

APPENDIX J - FCBS: CONVERSION SYSTEMS DOCUMENTATION

This appendix contains the information for the Federal Claiming and Billing (FCBS) system that the State is asking the Vendor to convert. All record counts, i.e. number of users, number of workers, etc., are as of 9/1/2005.

1.0 ASSIST (Alabama Social Services Information SysTem)

See document Appendix J – ASSIST

2.0 ACWIS (Alabama Child Welfare Information System)

See document Appendix J – ACWIS

3.0 FSS (Family Services System)

See document Appendix J – FSS

4.0 FCBS (Federal Claiming and Billing System)

4.1 FCBS Background and Purpose

FCBS is a mainframe system that was implemented in 1994 to keep track of all custodial children currently registered on ACWIS (Alabama Child Welfare Information System). The primary function of the database is to maintain data on Targeted Case Management (TCM) encounters billed for Medicaid Reimbursement. The system also tracks adult service clients and captures TCM services provided to adults.

FCBS serves as a link to ACWIS to allow for the SDHR staff to enter prior authorization of Medicaid numbers needed and for county staff to capture TCM services provided. FCBS processes services provided and bills the Medicaid Agency for reimbursement of eligible services. Further, FCBS was developed to maximize available Federal funding for eligible adult protective service clients. It provides the mechanism for billing the Medicaid Agency for TCM. In 1996, FCBS was revised to add all of the State’s APS (Adult Protective Service) clients. FCBS captures services authorized by type, client, encounters per client, the encounter payment status, and the system also generates a report of case reviews due and overdue.

4.2 FCBS System Architecture

Hardware, OS	OS390-CICS IBM 2066-003 Z series 800 processor 92 channels
Software	Enterprise COBOL v3.0, EASY+ Vx.0, TELON, CICS v1.3, ERD
Data Storage	DB2 v8.0, VSAM KSDS, Sequential files
Communication	TCP/IP
# of tables/files	7 – DB2 Tables 3- VSAM KSDS 7- Flat files
# of reports	34
Data Volume	# Users Active – 849 inactive 289 # Cases Open – 4,295 Closed – 42,312 # Participants/Clients in Open Cases – 4,484 # Participants/Clients in Closed Cases – 56,653

The current development environment for FCBS consists of 3270 mainframe emulation, TSO and ROSCOE. Each developer has a workstation with Windows XP, EXTRA! (3270 emulation). The development database is DB2 tables and is housed on the State mainframe. Online programs are written in CICS and COBOL using TELON (a code generator). Batch programs are written in COBOL using TELON and EASY+. JCL is used to submit jobs via the mainframe.

4.3 FCBS Structure

The structure of the system includes:

1. Computers in each County Office and in State Offices access to FCBS system.
2. Provide a billing record billing to Medicaid for reimbursement of child and adult TCM services.
3. Used by APS as a caseload data base for adult service clients and tracking for reviews.
4. Input documents by which staffs provide information for the database.
5. A series of output reports which provide data on which caseworker and management decisions are based.

The system aids in decision making in the following areas:

