

Five Overarching Elements

Reference No	Element	Short Description	Long Description	Applicable to This Release?	How is the requirement satisfied?	What evidence is provided (artifact reference, demonstration scenario, etc.)?	Notes
1	Shared eligibility service	Approach to implementing a shared eligibility service.	What approach is the State taking to creating / implementing a shared eligibility service that will ensure a seamless and efficient eligibility and enrollment experience for consumers / applicants?				
2	Project management	Project management plan for a phased approach to satisfying requirements.	How does the State's project management plan support delivering required business results in a phased approach to meet key deliverable dates?				
3	Risk management	Identification of project risks and contingency plans.	What project risks has the state identified and what contingencies are available/in place? How are the contingency plans triggered?				
4	Standards and conditions	Standards and conditions (see below)	How does the State's project meet/not meet the Standards and Conditions and CMS IT Guidance?				
5	Re-use	Deliverables and components are available for re-use by other states.	What deliverables and components from the State's project could be/should be made available for re-use by other States?				

Standards and Conditions

Reference No	Standard/Condition	Short Description	Long Description (detailed criteria available in toolkit Checklist)	Is this Applicable to This Release?	How is the requirement satisfied?	What evidence is provided (artifact reference, demonstration scenario, etc.)?	Notes
1	Modularity Standard	the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats	<p>This condition requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology and open, reusable system architecture is extremely important in order to ensure that states can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.</p> <p>Modularity is breaking down systems requirements into component parts. Extremely complex systems can be developed as part of a service-oriented architecture (SOA). Modularity also helps address the challenges of customization. Baseline web services and capabilities can be developed for and used by anyone, with exceptions for specific business processes handled by a separate module that interoperates with the baseline modules. With modularity, changes can be made independently to the baseline capabilities without affecting how the extension works. By doing so, the design ensures that future iterations of software can be deployed without breaking custom functionality.</p> <p>A critical element of compliance with this condition is providing CMS with an understanding of where services and code will be tightly coupled, and where the state will pursue a more aggressive decoupling strategy.</p>				

2	MITA Condition	align to and advance increasingly in MITA maturity for business, architecture, and data.	<p>This condition requires states to align to and advance increasingly in MITA maturity for business, architecture, and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA roadmaps.</p> <p>States should develop a concept of operations and business work flows for the different business functions of the state to advance the alignment of the state's capability maturity with the MITA Maturity Model (MMM). These COO and business work flows should align to any provided by CMS in support of Medicaid and Exchange business operations and requirements. States should work to streamline and standardize these operational approaches and business work flows to minimize customization demands on technology solutions and optimize business outcomes.</p>
3	Industry Standards Condition	alignment with, and incorporation of, industry standards	<p>The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.</p> <p>CMS must ensure that Medicaid infrastructure and information system investments are made with the assurance that timely and reliable adoption of industry standards and productive use of those standards are part of the investments. Industry standards promote reuse, data exchange, and reduction of administrative burden on patients, providers, and applicants.</p>
4	Leverage Condition	promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states	<p>State solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states. States can benefit substantially from the experience and investments of other states through the reuse of components and technologies already developed, consistent with a service-oriented architecture, from publicly available or commercially sold components and products, and from the use of cloud technologies to share infrastructure and applications. CMS commits to work assertively with the states to identify promising state systems that can be leveraged and used by other states. Further, CMS would strongly encourage the states to move to regional or multi-state solutions when cost effective, and will seek to support and facilitate such solutions. In addition, CMS will expedite APD approvals for states that are participating in shared development activities with other states, and that are developing components and solutions expressly intended for successful reuse by other states.</p> <p>CMS will also review carefully any proposed investments in sub-state systems when the federal government is asked to share in the costs of updating or maintaining multiple systems performing essentially the same functions within the same state.</p>

5	Business Results Condition	supports and enables an effective and efficient business process	Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. Ultimately, the test of an effective and efficient system is whether it supports and enables an effective and efficient business process, producing and communicating the intended operational results with a high degree of reliability and accuracy.
6	Reporting Condition	produce transaction data, reports, and performance information	Solutions should produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. Systems should be able to produce and to expose electronically the accurate data that are necessary for oversight, administration, evaluation, integrity, and transparency. These reports should be automatically generated through open interfaces to designated federal repositories or data hubs, with appropriate audit trails.
7	Interoperability Condition	ensure seamless coordination and integration	The system supports seamless coordination and integration with the Marketplace, the Federal Data Services Hub, and allows interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services as applicable
8	MAGI Functionality	deliver acceptable MAGI-based system functionality	For E&E systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.
9	Operational Contingency	strategies for reducing the operational consequences of failures of required functionality	The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality.
10	Documentation	open documentation of components and procedures	Systems and modules developed, installed or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.
11	Platform Independence	strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems	For software systems and modules developed, installed or improved with 90 percent match, the State must consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.

