**Exhibit 1-C**

**Oklahoma Department of Human Services**

**Technical and Functional Requirements for Time & Attendance Payment**

1. The Supplier shall develop, test, implement and operate a Time & Attendance payment system.  The State of Oklahoma currently uses a Time and Attendance payment program for Child Care Subsidy and Adult Day Care.  Child Care is a state administered program funded through the federal Child Care and Development Block Grant (CCDBG). Adult Daycare is a state administered program funded by the state.
2. The Supplier shall provide a mobile app for both Apple and Android phones that allows for Time and Attendance inputs by parents. This app will also allow providers to check their records and payments.
3. The system shall provide the option of using biometrics. The use of Biometrics will be determined at award of the contact. All requirement lists will be for either system unless noted.
4. The state reserves to rights to extend the time and attendance system to any program that requires time and attendance be reported.
5. Benefit Restrictions- Payments are currently paid directly to the providers weekly; two weeks in arrears via data captured by the POS devices located in providers locations.  No cash payments are allowed in this program.
6. Provider Management
7. Equipment will be installed within 10 (ten) days of a valid authorization being issued.
8. The Supplier shall utilize a provider database to collect and store data necessary to track provider information and establish the basis for provider authorization and settlement.
9. The technical specifications for the database shall contain all fields identified by DHS in the Design, Operations, and Use Case documents.
10. In addition, the database will be able to store and track settlement information such as the provider bank routing and account numbers necessary for settlement.
11. Technical details of the provider database will be provided in the Design, Operations, and Use Case Documents.
12. The Supplier may become aware of suspicious activity, abusive activity, or problems in a facility; in the event of any of occurrence of the aforementioned, the designated DHS staff shall be notified immediately, in writing either through a fax or electronic transmission.
13. Procedures and format for notification will be established through mutual agreement between DHS and the Supplier.
14. The account set-up and maintenance function for Time & Attendance requires generating an account set-up record for the EBT system.
15. Account Set-Up and Maintenance Records
16. Each new account being established will require an Account Setup to be sent through Real-time messaging interface between DHS and the Supplier.
17. The following rules shall apply:
18. Account Setup/Maintenance records received via near-real time messaging transactions will be   processed and a response code will be provided (positive or negative) as to the result of the transaction.
19. Each Account on the Supplier’s system will have only one cardholder with a unique card number (PAN) and PIN.
20. An Account Record must be established prior to posting of any benefit records.
21. When sending an update to the client demographic information, the State will send all the demographic information in the record, including the Payee Indicator identifying which person on the account is being updated. The Supplier’s system will overlay the information on the database for the client with the information in the record for the case number/payee indicator combination.
22. The Account Maintenance File/Real Time message will support the following functions:
23. Add New Accounts
24. Maintain Accounts (Demographic updates, Deactivate primary)
25. Add and Deactivate Alternate Cardholders
26. Account Record Processing
27. For all incoming account records (batch or Real Time Messages) the Supplier’s system shall determine the action to be taken based on the disposition of the case number on the database.
28. The following identifies the actions to be taken by the system based on the existence of the case number, the incoming Payee Indicator, and the incoming Cardholder Access values.
29. Benefit Authorization. The Supplier shall:
30. Receive and process all authorization records transmitted by the State.
31. Have procedures in place to prevent duplicate authorizations.
32. Process benefit authorizations and post the authorized benefits to the appropriate EBT   accounts,  based on   the unique case numbers, person number, date, benefit type, and unique authorization number generated by the State for each benefit authorization.
33. Benefit Availability - Batch
34. Currently benefits are issued by the month.
35. On the specified availability date, benefits shall be accessible by 12:01 A.M. CST.
36. The Benefit records may contain benefit availability dates for past, current, or future availability dates.
37. Benefit Availability – On-line
38. Benefits transmitted real time with date of availability equal to current date will be available immediately.
39. The Real-time Messaging Benefit Maintenance records transmitted from the State to the Supplier is used to send initial benefits, one-time benefits, or benefit changes.