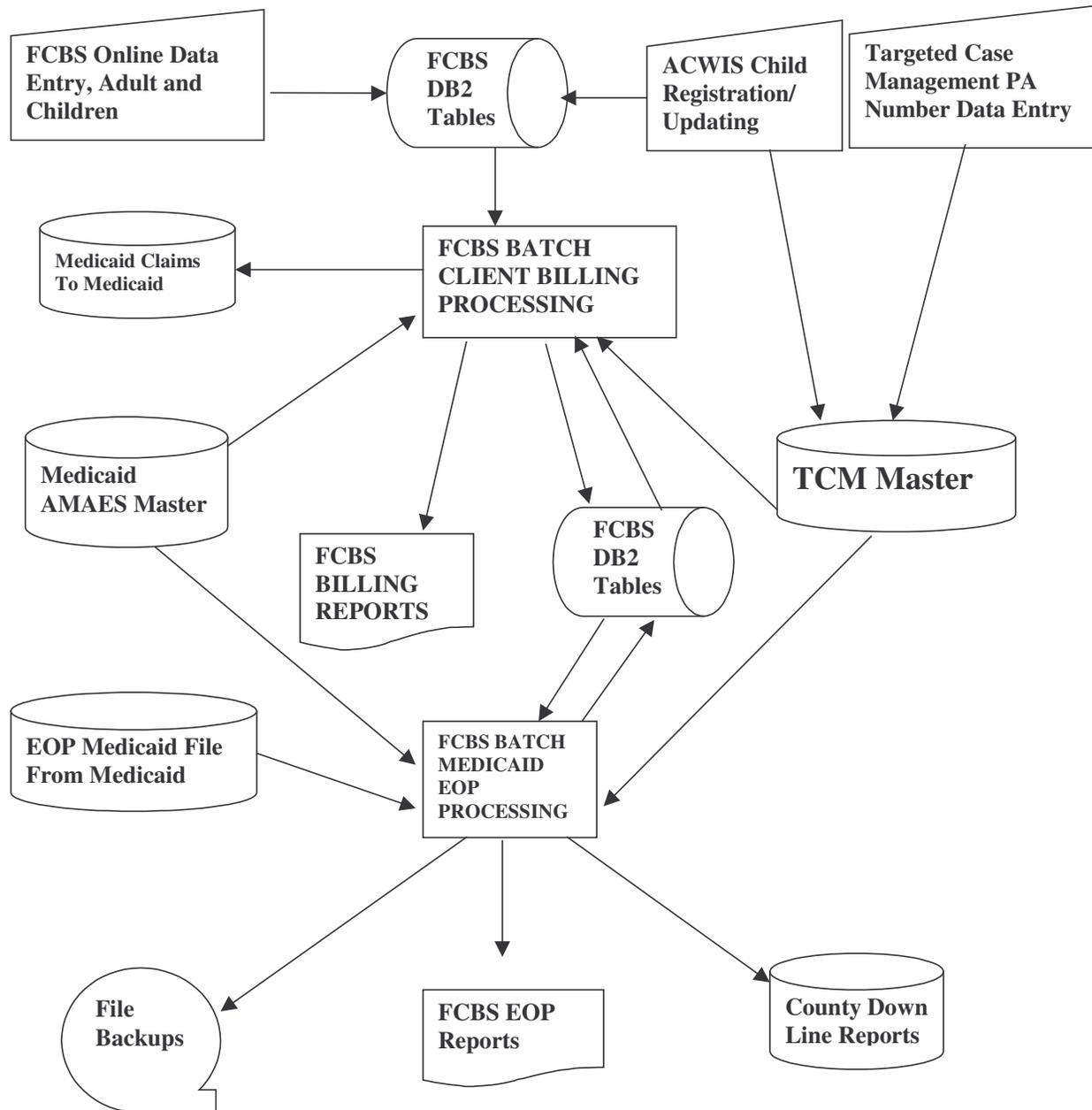
1. FCBS will automatically select for billing certain encounters in the areas:
 - a. Client Medicaid eligible on encounter date.
 - b. Case manager was TCM certified
 - c. For children only, child has an assigned prior authorization number
 - d. Client was in an open case status on date of encounter.
1. Historical information
2. Service delivery decisions aided by system-generated reports
3. Fiscal management decisions are aided by system-generated reports providing information for assistance in the reimbursement process
4. Policy decisions are aided by system-generated reports providing aggregate information for: County Office and in State Offices

4.4 FCBS Users of the System

- Family & Children Services County Workers and SDHR
- Office of Financial Resource Management (SDHR)
- Adult Services County Workers and SDHR
- DHR Finance (Receives Reports) (SDHR)

4.5 FCBS System Design

4.5.1 Data Flow



For the Adult Services Program, FCBS houses the adult client caseload on DB2 databases. Included on the database is the client demographics, client entitlement to services, authorized data, case status, billing information, encounter dates and reevaluation due date.

