Appendix 50, Attachment C, Exhibit 1: Delta State Requirements Matrix Updates, April 2008

Table Legend:

(A) System capability is in the Baseline System or COTS and configuration is required via manual table updates to meet proposed solution (Y/N)*

(B) System capability is in the Baseline System or COTS and software modification is required to meet proposed solution (Y/N)*

(C) System capability is not in the Baseline System and requires new functionality via software modification to meet proposed solution (Y/N)

(D) Enter the Proposal Section (A–L) that reflects the fulfillment of the Section 40 of this RFP requirement and page number(s).

(E) Will meet requirement (Y/N)

* If both A and B above apply, indicate Yes (Y) in each column.
** Non-Medicaid only

40.1 General Requirements

40.1.1 General System Requirements

Requirement #	Requirement Description	A	B	C	D	E
	Security					
40.1.1.18	Provides capability for initial batch loading of user identification/demographic records and profiles					
	Rules Engine					
40.1.1.107	**Goal:** Provides capability to register, classify, inquire, manage, and automate date-specific business rules in a graphical, user-friendly rules engine					

Requirement #	Requirement Description	A	B	C	D	E
40.1.1.108	**Goal:** Provides capability to modify rules, allowing the application to be adaptable with the dynamic rules					
40.1.1.109	**Goal:** Provides capability for generating media events or application events as a result of the execution of a business rule					
40.1.1.110	**Goal:** Provides capability to structure in a modular concept so the same rules engine can be used by different services or be called as a service itself					
40.1.1.111	**Goal:** Provides capability for a debugging process that automatically analyzes and identifies logical errors (i.e., conflict, redundancy, and incompleteness) across business rules					
40.1.1.113	**Goal:** Provides capability for a built-in rule review and approval process that will identify any conflicts in business rules as they are being developed					
40.1.1.114	**Goal:** Provides capability to track and report rules usage					
40.1.1.116	**Goal:** Provides capability for integration with a workflow management process					
40.1.1.118	**Goal:** Provides capability to reuse business rules across processes					
40.1.1.119	**Goal:** Provides capability to change business rules independent of process					
40.1.1.120	**Goal:** Provides capability to apply Procedure Code Pricing (PR) File Cleanup business rules against current Procedure Code Pricing (PR) File					
40.1.1.174 **(New)**	Provides capability to mass adjust the end date on Prior Approvals by benefit plan					

40.1.2 General Operational Requirements

Requirement #	Requirement Description	A	B	C	D	E
	Security					
40.1.2.109 **(New)**	Fiscal Agent shall receive and process batch loads of user identification/demographic records and profiles prior to implementation and throughout the life of the contract					

40.2 Recipient Requirements

40.2.1 Recipient System Requirements

Requirement #	Requirement Description	A	B	C	D	E
40.2.1.23**	Provides capability for online updates to the CNDS for maintenance of cross-reference and demographic information					
40.2.1.24**	Provides capability for online updates for performing client “combine” functions when multiple CNDS IDs are identified for a single client, according to CNDS rules					
40.2.1.40	Provides capability for notification to all appropriate business areas when a recipient is retroactively enrolled/disenrolled into/from a benefit plan; then the appropriate business rules must be applied, including automatic re-adjudication of claims					

40.5 Provider Requirements

40.5.1 Provider System Requirements

Requirement #	Requirement Description	A	B	C	D	E
	Provider Maintenance					
40.5.1.78	Provides capability to place the provider on review [at LOB(s) level] for withholds or incentives with an associated pre-payment, post-payment status by provider tax ID and/or by a single provider number within a tax ID					

40.6 Reference Requirements

40.6.1 Reference System Requirements

Requirement #	Requirement Description	A	B	C	D	E
40.6.1.45	Provides capability to maintain Reference Modifier information with effective and end dates including a sub-database/matrix by benefit plan that supports State/Fiscal Agent staff authorized access that includes, but is not limited to displaying: • narrative of Medicaid covered modifier noting by either date of service, date of processing or date of receipt, • applicable provider type/specialties (by effective/end dates), • type of modifier, pricing indicator, pricing percent, type of service crosswalk, applicable edit and audit numbers, • remarks specific to use of modifier and memo(s) or CSR number(s), • all modifier/modifier combinations with search capability, • all modifier/procedure code combinations with search capability,					

Requirement #	Requirement Description	A	B	C	D	E
	• all procedure code/modifier combinations with search capability, and • all standard modifiers with narrative and type (processing, pricing, crossover or informational), with effective and end date, memo or CSR number and search capability					