Critical Success Factors

Reference No	CSF	Short Description	Long Description (Detailed criteria in Y2C and other checklists)	Is this Applicable to This Release?	How is the requirement satisfied?	What evidence is provided (artifact reference, demonstration scenario, etc.)?	Notes
01	Streamlined Application	Ability to accept a single, streamlined application	Ability to accept a single, streamlined application (or an approved alternative), including online, phone, mail and in-person.				
02	MAGI Rules	Ability to process applications based on modified adjusted gross income (MAGI) rules	Ability to assess / determine Insurance Affordability Program (IAP) eligibility based upon MAGI rules and MAGI rules are applied in an automated manner				

03	Automated Verification (Federal Data Services HUB and state sources)	Ability to verify eligibility based upon electronic data sources	Ability to achieve successful technical and legal interface with the Federal Data Services Hub or approved alternative(s) to conduct Verifications (e.g. with federal agencies). - IRS federal tax information - SSA - TALX/Equifax - Renewal and Redetermination Verification (RRV) - Verify Lawful Presence (VLP) - MEC check for Medicare - State-hosed MEC check - Remote Identity Proofing (RIDP) Alternatively, or in addition, what state data sources are used for eligibility verification. - Quarterly wage data - Unemployment data - State connection to TALX/Equifax - State tax return information - Immigration status through SAVE - Other program data (Title II, SNAP, other public assistance) - Other state data (e.g., vital statistics, state incarceration data, child support, PARIS)?				
04	MAGI Conversion	Ability to convert existing state income standards to modified adjusted gross income (MAGI)	Ability to convert pre-ACA income standards to new MAGI income standards within state systems				
05	Account Transfer	Ability to accept and send application files (accounts) to and from the Marketplace	Ability to perform Bi-directional account transfer with the FFM or the SBM as applicable				
06	MEC Check	Ability to respond to inquiries from the Marketplace on current Medicaid or CHIP coverage	Ability for the state to provide the "Verify Medicaid/CHIP Non-ESI MEC" service to the FFM for FFM applicant processing; or to provide equivalent functionality as part of SBM processing.				
07	FFM State Integration Rules	Ability to convey state-specific eligibility rules to the Federally-Facilitated Marketplace (FFM), as applicable	(This criterion applies only to states using the FFM. A process has been put in place for these states to submit on a periodic basis.)				
08	Human Services Integration	The state is leveraging the Medicaid E&E capabilities to support other human services programs	Ability to leverage capabilities to support other human services programs such as SNAP, TANF, LIHEAP, etc.				
09	Renewals	The state has the ability to support renewals for existing beneficiaries.	Ability to renew Medicaid beneficiaries on an ex parte basis, and online, phone mail or in-person for exceptions.				
10	Appeals	The ability of the state to support E&E appeals applications and processes	Ability to provide data in support of appeals.				
11	Notices	The ability of the state to produce required notices	Ability to produce notices for approval, denial, termination, requests for additional information and other events.				
12	Authority to Connect	The state meets the requirements to allow connections with the FDSH and other required interfaces	State has authority to connect (or appropriate equivalent) to all required data sources.				
13	Presumptive Eligibility	The ability of the state to receive notices of presumptive eligibility determination from hospitals	Ability to process hospital presumptive eligibility through all modalities (electronic, phone, mail, fax, other).				
14	Retroactive Eligibility	The state system is able to support determinations of retroactive eligibility for MAGI-based individuals who submit an application to the state agency	Ability to support determinations of retroactive eligibility.				
15	Emergency Medicaid	The state's system supports eligibility for Medicaid coverage of emergency medical services (including labor and delivery)	Ability to support eligibility for Medicaid coverage of emergency medical services (including labor and delivery).				
16	Changes in Circumstances	The state is able to receive and process changes in circumstances reported by MAGI-based beneficiaries	Ability to process changes in circumstance through all modalities.				

17	Non-MAGI determinations	The state can receive application for and make determinations of eligibility under non-MAGI eligibility groups.	Ability to accept an application for non-MAGI basis.				
18	Transfer on Change in Eligibility	For beneficiaries determined no longer eligible, the state is able to evaluate potential eligibility for other insurance affordability programs and transfer the individual's electronic account to the appropriate program	Ability to transfer an individual's electronic account upon a change ineligibility to the appropriate program.				
19	Interface with MMIS	Integration of the E&E component with the MMIS, especially with respect to enrollment, maintenance of member records, and other related actions.	Ability to transfer new determinations to the MMIS for enrollment.				
20	Data Conversion	The state has converted and migrated historical data	Conversion of any legacy data to the new system, or achival of data as appropriate. Includes provisions for protection or conversion of data under HIPAA, etc.				
21	Inmate Eligibility	The state implements eligibility restrictions and/or limitations on inmates	The state implements inmate-related requirements such as the restriction on FFP for services provided to inmates of a public institution who are enrolled in Medicaid at the time of their incarceration or commitment to another public institution, and ensuring that inmates who are eligible for Medicaid are enrolled for coverage upon release.				

Note: green shading indicates that this criterion was a "Day One" CSF