Reports are generated on a BI-weekly, monthly, quarterly, annually, and “as requested” basis for use by state and county workers for caseload and financial management.

Data is entered online.

The client registration process is used to enter data on a child or adult being registered with the system for the first time or being readmitted. This process also allows for updating data on clients previously entered.

Billing Process Begins.

For TCM (Targeted Case Management) encounters, a prior authorization number and beginning and ending dates are entered into the system to correspond with encounter dates that are entered onto FCBS. These dates are then used to begin the billing process. The TCM master is used in the FCBS billing process to pass the entered data.

Billing dispositions are updated and EOP (Explanation of Payments) File is split into four files.

The EOP (Explanation of Payments) file returned from Medicaid Agency is used to update FCBS with the billing dispositions for each encounter date. The Medicaid EOP file is reformatted into the file format used by the TCM system. The file is also split into four files based on the provider number:

- ADULT SERVICES FILE
- FAMILY & CHILDREN SERVICES FILE
- MEDICAID REHAB OPTION FILE
- MEDICAID REHAB OPTION ADJUSTMENTS FILE

Reports are generated down-line to the counties for recording TCM encounters for adults and children. Reports are generated after each BI-weekly EOP process for TCM displaying the results of the process.

Data is Validated.

The TCM master is used to pass data to the billing and EOP processes. The prior authorization number, beginning and ending dates are entered into the system to correspond with encounter dates that are entered into FCBS. These dates are then used to begin the billing process. The TCM master is used in the EOP process to validate the billed data being returned from Medicaid.

The AMAES (Alabama Medicaid Agency’s Medicaid System) master is used to validate client name, address, and birth data in the billing and EOP processes. It also provides eligibility validation for client SSNs.

Billing file is created for EDS

An FCBS billing program uses client encounter dates, applies edits to the dates and clients, and after eliminating all dates and clients that do not pass the edits, an automated billing file is created to send to Medicaid for processing.

Backup files are created.

Key files are backed up to CART/TAPE during the billing and EOP processing.

Reports are generated.

Reports are generated down-line to the counties for recording TCM encounters for adults and children. Reports are generated after each BI-weekly EOP process for TCM and REHAB, and after each billing process displaying the results of the process.

Reports are generated for the ADULT SERVICES Monthly Management Reports.

4.5.2 Subsystems

There are no subsystems in FCBS.

4.6 FCBS Security and Confidentiality

- The system's security procedures enforce the Departmental and Family Services Division policies of confidentiality, in that;
 1. Access to the system is based on a user password and social security number;
 2. ACWIS State Office staff oversees the security and maintenance of the system. Only this group and other selected State staff in the Family Services Division may gain access to all the records in the system.
- Passwords are issued to authorized users as follows:
 1. A password of six characters (alpha and/or numbers) is selected by each individual;
 2. The worker's social security number and password must be keyed in when gaining access to the system; however, the password is never displayed on the screen;
 3. The password should not be revealed by the user;
 4. If the password is forgotten or compromised, it is to be reported to the State Office ACWIS staff and a new password will be recorded.

4.7 FCBS System Management

The technical management of FCBS is provided by the Center for Information Services which safeguards the system by monitoring:

- Access to data;
- Quality and consistency of data; and
- The growth rate of the files in the computer.

