



# Conceptual Data Entity Catalog

Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP)

Contract Number: C20000000080

Prepared for:

Alabama Medicaid Agency

Version 1.0

September 29, 2022



## REVISION HISTORY

---

Version	Effective Date	Revision Owner	Description of Change
1.0	09/29/2022	Aaron Bowman	Updates based on EA documents
0.1	01/05/2022	Aaron Bowman	Initial Draft

## TABLE OF CONTENTS

---

<b>1</b>	<b>Introduction .....</b>	<b>1</b>
<b>2</b>	<b>Conceptual Data Entity Catalog .....</b>	<b>2</b>
	<b>Appendix A. Acronyms/Glossary .....</b>	<b>9</b>

## LIST OF EXHIBITS

---

Exhibit 1: System of Record for High Level Data Entity.....	2
Exhibit 2: Conceptual Data Entity Catalog.....	3

# 1 Introduction

This document provides an overview of Data Entities used in operations of the Alabama Medicaid Agency as defined by the Enterprise Architecture in the Conceptual Data Model (CDM). The CDM is focused on business-recognizable groups of data as “Data Entities”. This sets the foundation for understanding what data the Agency uses, who uses it, where it comes from, and how it moves throughout the enterprise.

The Agency-approved Medicaid Enterprise Architecture Framework (MEAF) provides the framework for how Enterprise Architecture is documented. The catalog provided in this document corresponds to the Data Entity Catalog artifact from the MEAF. The following objects and relationships are included in this document:

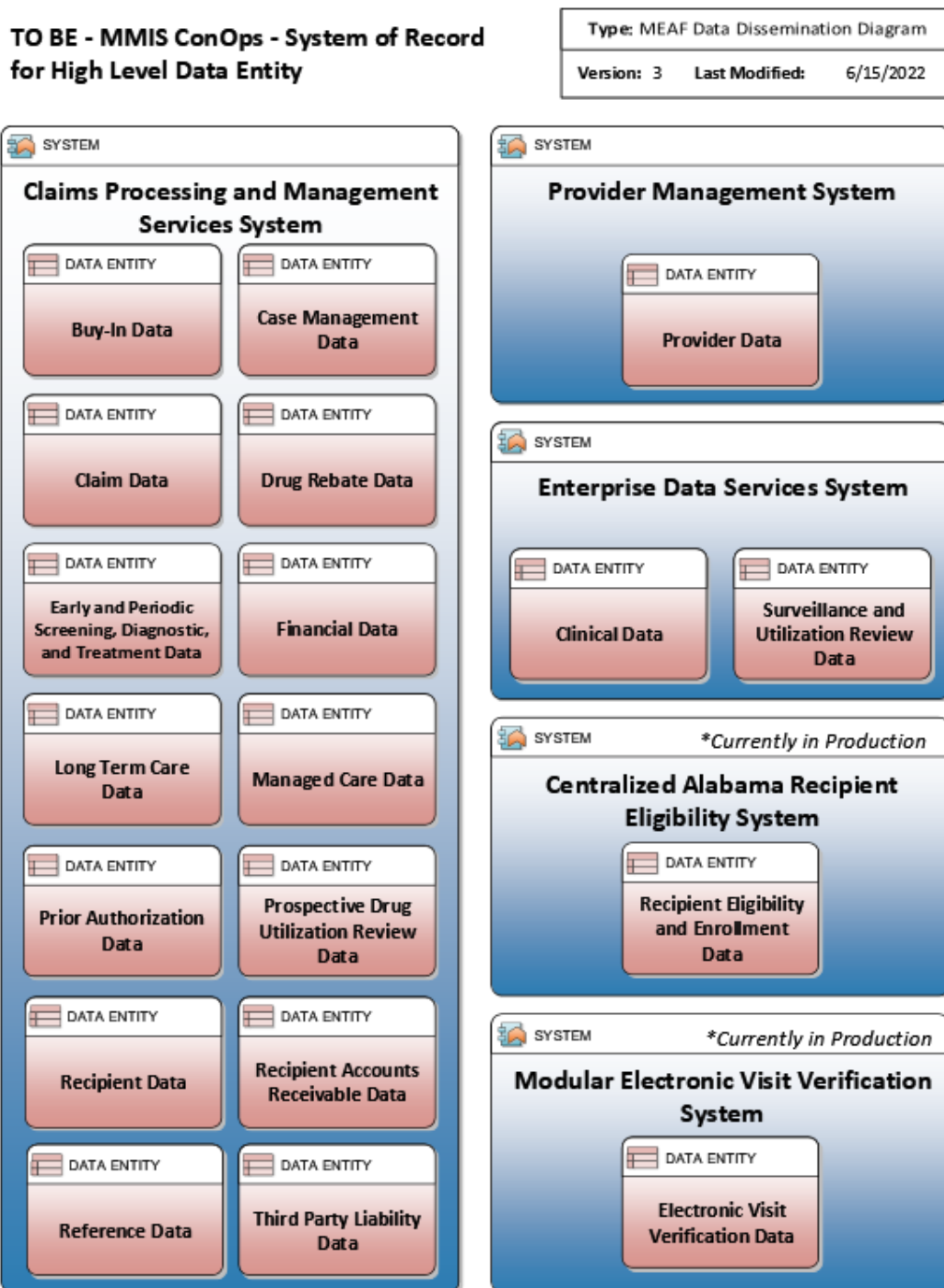
- **Business Service** – A service performed, typically in software, that supports business process tasks
- **Data Entity** – Represents a “class” of data; a grouping of data elements by conceptual business use
- **Business Service *contains* Data Entity (relationship)** – A business service serves as the business capability/function of a system, and is the containing owner of data entities; a system of record