40. The message contains authorization information including the case, person, days, dates, and rates, and copayment amounts as well as authorization number.
41. The Supplier shall coordinate the timing for processing Case and benefit issuance Maintenance Files to ensure benefits are not posted to a pending file awaiting the issuance of a card.
42. Settlement Subsystem
43. The Supplier shall at a minimum provide settlement and reconciliation processes that replicate or improve the State’s current settlement and reconciliation processes.
44. The current settlement subsystem performs weekly payment processing on attendance data; on a Sunday through Saturday pay cycle pays two weeks in arrears.  Processing starts on Sunday 12:01A.M., the days of the week to be processed are from Sunday to Saturday. Nightly processing will also create daily activity files, which are transmitted to the state.  After each payment file is created, the weekly All Activity File (AAF) is built and populated with the payment detail data.
45. The settlement processing function builds the weekly payment file on the designated day of the week and is sent to the providers.  The Supplier shall transmit the weekly AAF to the State before 05:00 A.M. CST on Monday of each week.  The transaction types shall total the amount of the ACH deposit and match the amount on the Supplier’s on-line report.
46. Provider Settlement
47. Settlement to Providers shall be through the existing commercial banking ACH infrastructure.
48. The Supplier shall have an originating and receiving relationship with the ACH, either directly or through one of its subcontractors.
49. For transaction processing and settlement purposes, the Supplier shall also be capable of settling POS transactions.
50. The Supplier shall originate an ACH credit for the total net balance due providers during the EBT pay cycle being settled.
51. The Supplier will reduce any balances or increase balances based on manual claims, adjustments or credit entered via the AT.
52. The Supplier shall make all deposits on Tuesday of each week.
53. The Supplier shall provide a way for a batch file to be sent for making extra-curricular payments to child care providers for emergency reasons.
54. Deposits
55. Each Provider will have an account at the financial institution of their choice.  The provider database holds and displays this information. The Supplier shall be responsible for inputting and maintaining this information with a 100% accuracy level.
56. Further the Supplier shall remedy any provider account in which an error was made in entering the account information within twenty-four (24) hours of problem identification.
57. Providers reporting incorrect deposit data shall not have their payments deposited until the Supplier has received the funds back from the banking institution or other account holder.
58. The Supplier shall also be responsible for resolving any payment issues with the provider’s bank.  All account information is to be entered and/or updated within twenty-four (24) hours of receipt.
59. Unsettled Funds: The Supplier shall return to the State any funds that could not be settled to the provider within thirty (30) calendar days of the initial ACH.
60. Provider 1099’s
61. The Supplier shall be responsible for the issuance all of IRS Miscellaneous Form 1099.
62. Form 1099 must be issued and mailed no later than January 31st of each year as required by the Internal Revenue Service.
63. The Supplier shall be responsible for meeting any requirements set forth in the Internal Revenue Code.
64. The Supplier shall be responsible for all printing, mailing, communications and corrections with Providers as it relates to 1099 issuance.
65. Time & Attendance Transactions
66. Payment Processing
67. Payment processing starts by matching Time-in’s, Time-out’s transactions by case, authorization number, person number, and provider.  Reprocessing occurs on all unpaid days that have been affected by changes to the system.
68. The payment file itself is built once weekly, for the period ending two weeks previous; and it uses the matched transaction records, authorizations, and authorization rates in force at the time of the transaction, along with the attendance day and time counters to calculate and create payments. The full amount of the co-pay for the month must be satisfied before the provider receives payment.
69. An ACH credit file of provider payments is created and transmitted to the designated bank and payment information, including detail records, are sent to DHS in the weekly payment detail report.  DHS reconciles to transaction-level detail with this report.  Following reconciliation the state verifies the payment amount and wires funds to the project debit account at the designated bank, which then distributes the payments according to the instructions in the credit file.
70. Providers also receive a separate monthly credit for supply reimbursement (paper for the POS device).  A separate ACH payment file will be created on the 27th of the month, and sent to each provider’s designated bank.