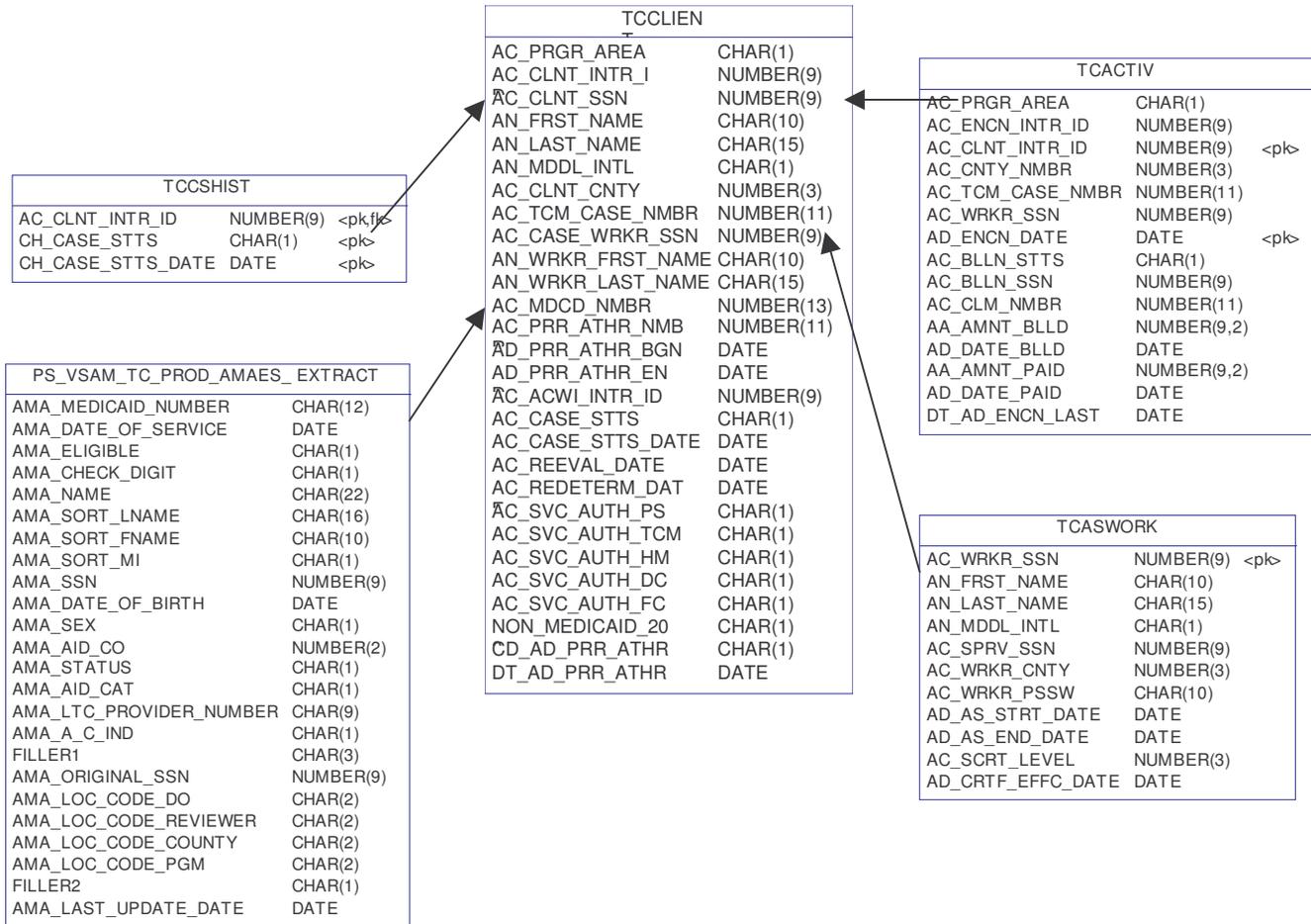
4.8 FCBS Back Up and Recovery Procedures

A back-up copy of the total data base is taken each day and also after each batch update program is run. Therefore, if a major system failure should occur the database would not lose more than one day's transactions. Only one day of data entry activity would need to be re-entered.