40.7 Prior Approval Requirements

40.7.1 Prior Approval System Requirements

Requirement #	Requirement Description	A	B	C	D	E
40.7.1.65 **(New)**	Provides capability by a single LOB and benefit plan to limit the maximum cumulative dollars for a specific billing provider, or a specific billing and referring provider, or a specific billing and attending provider for services to be paid within a specific date range					
40.7.1.66 **(New)**	Provides capability by a single LOB and benefit plan to limit the maximum cumulative dollars paid for services for a specific recipient, or a specific recipient and billing provider, or a specific recipient and referring provider within a specific date range					
40.7.1.67 **(New)**	Provides capability to indicate a status on a PA record (i.e., deny, track, or re-enter) which would indicate how the claim detail will process when the limitation on the PA is exceeded					

40.8 Claims Processing Requirements

40.8.1 Claims Processing System Requirements

Requirement #	Requirement Description	A	B	C	D	E
	Determination of Financial Payer and Population Group					
40.8.1.119	Provides capability to edit for prior approval, referrals, and overrides whether or not the prior approval, referral, or override information is entered on the claim					
40.8.1.138	Provides capability to edit an unlimited number of edits per claim and display and report a system-configurable number of failed edits per detail line					
	General Claims Resolution					
Requirement Deleted 40.8.1.180	~~Provides capability to accept mass adjustments to suspended claims~~					
	Financial and Related Processing					
40.8.1.222	Provides capability to produce system-generated check registers and RAs and update control totals by single LOB and across multiple LOBs					
40.8.1.223	Provides capability to print provider voucher statements and checks by single LOB as well as across multiple LOBs as defined by the State					
40.8.1.230	Provides capability to create in each instance a single check or EFT per payment cycle for each provider across multiple LOBs					
Requirement Deleted 40.8.1.233	~~Provides capability to produce and distribute paper RAs formatted separately for individual provider types~~					

Requirement #	Requirement Description	A	B	C	D	E
40.8.1.240	Provides capability to produce EFT register and ANSI 835 by single LOB as well as across multiple LOBs					
	Financial Management and Accounting Business Area					
40.8.1.270	Provides capability for claims that have paid, denied, and (when requested by provider) suspended to be documented on the RA by single LOB or across multiple LOBs					
40.8.1.298	Provides capability to post paid claims against Provider Earnings file					
40.8.1.312	Provides capability for the issuance of a single provider check and/or EFT for all claims in the current checkwrite cycle across multiple LOBs					
40.8.1.320	Provides capability to produce financial reports based on the checkwrite by single LOB and/or across multiple LOBs					
40.8.1.382 **(New)**	Provides capability to process and track "$ 0 paid claims," as mandated by the Legislature, when specific LMEs receive funds outside the system					
	Financial and Related Processing					
40.8.1.383 **(New)**	Provides capability to store and display all of the eligible benefit plans associated with the claim detail, and indicate which benefit plan was used and which ones were considered					

40.8.2 Claims Processing Operational Requirements

Requirement #	Requirement Description	A	B	C	D	E
40.8.2.5	Fiscal Agent shall pick up and deliver mail to each Division's designated site as defined by the State: once in the morning, once in the afternoon of each State business day, and at the request of the State					

40.8.3 Claims Processing Operational Performance Standards

Requirement #	Requirement Description	A	B	C	D	E
40.8.3.10	Fiscal Agent shall adjudicate: 1. Ninety (90) percent of all clean claims for payment or denial within thirty (30) calendar days of receipt 2. Ninety-nine (99) percent of all clean claims for payment or denial within ninety (90) calendar days of receipt for DMA and DMH, and (forty-five [45] calendar days for DPH and ORHCC claims) 3. All non-clean claims within thirty (30) calendar days of the date of correction of the condition that caused the claim to be unclean					
40.8.3.16	Fiscal Agent shall adjudicate for payment all claims with date of service in previous State fiscal year by the State-designated checkwrite of the current State fiscal year					

40.14 Financial Management and Accounting Requirements

40.14.1 Financial Management and Accounting System Requirements

Requirement #	Requirement Description	A	B	C	D	E
40.14.1.2	Provides capability to create [at LOB(s) level] withholds, advance payments, and recovery of advance payments by provider tax ID and/or by a single provider number within a tax ID					
40.14.1.14**	Provides capability to apply special "timely filing" edits at the end of the State fiscal year					