71. Attendance
72. Full Time – More than Four hours of Time & Attendance system attendance at the same provider during a single Calendar day.
73. Part Time – Four hours or less of attendance at the same provider during a single Calendar day.
74. Each authorization contains both a full and part-time rate for the provider. Full time attendance will be paid at the full time rate, if there are full-time days available a full time day will be charged against the authorized monthly full-time benefit; if there are no full-time days available, and then a part-time day will be charged and paid, if available.  Part time days will always be paid at the part time rate; the attendance day will be charged against the authorized monthly part-time benefit, if available if there are no part-time days available, the part-time attendance day will be charged against the authorized full-time monthly benefit, if available, but it will still be paid at the part-time rate.
75. Full-time days utilized on a part-time only authorization are paid at the part-time rate.  Part-time care on a full-time only authorization is paid at the part-time rate.
76. Transaction Matching
77. The transaction matching process pairs a check-in transaction with a check-out transaction so that time in care may be computed.  There can be multiple check-ins and check-outs per day to accommodate school-aged children who leave Time & Attendance system and return at times when the cardholder is not present.
78. The following business rules apply to transaction matching:
79. Use the attendance check-in or check-out time (not the transaction capture time) for transaction matching.
80. If there is only one check-in and only one check-out during a Calendar day, match these two transactions and compute the duration.  Assign the duration to the check-in transaction.
81. If a check-in exists without a corresponding check-out, assign one-minute duration to the partial transaction.
82. If there are multiple check-in/check-out consecutively paired transactions during a 24-hour period, match the earliest check-in with the earliest check-out; the next check-in with the next check-out, etc.
83. If there are multiple check-in/check-out transactions that are not consecutively paired during a 24-hours period, match the earliest check-in with the latest check-out; discard the other transactions.
84. Payment Cycle. Payment is figured two weeks in arrears from the end of a payment cycle.  No swipes can change any deposited payments but additional payments can be made on a current cycle if stored or pended transactions are posted for a previously paid cycle and those stored or pended transactions change the outcome of the original payment
85. Rates
86. Part-Time– Care given to any client with an approved authorization, with remaining authorized days, either part-time or full-time, in which care is four (4) hours or less.
87. Providers are never paid in excess of a part-time rate when care is four (4) hours or less even if the only available days are full-time.
88. No payments will be made in excess of authorized days, regardless of swipe approval.
89. Full-Time– Care given to any client with an approved authorization, with remaining authorized full-time days, in which care is greater than four (4) hours.
90. A part-time rate can be paid for full-time care when only part-time days remain available.
91. The full-time rate can only be paid when there remain full-time days available and the care is > than four (4) hours.
92. No payments will be made in excess of authorized days, regardless of swipe approval.
93. Current Day (In vs. Previous In/Previous Out): Current day swipes are always decremented from the authorized days bucket before previous swipes.
94. First In/Last Out
95. Swipes are aligned at the end of the ten (10) day period affecting a pay cycle.  This means that ten (10) days from the last day in a pay cycle swipes for that cycle will be realigned for payment purposes.  The first In (regardless of In or Previous In and the last out, regardless of Out or Previous Out) will be used to determine payments.
96. Exception: Any In swipe where the time in is later than an out swipe will be considered a valid swipe for payment purposes and the hours combined for payment processing.
97. Overnight
98. Supplier shall provide an overnight attendance transaction process.  Parent would check their child in as usual, but, the next morning, using, an agreed upon POS key, parents would indicate an overnight check-out which will trigger the next nightly match process to create the equivalent of the previous out and previous in.
99. When the nightly match process finds an overnight out, it will find the previous day’s last check-in transaction, generate the pseudo transactions for each day, and mark all four transactions as being part of a single logical transaction.  The service hours from Day 1 Check-In to Day 1 Pseudo Check-Out will be assigned to Day 1.  The service hours from Day 2 Pseudo Check-In to Day 2 Overnight Check-Out will be assigned to Day 2.