4.9 FCBS Interfaces

Purpose Of Interface	<ul style="list-style-type: none"> • The purpose of the FCBS – ACWIS interface is to allow for the SDHR staff to enter prior authorization of Medicaid numbers needed and to track and bill the Medicaid agency for the TCM (Targeted Case Management) encounters and rehab services.
Interface Process	<ul style="list-style-type: none"> • FCBS child data is retrieved from the ACWIS TCM Master File and the ACTIVITY and CLIENT tables are updated. • The ACWIS TCM Master is used in the EOP process to validate billed data being returned from Medicaid. • Thus the ACWIS TCM Master file serves as an interface between FCBS and ACWIS.
Type of Tables/Files for data storage	<ul style="list-style-type: none"> • ACWIS TCM Master – VSAM • FCBS ACTIVITY – DB2 Table • FCBS CLIENT – DB2 table.
Type of Interface	<ul style="list-style-type: none"> • One way interface using online COBOL CICS programs
Frequency of Interface	<ul style="list-style-type: none"> • Interface occurs bi-weekly during the EOP process.
Volume of Interface	<ul style="list-style-type: none"> • 5000 per month for TCM encounters • 15000-20000 per month for rehab

4.10 FCBS Data Model



4.11 FCBS Data Dictionary

4.11.1 File/Table Descriptions

FILE NAME	TYPE	REMARKS
TCCLIENT	DB2	FCBS Client Table
TCCSHIST	DB2	FCBS Case History
TCNEXTNO	DB2	FCBS Next Number
TCACTIV	DB2	FCBS Activity table
TCASWORK	DB2	FCBS Adult Service Worker Table
TCERRMSG	DB2	FCBS Error Messages
PS_VSAM_TC_PROD_AMAES_EXTRACT	VSAM	DHR AMAES File

4.11.2 File/Table Segments/Layouts

4.11.2.1 TCCLIEN

Field/Row	Data Type	Description	Reference/Values	Key
AC_PRGR_AREA	CHAR(1)	Adult/Child Indicator	A – Adult F – Family/Children	
AC_CLNT_INTR_ID	NUMBER(9)	Client Internal ID		
AC_CLNT_SSN	NUMBER(9)	Client SSN		
AN_FRST_NAME	CHAR(10)	Client First Name		
AN_LAST_NAME	CHAR(15)	Client Last Name		
AN_MDDL_INTL	CHAR(1)	Client Middle Initial		
AC_CLNT_CNTY	NUMBER(3)	Client County	Refer to 4.11.3.1 County Codes	
AC_TCM_CASE_NMBR	NUMBER(11)	Case Number		
AC_CASE_WRKR_SSN	NUMBER(9)	Worker SSN		
AN_WRKR_FRST_NAME	CHAR(10)	Worker First Name		
AN_WRKR_LAST_NAME	CHAR(15)	Worker Last Name		
AC_MDCD_NMBR	NUMBER(13)	Client Medicaid Number		
AC_PRR_ATHR_NMBR	NUMBER(11)	Prior Authorization Number		
AD_PRR_ATHR_BGN	DATE	Prior Authorization Begin Date		
AD_PRR_ATHR_END	DATE	Prior Authorization End Date		
AC_ACWI_INTR_ID	NUMBER(9)	ACWIS Internal ID		PK
AC_CASE_STTS	CHAR(1)	Case Status	O – Open C – Closed	
AC_CASE_STTS_DATE	DATE	Case Status Date		
AC_REEVAL_DATE	DATE	Reevaluation Date		
AC_REDETERM_DATE	DATE	Re-determination Date		
AC_SVC_AUTH_PS	CHAR(1)	Client authorized for protective services	Blank – Not Authorized X – Authorized	
AC_SVC_AUTH_TCM	CHAR(1)	Client authorized for TCM	Blank – Not Authorized X – Authorized	
AC_SVC_AUTH_HM	CHAR(1)	Client authorized for homemaker services	Blank – Not Authorized X – Authorized	
AC_SVC_AUTH_DC	CHAR(1)	Client authorized for day care services	Blank – Not Authorized X – Authorized	