The information provided in this document serves as a starting point of categorizing the Agency’s data. This will assist in defining logical data flows through the System Integrator Platform that will be defined in Interface Control Documents (ICDs) for each applicable interface. The final resulting data dictionary will supersede the information from this document and be cataloged as metadata in the data governance tool managed by the Agency’s Data Governance Office (DGO).

## 2 Conceptual Data Entity Catalog

This section presents the Data Entity Catalog from the CDM. The diagram in Exhibit 1 provides preliminary context of TO BE systems by identifying the system of record for each high-level category of data entity.

Exhibit 1: System of Record for High Level Data Entity



The table in Exhibit 2 provides the catalog of conceptual-level data entities with their descriptions and source business services.

**Exhibit 2: Conceptual Data Entity Catalog**

Business Service Name	Data Entity Name	Data Entity Description
Buy-In Management	Buy-In Billing	Billing records for buy-in
Buy-In Management	Buy-In Eligibility	Records indicating recipients that are eligible for buy-in
Buy-In Management	Recipient Medicare Enrollment	Records of a recipient's enrollment in Medicare used for buy-in
Buy-In Management	Recipient Medicare Transactions	Records of Medicare claims for a recipient used for buy-in
Case Management	Case Management Activity	Activities performed by Alabama Coordinated Health Networks, received in batch files
Case Management	Case Management Payment	Records of payments to the Alabama Coordinated Health Networks
Case Management	Case Management Services	Records of different types of services and rates for services performed by Alabama Coordinated Health Networks
Claims Processing and Management	Claim	Claim records such pharmacy claims, medical claims, dental claims, etc.
Claims Processing and Management	Claim Audits	The audit function compares the data of a claim in process with other claim data in paid claims history to determine the appropriateness of the service reflected on the claim in relation to other services received by the member
Claims Processing and Management	Claim Edits	The edits performed and the results of the edits on a claim
Claims Processing and Management	Claim History	The history of all activities associated to a claim
Claims Processing and Management	Claim Payment	The payment record associated to a claim
Claims Processing and Management	Claim Status	The current status of a claim
Clinical Data Storage	Clinical Records	A recipient's historical clinical records, primarily associated to the Health Information Exchange, One Health Record
Clinical Data Storage	Lab Records	A recipient's historical lab records, primarily associated to the Health Information Exchange, One Health Record