100. Voids. Voided transactions will be removed from the payment alignment.  Voids for overnight transactions will remove all swipes for that service from the payment alignment.  Void swipes at a minimum shall be at the POS terminal and the portal.
101. Pending Swipes
102. Pending swipes occur when an authorization is in application status or when a client uses a provider other than that authorized.  The Supplier’s host will revisit all pending transactions nightly and recalculate benefits based on changes to the authorization. Pending swipes should be changed to approved or denied upon nightly revisit of swipes.
103. Upon the State’s approval of an authorization from application status to open status or update of an   authorization to correct a provider, the host will approve pending transactions based on authorized day availability.  Pending swipes will be held for ninety (90) days and revisited nightly.  Pending swipes are to be posted to the correct authorization once they have moved from “pending” to “paid” status.
104. Co-Pay
105. Will be deducted based on the information provided before any payments are made to a provider.
106. If there is co-pay due on the case, the amount is contained in the case record and the co-pay flag in the authorization record is set to ‘yes.’  More than one child in a case may be designated for co-pay.  In this case, the Supplier will reduce the co-payment balance, by the amount of the full- or part-time rate, as appropriate, for each child in attendance each day until the co-payment balance is zero.  Co-pay is not required in all cases.
107. The Supplier shall track and apply any remaining copayments owed when a mid-month authorization has been submitted changing providers.
108. The Supplier shall not withhold more than the stated co pay amount.
109. Absent Payment
110. Only those authorizations that contain a numerical number in the “absent days” field will be paid an absent payment IF the minimum number of full-time days has been met.  Part-time days will only be used to determine the amount of the absent payment once the full-time minimum has been met.  No payment will exceed the total amount of the full-time days x the authorized full-time rate.
111. If the authorization record contains a non-zero, positive value in the max \_absent \_days field, the provider may be due the full amount of the month’s subsidy, even if the child was not in attendance all days during the month.  A minimum attendance threshold, which is determined by subtracting ‘absent days allowed’ from ‘full-time days allowed,’ must be met before any absent day benefits will be paid to a provider.  Not all authorizations include absent day benefits.
112. Absent day payments are calculated on the 10th of the month for eligible authorizations used during the previous month. But not paid until the first pay cycle after the 10th of the month.  This delay in calculation accommodates the ability of the parent/guardian to use the previous check-in/out functions to register missed swipes.
113. Non-Traditional Hours
114. Only those authorizations that contain a numerical number in the “non-traditional hours” field will be paid a non-traditional hour payment IF there are any full time days that meet the requirement.  Children who are in attendance for more than two (2) hours between the hours of 6:00pm and 6:00am Monday – Thursday and any time after 6:00pm on Friday through 6:00am on Monday will receive an additional payment for care.
115. Non-traditional hour payments will be calculated on the 10th of the month for eligible authorizations used during the previous month.  But not paid until the first pay cycle after the 10th of the month.  This delay in calculation accommodates the ability of the parent/guardian to use the previous check-in/out functions to register missed swipes.
116. Manual Claims: Any manual claim entered successfully shall be paid in the next available weekly payment.
117. Adjustments (Debits/Credits): Case level adjustments will be summed by provider and combined with any outstanding provider level   adjustments for a single debit/credit to the provider’s weekly payment.
118. Payment File: The weekly payment file will include only those swipes used to determine payment but will include the co-pay amount withheld daily and the daily rate applied to the swipes used for payment.
119. Transaction Processing
120. Transaction Processing includes all the interactions that can occur between the Oklahoma participants, providers, and the host system via the POS device at the provider site, or via another electronic transaction capture mechanism, such as a manual claims entry system.  Normal daily activity interactions are initiated at provider sites, i.e., when a participant uses their access card at the provider’s POS device to perform a Time in/out transaction, or a provider or staff member performs a void or requests a POS-based report.  POS transactions could also trigger auxiliary actions by the host: for example, a broadcast message may be delivered to a participant or provider after the host receives a transaction from that party.  “Time & Attendance system activity transactions” will include all methods of transaction capture unless otherwise specified.