AC_SVC_AUTH_FC	CHAR(1)	Client authorized for foster care	Blank – Not Authorized X – Authorized	
NON_MEDICAID_200	CHAR(1)	Client not eligible for Medicaid, but income is below 200% of poverty level	Blank – No value has been keyed Y – Yes N – No	
CD_AD_PRR_ATHR	CHAR(1)	Prior Authorization Den Indicator	R – Requested D - Denied	
DT_AD_PRR_ATHR	DATE	Prior Authorization Date added	CCYY-MM-DD format	

4.11.2.2 TCCSHIST

Field/Row	Data Type	Description	Reference/Values	Key
AC_CLNT_INTR_ID	NUMBER(9)	Client Internal ID		PK FK
CH_CASE_STTS	CHAR(1)	Case Status	O – Open C – Closed	PK
CH_CASE_STTS_DATE	DATE	Case Status Date		PK

4.11.2.3 TCNEXTNO

Field/Row	Data Type	Description	Reference/Values	Key
AC_KEY	NUMBER(1)			PK
AC_NEXT_CLNT	NUMBER(9)	Next Client Internal ID		
AC_NEXT_ENCN	NUMBER(9)		Field not used	
AC_NEXT_TSSN	NUMBER(7)	Next Client Temporary SSN		

4.11.2.4 TCACTIV

Field/Row	Data Type	Description	Reference/Values	Key
AC_PRGR_AREA	CHAR(1)	Adult/Child Indicator	A – Adult F – Family/Children	
AC_ENCN_INTR_ID	NUMBER(9)	Encounter Internal ID		
AC_CLNT_INTR_ID	NUMBER(9)	Client Internal Key		PK
AC_CNTY_NMBR	NUMBER(3)	Client County	Refer to 4.11.3.1 County Codes	
AC_TCM_CASE_NMBR	NUMBER(11)	Case Number		
AC_WRKR_SSN	NUMBER(9)	Worker SSN		
AD_ENCN_DATE	DATE	Encounter Date		PK
AC_BLLN_STTS	CHAR(1)	Billing Status	R-Ready B-Billed P-Paid D-Denied N-Null	
AC_BLLN_SSN	NUMBER(9)	Billing SSN		
AC_CLM_NMBR	NUMBER(11)	Claim Number		
AA_AMNT_BLLD	NUMBER(9,2)	Encounter Amount Billed		
AD_DATE_BLLD	DATE	Encounter Billed Date		
AA_AMNT_PAID	NUMBER(9,2)	Encounter Amount Paid		
AD_DATE_PAID	DATE	Encounter Paid Date		
DT_AD_ENCN_LAST	DATE	Encounter Entered Date		

4.11.2.5 TCASWORK

Field/Row	Data Type	Description	Reference/Values	Key
AC_WRKR_SSN	NUMBER(9)	Worker SSN		PK
AN_FRST_NAME	CHAR(10)	Worker First Name		
AN_LAST_NAME	CHAR(15)	Worker Last Name		
AN_MDDL_INTL	CHAR(1)	Worker Middle Initial		
AC_SPRV_SSN	NUMBER(9)	Supervisor SSN		
AC_WRKR_CNTY	NUMBER(3)	Worker County	Refer to 4.11.3.1 County Codes	
AC_WRKR_PSSW	CHAR(10)	Worker Password		
AD_AS_STRT_DATE	DATE	Worker Start Date		
AD_AS_END_DATE	DATE	Worker End Date		
AC_SCRT_LEVEL	NUMBER(3)	Worker Security Level	Refer to 4.11.3.2 Worker Security Levels	
AD_CRTF_EFFC_DATE	DATE	Worker Certification Date		

4.11.2.6 TCERRMSG

Field/Row	Data Type	Description	Reference/Values	Key
AC_TIME_STMP	TIMESTAMP	Time of day		PK
AX_ERRR_MSSG	CHAR(100)	Description of the error		