Clinical Data Storage	Medical History	A recipient's medical history, primarily associated to the Health Information Exchange, One Health Record
Drug Rebate Management	CMS Drug Labeler	Information about Drug Manufacturers (Labelers), including the dates of labeler participation in the Drug Rebate program and labeler contact data
Drug Rebate Management	CMS NDC Rate	Information about National Drug Codes (NDC) that can be included on the Drug Rebate invoices, including the status of each NDC and the current rate per unit that Medicaid can charge labelers for each unit of drug dispensed for a particular quarter. This file also contains updated rate per unit data for prior quarters
Drug Rebate Management	Drug Rebate Dispute	Information about invoice details that are disputed by the labelers
Drug Rebate Management	Drug Rebate Invoice	Information about the amount of units and money billed to labelers for each quarter
Drug Rebate Management	Drug Rebate Payment	Information about payments received from labelers
Drug Rebate Management	Drug Rebate Reference	Data such as J Code-NDC Crosswalk data, Unit Conversion data, and PHS Entity data
Early and Periodic Screening, Diagnostic, and Treatment Management	EPSDT Abnormalities	Information about Early and Periodic Screening, Diagnostic, and Treatment abnormalities identified through screenings
Early and Periodic Screening, Diagnostic, and Treatment Management	EPSDT Screening	Information about screening performed and scheduled during Early and Periodic Screening, Diagnostic, and Treatment processes
Early and Periodic Screening, Diagnostic, and Treatment Management	EPSDT Treatment	Information about treatments associated to Early and Periodic Screening, Diagnostic, and Treatment processes
Financial Management	Financial Cycle	Information about financial cycles and transaction processing schedules
Financial Management	Financial Transaction	Financial transactions include accounts receivable and payable resulting in a financial transaction
Financial Management	IRS Records	Information associated to tax records; e.g., 1099, W9, W2



Financial Management	Remittance Advice	The primary information sent to a provider that reports claim activity, claim status, and payments sent to and from providers
Long Term Care Management	Long Term Care Request	A request for long term care benefits
Long Term Care Management	Recipient Hospice	Record of a patient entering hospice
Long Term Care Management	Recipient Long Term Care Assignment	Assignment of long term care benefits to a recipient
Long Term Care Management	Recipient Regional Care Organization Availability	Record of availability of Regional Care Organizations for a recipient
Managed Care Management	Managed Care Program	Information about a managed care program; including Alabama Coordinated Health Network, Integrated Care Network, etc.
Managed Care Management	Managed Care Program Enrollment	Information about a recipient's enrollment in a managed care program
Prior Authorization Management	Prior Authorization	Records associated to a prior authorization review and determination, referenced by prior authorization edits during claims processing
Prior Authorization Management	Prior Authorization Criteria	The criteria used during prior authorization review to reach an approval or denial determination
Prospective Drug Utilization Review	First Databank Prospective Drug Utilization Review Criteria	Generic criteria provided by First Databank used for Prospective Drug Utilization Review that determine if an alert should be triggered during claim processing
Prospective Drug Utilization Review	Prospective Drug Utilization Review	Prospective Drug Utilization Review (ProDUR) records against a drug claim, alerting the pharmacist of potentially inappropriate prescriptions. Uses criteria from the ProDUR edits during claims processing and references drug data and configured criteria
Prospective Drug Utilization Review	Prospective Drug Utilization Review Criteria	Agency and vendor specific criteria used for Prospective Drug Utilization Review that determine if an alert should be triggered during claim processing
Provider Enrollment	Provider	The primary record of a provider
Provider Enrollment	Provider Application	The documentation and information a provider submits to apply for enrollment in Medicaid
Provider Enrollment	Provider Contract	Contract that sets the terms, rates, services, etc. between a provider and the Agency