121. The Supplier shall have the capability to receive and process transactions from POS devices.
122. The Supplier shall ensure that clients access their benefits only at POS terminals in authorized provider locations.
123. The Supplier shall have the capability to receive process and return approval/pending/stored/denied messages from POS devices.
124. Transaction authorization will require:
125. The system should go through a series of checks and processes to determine whether a transaction being initiated by a client should be approved.
126. If any approval conditions are not met, the Supplier shall deny the transaction and return a denial message to the client with a reason code. Denial message will stand out on the POS machine.
127. All Stored, Pending, and Denied messages shall be reversed highlighted on the transaction receipt for easy identification.
128. Use Cases Required For Transaction Processing include, but are not limited to:
129. Validate Provider
130. Validate POS
131. Validate Multi-terminal transparency
132. Validate PIN
133. Validate Image;
134. Validate Authorization Benefits
135. Validate Transmission Date Time for Stored transactions
136. Retrieve Broadcasting Message(s)
137. Validate POS User Password;
138. Check-In
139. Check-Out
140. Previous Check-In
141. Previous Check-Out
142. Overnight
143. Void Earlier Transaction
144. Void an Overnight Transaction
145. Process Pending Transactions
146. Process Stored Transactions
147. Manual Claims
148. Masking of Child Protection Cases.
149. EBT Administrative Terminal
150. History Screens
151. AT screens shall display a minimum of six (6) months history of all data.
152. The six (6) month shall not be rolling but rather a full six (6) months of data displayed.
153. After six (6) months data can be maintained off-line for three (3) full years (i.e., three years in addition to the current year), or longer if required by the State.
154. Manual Claims
155. Manual Claims users will be able to enter new manual claims and review existing manual claims.
156. Both functions will be accessed from a screen which allows the user to enter an authorization number, case number or a provider facility name (or partial name) and/or a contract number.
157. New claims shall be allowed for the same time period that the history screens are for.
158. Manual claims will not be allowed to be submitted past the 90-day POS window.
159. A detail history of the manual claims will be maintained and viewable on the AT.
160. The following minimum requirements will be used for the manual claims program:
161. Manual Claims authorized users will be able enter new and review existing manual claims.
162. Both functions will be accessed from a screen which allows the user to enter an authorization number, case number or a provider facility name (or partial name) and/or a contract number.
163. A list of authorizations matching the authorization number entry will be retrieved and displayed to the user. The user will select the desired authorization from the list of matching authorizations.
164. The manual claim entry page will contain a read only area identifying the selected authorization:
165. Authorization number
166. Provider name
167. Provider contract number
168. Person name
169. Case and person number
170. Authorization effective dates
171. User-id (user creating manual claim)
172. Current date
173. Remaining FT and PT days on this authorization
174. The manual claim entry page will contain an entry for each day of the authorization month,  indicating whether the date currently has FT or PT attendance, the attendance type (POS or manual claim), the payment status (settled or unsettled), and user id (if manual claim).
175. Editable days will contain radio buttons to select FT or PT.
176. Unsettled manual claim dates will also include a delete button.
177. Settled PT POS attendance dates may be promoted to FT using a manual claim.
178. From the manual claim entry page, the user may elect to submit any newly entered claim data or cancel.
179. Edits for invalid dates and date formats will be performed on submission.
180. When the inquiry (e.g., by provider partial name) retrieves more than one matching provider with manual claims, the system displays a provider list, from which the user selects a provider to view authorizations with manual claims
181. When the inquiry or selection retrieves more than one authorization, the system displays a list of authorizations with manual claims.  Once the user inquiry has resulted in the selection of a single authorization for which to view manual claims, the system displays the claim interface as described above, and the interface will function in the same manner as above.  A user may cancel out of a manual claims review without performing any edits. After a user submits a new or edits existing claims, the system will return a response page which will update the authorization interface with the new benefit balance on the authorization and the new status of each of the claimed or edited dates
182. Settlement of an approved manual claim (one in unsettled status) will take place along with normal weekly processing (early Sunday AM). DHS may enter manual claims for non-POS providers before regular settlement days have occurred.   DHS will enter manual claims for POS providers during the claim month or after a claim has completely settled (including absent payments).  An approved manual claim may place an authorization that was otherwise not fully utilized into a state where it is eligible for an ‘absent day payment.’  The system shall pay any absent payment owed.