4.11.2.7 PS_VSAM_TC_PROD_AMAES_EXTRACT

Field/Row	Data Type	Description	Reference/Values	Key
AMA_MEDICAID_NUMBE R	CHAR(12)	Client Medicaid Number		VSAM Key
AMA_DATE_OF_SERVICE	CHAR(6)	Service Date	CCYYMM Format	
AMA_ELIGIBLE	CHAR(1)	Client Eligibility	Y – Yes N – No	
AMA_CHECK_DIGIT	CHAR(1)	Medicaid Number Check Digit	0 thru 9	
AMA_NAME	CHAR(22)	Client Name		
AMA_SORT_NAME	CHAR(27)	Client First Name, Last Name, Middle Initial		VSAM Key
AMA_SSN	NUMBER(9)	Client SSN		VSAM Key
AMA_DATE_OF_BIRTH	DATE	Client Date of Birth		
AMA_SEX	CHAR(1)	Client Gender	M – Male F - Female	
AMA_AID_CO	NUMBER(2)	Medicaid Aid County	Refer to 4.11.3.1 County Codes	
AMA_STATUS	CHAR(1)	Client Medicaid Status	Refer to 4.11.3.3 Medicaid Status	
AMA_AID_CAT	CHAR(1)	Medicaid Aid Category	7 – Foster Care ADC 8 – Foster Care State	
AMA_LTC_PROVIDER_N UMBER	CHAR(9)	Service Provider ID		
AMA_A_C_IND	CHAR(1)	Adult/Child Indicator	A – Adult F – Family/Children	
FILLER1	CHAR(3)			
AMA_ORIGINAL_SSN	NUMBER(9)	Initial Client SSN		

AMA_LOC_CODE_DO	CHAR(2)	Location Code for the District Office	71 – 80 District Offices 89 – Central Office	
AMA_LOC_CODE_REVIEWER	CHAR(2)	Location Code for the Reviewer	Reviewer Number 01 - 22	
AMA_LOC_CODE_COUNTY	CHAR(2)	Location Code for the County of Origin	HIPAA Rules	
AMA_LOC_CODE_PGM	CHAR(2)	Location Code for the Program Code	Refer to 4.11.3.4 Program Codes	
FILLER2	CHAR(1)			
AMA_LAST_UPDATE_DATE	DATE	File Update Date		

4.11.3 Reference Data

4.11.3.1 County Codes

The first two characters of the county code is the actual county number. The third character is an office indicator where multiple offices exist within a county.

010	AUTAUGA	410	LEE	840	PRGM COMPL
020	BALDWIN	411	LEE-YTH DV	850	OBSOLETE
030	BARBOUR	420	LIMESTONE	860	OBSOLETE
040	BIBB	430	LOWNDES	870	OBSOLETE
050	BLOUNT	440	MACON	880	CONTR PROV
060	BULLOCK	450	MADISON	890	EMR W/SERV
070	BUTLER	460	MARENGO	900	ADULT SERV
080	CALHOUN	470	MARION	910	FM/CHD SER
090	CHAMBERS	480	MARSHALL	920	CONT/GRANT
100	CHEROKEE	490	MOBILE	930	D COM F/AS
110	CHILTON	500	MONROE	940	OFFI FRAUD
120	CHOCTAW	510	MONTGOMERY	950	OBSOLETE
130	CLARKE	520	MORGAN	960	FINANCE DV
140	CLAY	530	PERRY	970	INFORM SYS
150	CLEBURNE	540	PICKENS	980	PERS/TRAIN
160	COFFEE	550	PIKE	990	CIV RTS EE
170	COLBERT	560	RANDOLPH		
180	CONECUH	570	RUSSELL		
190	COOSA	580	ST CLAIR		
200	COVINGTON	590	SHELBY		
210	CRENSHAW	591	SHELBY-F/C		
220	CULLMAN	600	SUMTER		
230	DALE	610	TALLADEGA		
240	DALLAS	620	TALLAPOOSA		
250	DEKALB	630	TUSCALOOSA		
260	ELMORE	640	WALKER		
270	ESCAMBIA	650	WASHINGTON		
280	ETOWAH	660	WILCOX		
290	FAYETTE	670	WINSTON		
300	FRANKLIN	680	REG MGRS		
310	GENEVA	690	DEPT OF YOUTH SERVICES		
320	GREENE	700	OFFI ADOPTION		
330	HALE	710	OLRD		
340	HENRY	720	PROG INTEG		
350	HOUSTON	730	GOV AFF PI		
360	JACKSON	740	COMMU INVLT		
370	JEFFERSON	750	STATEWIDE		
371	JEFF DOWN	760	OFFI AUDIT		
372	JEFF SOUTH	770	FOOD STAMPS		
373	JEFF NORTH	780	C S ENF DV		
374	JEFF EAST	790	PUBL ASST		
375	JEFF WEST	800	GEN SERVCE		
376	JEFF BESMR	810	QUAL CONT		
380	LAMAR	820	D COMM F/A		
390	LAUDERDALE	830	OBSOLETE		
400	LAWRENCE				

