2015 by 5:00 pm Central Time	
	Firm and Fixed Price:	
<b>PROPOSER INFORMATION</b> (PROPOSER must complete the following and return with RFP response)		
PROPOSER Name/Address:	Authorized PROPOSER Signatory: (Please print name and sign in ink)	
PROPOSER Phone Number:	PROPOSER FAX Number:	
PROPOSER Federal I.D. Number:	PROPOSER E-mail Address:	

I. Section 2, RFP Schedule of Events, page 13 change as follows:

The following RFP Schedule of Events represents the AGENCY's best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between 8:00 a.m. and 5:00 p.m., Central Time.

The AGENCY reserves the right, at its discretion, to adjust this schedule as necessary. Notification of any adjustment to the Schedule of Events will be provided via the RFP website defined in Section 1.8.3.

Event	Date
Public Notification of Intent to Issue RFP	12/16/2014
Issuance of RFP (PDF) via <a href="http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.4_Procurement.aspx">http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.4_Procurement.aspx</a>	12/19/2014
Deadline for Submitting Written Questions	01/05/2015
Responses to Proposer Questions Published on RFP Website	01/12/2015
Deadline for Additional Written Questions	01/20/2015
Responses to Proposer Questions Published on RFP Website	01/27/2015
Deadline for Submitting Proposals	02/11/2015
Oral Presentation (if necessary)	04/07/2015 – 04/09/2015 (Estimated Time Frame)
Evaluation Period	02/11/2015 – 04/16/2015
CMS Approval	06/02/2015 – 07/27/2015
Contract Review Committee **	TBD
Official Contract Award/Begin work	TBD

\*\*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 "Official Contract Award/Begin 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.

II. Section 5.2.5.1, page 40, change as follows:

5.2.5.1 Use the MITA 3.0 BPM and technical capability matrices (TCMs), to evaluate the as-is technical architecture (TA) environment for each of the ten (10) business areas. Evaluate the AGENCY’s as-is TA environment from the perspectives of the technical management strategy, business services, technical services, application architecture, and technology standards;

III. Section 5.6.1.5, page 58, change as follows:

5.6.1.5 Produce and deliver an initial MITA 3.0 Project Work Plan. The Project Work Plan must include the estimated schedule showing the tasks, subtasks, and associated MITA 3.0 resources that will be required to satisfy the scope of work. This Project Work Plan will be adjusted and coordinated with the MITA 3.0 schedule.

IV. Amendment I Attachment 9.7 Cost Proposal Template II, page 5, change as follows:

Enter the price of each deliverable.

Proposer:	
Authorized Signature:	Date:
Deliverables	Cost
State Self-Assessment (SS-A) Project Plan – Approach to SS-A	
SS-A Project Plan – WBS, Schedule, Contractor, fiscal agent, state and PROPOSER resources	
SS-A Project Plan – Other artifacts	
MITA, Seven Conditions and Standards and COO Governance Plan	
Monthly Status Reports	
MITA Training Plan and Delivery	
Medicaid Business Process SS-A – As-Is Assessment	
Medicaid Business Process SS-A – To-Be Assessment	
Medicaid Business Process MITA Roadmap	
Medicaid Business Architecture SS-A – As- Is Assessment	
Medicaid Business Architecture SS-A – To- Be Assessment	
Medicaid Information Architecture SS-A – As- Is Assessment	
Medicaid Information Architecture SS-A – To- Be Assessment	
Medicaid Technical Architecture SS-A – As- Is Assessment	
Medicaid Technical Architecture SS-A – To- Be Assessment	
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State Medicaid Concept of Operations and Business Process Models	
State Medicaid Procurement Documentation – IAPD, PAPD, and RFP	
Medicaid Information Architecture SS-A – As-Is CDM Development	
MITA SS-A Tool Software	
Software License(s)	
MITA 3.0 Strategy and Methodology	
<b>TOTAL FIRM AND FIXED PRICE</b>	

I hereby acknowledge the receipt of Addendum II to RFP 2014-MITA-01.

\_\_\_\_\_  
Authorized Proposer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposer Organization

## 9.7 Cost Proposal Template II

Enter the price of each deliverable.

Proposer:	
Authorized Signature:	Date:
Deliverables	Cost
State Self-Assessment (SS-A) Project Plan – Approach to SS-A	
SS-A Project Plan – WBS, Schedule, Contractor, fiscal agent, state and PROPOSER resources	
SS-A Project Plan – Other artifacts	
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Monthly Status Reports	
MITA Training Plan and Delivery	
Medicaid Business Process SS-A – As-Is Assessment	
Medicaid Business Process SS-A – To-Be Assessment	
Medicaid Business Process MITA Roadmap	
Medicaid Business Architecture SS-A – As- Is Assessment	
Medicaid Business Architecture SS-A – To- Be Assessment	
Medicaid Information Architecture SS-A – As- Is Assessment	
Medicaid Information Architecture SS-A – To- Be Assessment	
Medicaid Technical Architecture SS-A – As- Is Assessment	
Medicaid Technical Architecture SS-A – To- Be Assessment	
Medicaid – Seven Conditions and Standards SS-A – As-Is Assessment	
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<b>TOTAL FIRM AND FIXED PRICE</b>	