183. Manual Claims shall have a separate transaction code when being reported in the weekly payment AAF.
184. Data Management
185. There are six fundamental types of data in the base Time & Attendance system:
186. Provider Data
187. Client (Case) Data
188. Authorization data
189. Time & Attendance system Activity Data
190. Payment Data
191. Card related information
192. With the exception of bank routing information, all other data is owned by the state and is imported into the Time & Attendance system from the state’s eligibility system.  This information is transmitted throughout the day in defined message formats; additionally, the client and authorization records are refreshed monthly through a batch interface. The batch interface may be used throughout the month for large sets of data.
193. Attendance data is captured real-time from the POS devices at Time & Attendance system facilities and used to build the payment.
194. Provider Data
195. Most provider data is transmitted from DHS’s eligibility system in the form of provider records, which contain provider demographics, Time & Attendance system facility characteristics, contract status, overpayments, and licensing data.  Provider bank account and bank routing data will be entered by Supplier’s project office staff through the Administrative Terminal interface based on documentation sent to the project office by the providers.  In addition, project office staff may set the multi-terminal flag for inventory purposes and update the provider’s time zone.
196. Provider data imports come from the Oklahoma eligibility system.  The provider data message format is to be described in the Interface Control Document but the Supplier is to use the current formats.
197. A small number of State Office workers are able to enter and modify provider data.  New provider records are created upon approval of a new provider contract.  Provider records may also be updated to reflect facility changes or to end date the contract (effectively removing the provider from the active Time & Attendance system services list). Providers can be reactivated.
198. Updates to provider records will be sent via the near-real-time message interface from the State to the Supplier’s host computer. An audit history of updates to provider data is to be maintained and to be viewable via the Administrative Terminal interface.
199. Enabling/Disabling Provider POS Terminals or Payment
200. There are occasions that the State may need to disable a provider’s POS terminal for an undetermined amount of time.
201. The State requires that the Supplier provide an on-line mechanism for disabling a POS terminal and subsequently enabling the POS terminal upon problem resolution; via the administrative terminal.
202. There are occasions that the State may need to flag a provider’s payment to be held until it is released or limit the amount of money released.
203. Use cases required for Provider data include, but are not limited to:
204. Add a provider record;
205. Update a provider record;
206. Deactivate (end date) a provider record;
207. Archive provider records;
208. Add banking record;
209. Update banking record;
210. Add POS terminal record;
211. Update POS terminal record;
212. Enable/Disable POS terminal record;
213. Check Provider history updates;
214. Enter an adjustment
215. Enter a broadcast message
216. Hold a provider payment
217. Case/Client Data
218. Case data is transmitted from the Oklahoma eligibility system in the form of client records and authorization records.  Client records contain demographic data, card data, and co-pay information and authorization records contain rates, the enumeration of the authorized benefit, and match cases with providers.
219. Oklahoma case data imports come from its PS2 eligibility system, also known as IMS, which is the eligibility system used by DHS Adult & Family Services (AFS).  The state owns the case data.
220. Case data message formats – Client and Authorization – shall be defined in the Oklahoma EBT Time & Attendance system Interface Control Document but the Supplier shall utilize the existing formats.
221. These imports will be accepted in separate Client and Authorization batches, or through the on-line messaging interface, and data records will be added or modified, according to instructions contained in the record file or message header.
222. New Client records are created when county workers identify a first-time services participant.
223. Client records represent the case-level detail associated with the system services benefit recipient(s) and includes the amount of co-pay – if any – that the benefit recipient will pay directly to the provider.