4.11.3.2 Worker Security Levels

- 01 STATE DIRECTOR AND ASSISTANT
- 02 OFFICE OF COUNTY ASSISTANCE
- 03 OFFICE OF ADOPTION
- 04 OFFICE OF FOSTER CARE
- 05 OFFICE OF PROTECTIVE SERVICES
- 06 OFFICE OF CCI, GH, AND CPA
- 07 OFFICE OF DAY CARE & CH DEV
- 08 DATA ENTRY PERSONNEL
- 09 OFFICE OF CONTRACTS & GRANTS
- 10 COUNTY DIRECTOR AND ASSIST
- 11 DIRECT SVC SUPERVISORS
- 12 WORKER CASES ONLY
- 13 COUNTY CWOA/DATA ENTRY
- 14 FUTURE USE
- 15 OFFICE OF IV-E ELIG (STATE)

4.11.3.3 Medicaid Status

- Blank ACTIVE
- 0 SOBRA PAYEE ONLY –NOT MEDICAID
- 1 DENIED D.O. OR SOBRA APPLICATION
- 2 PENDING D.O. OR SOBRA APPLICATION; OR SSI
FUTURE ELIGIBILITY
- 3 DEATH DELETION (INACTIVE)
- 4 REGULAR DELETION (INACTIVE)
- 5 SUSPENDED (INACTIVE)

4.11.3.4 Program Codes

- 0 MEDICAID IN NH
- 1 CONTINUOUS MEDICAID
- 2 GRANDFATHERED MCD
- 3 MEDICAID IN HOSPITAL
- 4 RETROACTIVE MEDICAID
- 5 ICF-MR MEDICAID
- 6 WIDOW / WIDOWER
- 7 DISABLED ADULT CHILD
- 9 CHILD OF SSI MOTHER
- A EARLY WIDOW / WIDOWER
- B DEEMING WAIVERED
- E EXTENDED CARE HOSPITAL
- G GERIATRIC PSYCHIATRIC
- H HOMEBOUND
- L SLIMB
- M OBRA WAIVER
- P PSYCHIATRIC CHILDREN
- Q QMB ONLY
- R MRDD

4.11.4 Definitions

ACWIS – Alabama Child Welfare Information System

AMAES – Alabama Medicaid Automated Eligibility System

AS – Adult Services

EDS – Electronic Data Solutions

Encounter – Targeted Case Management meeting with client

EOP – Explanation of Payments

FCBS – Federal Claims and Billing System

PA – Prior Authorization

PK – Primary Key

FK – Foreign Key

5.0 STAC (Services Tracking, Accounting and Claiming)

See document Appendix J – STAC

6.0 ASP (Adoption Subsidy Payroll)

See document Appendix J – ASP