Provider Enrollment	Provider Credentials	Credential records such as license, taxonomy, drug enforcement agency license, national provider identifier, etc.
Provider Enrollment	Provider Demographics	Demographic records of a provider
Provider Enrollment	Provider Medicare Status	Record of a provider's enrollment status as a Medicare provider
Provider Enrollment	Provider W9	Record of a provider's W9 tax information
Provider Enrollment	Service Location	Information about the location where a provider provides services
Provider Management	Provider	The primary record of a provider
Provider Management	Provider 1099	1099 records generated for a provider
Provider Management	Provider Contract	Contract that sets the terms, rates, services, etc. between a provider and the Agency
Provider Management	Provider Credentials	Credential records such as license, taxonomy, drug enforcement agency license, national provider identifier, etc.
Provider Management	Provider Demographics	Demographic records of a provider
Provider Management	Provider Medicare Status	Record of a provider's enrollment status as a Medicare provider
Provider Management	Provider Payment	Record of a payment to a provider
Provider Management	Provider W9	Record of a provider's W9 tax information
Provider Management	Service Location	Information about the location where a provider provides services
Recipient Accounts Receivable Management	Recipient Accounts Receivable	A recipient's accounts receivable record
Recipient Accounts Receivable Management	Recipient Accounts Receivable Overpayment	Record of an overpayment by a recipient
Recipient Accounts Receivable Management	Recipient Payment	A payment record associated to a recipient accounts receivable overpayment and claim
Recipient Management	Provider Assignment	Record of provider assignment to a recipient, primarily for lockin and managed care
Recipient Management	Recipient	The primary record of a recipient
Recipient Management	Recipient Demographics	Demographic records of a recipient
Recipient Management	Recipient Eligibility	Eligibility records of a recipient indicating what benefits the recipient is eligible for
Recipient Management	Recipient Financial Liability	Record of a patient's financial responsibility prior to Medicaid paying

Recipient Management	Recipient Lockin	Record that indicates a recipient being "locked in" to a provider
Reference Data Management	Audit Criteria Reference	Criteria referenced by audits performed during claims processing
Reference Data Management	Benefit Plan Reference	Data set identifying a group of covered services (benefits) that are granted to a member who is deemed eligible for the services the benefit plan represents
Reference Data Management	Diagnosis Reference	Data set utilizing the International Classification of Diseases, (ICD-9/ICD-10) coding system and diagnosis coding
Reference Data Management	Drug Reference	Data set of National Drug Codes (NDC) including description and pricing information for each code.
Reference Data Management	Edit Criteria Reference	Criteria referenced by edits performed during claims processing
Reference Data Management	Modifier Reference	Data set that contains codes used to further describe and qualify services provided.
Reference Data Management	Procedure Reference	Data set that contains CMS Health Common Procedure Coding System (HCPCS) procedure codes, Common Procedure Terminology (CPT) procedure codes including descriptive and pricing information for each code
Reference Data Management	Revenue Code Reference	Data set for use in processing claims for hospital inpatient and outpatient services including descriptive and pricing information for each code
Surveillance and Utilization Review	Case Group	Groupings of case types for Surveillance and Utilization Review profiling
Surveillance and Utilization Review	Case Type	Configuration records that determine claim groups based on the criteria set in the case type
Surveillance and Utilization Review	Peer Group	Records associated to peer groups based on providers, used in Surveillance and Utilization Review reports
Surveillance and Utilization Review	Surveillance and Utilization Review Case	Record of a case in Surveillance and Utilization Review processes
Third Party Liability Management	Third Party Liability Billing	Record of billing associated to third party liability
Third Party Liability Management	Third Party Liability Carrier	Record of carriers used for third party liability
Third Party Liability Management	Third Party Liability Case	A case associated to third party liability and pursuing payment

Third Party Liability Management	Third Party Liability Coverage	Record of a recipient's coverage by a third party liability carrier
Third Party Liability Management	Third Party Liability Payment	Record of a payment from a third party liability carrier

## Appendix A. Acronyms/Glossary

For a complete list of Acronyms and Glossary of Terms, please reference the [MES Acronyms and Glossary](#).