224. Mid-month co-payment updates will be applied as of the effective date against any unsettled transactions.   The remaining co-pay due from the client for the affected month will be determined as follows:
225. New monthly co-pay value minus co-pay already paid for the month = remaining co-pay to be paid
226. If the remaining co-pay to be paid is < 0, the remaining co-pay to be paid = 0.
227. Client records may be updated at any time during the month, but the client record currently in effect for each day is the one that the Supplier will use to apply a payment value to an attendance day with respect to co-pay.
228. Subsequent updates to a client record that would affect the payment value will cause the host to reassess pending payments, but not payments that have already been disbursed.
229. An audit history of updates to client data is to be maintained and viewable via the Administrative Terminal interface.
230. Use Cases required for Client (Case) data include but are not limited to:
231. Initial record receipt and posting to host;
232. Update client record;
233. Deactivate client record;
234. Update Co-pay amount;
235. Archive client records;
236. Check Case history updates.
237. Authorization Data
238. Authorization records are identified by the combination of:
239. Authorization Number;
240. Case Number;
241. Child Number;
242. Provider;
243. Authorization Effective Dates;
244. Archive authorization records.
245. These records may be updated at any time during the month, but the authorization currently in effect is the one that the Supplier will use to apply a payment value to an attendance day.
246. Subsequent updates to an authorization that would affect the payment value will cause the host to reassess pending payments, but not payments that have already been disbursed.
247. Authorization records are created when a Client applies for benefits for Time & Attendance system services for a specific child associated with a case.
248. New authorization records may be created at the time of the interview and transmitted to the host, or they may be created after a Client’s application for services has been fully investigated.
249. Changes to authorization records can also be made during a subsidy period and some of the changes have an effect on payment processing. The payment processing subsystem will use the authorization record in effect at the time of each attendance transaction to determine the payment rate.
250. However, if an update is made to an authorization, against which payments are pending at the time of the update, the pending payments may be recalculated based on the updated data (e.g., a rate change).
251. In addition, when there is a mid-month update to the fields containing the maximum number of authorized full- or part-time days, the Supplier's system will set a flag for any unsettled transactions on the authorization and will reprocess affected days with the new values; in addition, the host will determine the delta between the old and new authorized days values and adjust the days used/remaining days to reflect the new values.
252. Authorization updates are transmitted as authorization messages during the day.  The next month’s authorization records are currently refreshed on the 27th of the month. An audit history of updates to authorization data is to be maintained and viewable via the Administrative Terminal interface.
253. Use Cases Required for Authorization Data include but are not limited to:
254. Add authorization record
255. Update authorization benefits
256. Deactivate authorization (end date)
257. Change application status to open status
258. Check Authorization history updates
259. Time & Attendance system Activity Data and Co-Pay Tracking
260. Time & Attendance system Activity Data is based on POS attendance transactions and calendar month co-pay accumulations are updated daily based on this activity.
261. When a participant checks in, the POS device displays the static daily full-time and part-time rates and the current total monthly (static) co-pay due. This alerts the provider and participant that co-pay amounts need to be satisfied before the provider will receive the DHS subsidy.
262. Attendance data may be captured for the current day or any of the preceding nine (9) days at the POS device, for a total of ten (10) days of transactions.
263. Client records and co-pay can be refreshed each month.
264. Co-payments are transmitted at the case level therefore the Supplier must track co-payments for all children within a family even though attending another provider unless the State has transmitted a co-pay exception flag.
265. The Supplier will not include exempt children in co-pay calculations.
266. An audit history of co-payment data is to be maintained and viewable via the Administrative Terminal interface.  The history data will also display the date and time co-payment updates are received by the host.
267. Use Cases Required for Co-pay Data include but are not limited to:
268. Send co-pay flag;
269. Change co-pay flag;
270. Co-pay on multiple providers;
271. Check co-pay history updates;
272. Payment
273. Payment Data
274. The Supplier will create payment data weekly by using attendance and case (client and authorization), provider data, approved, pending, and stored transactions, adjustments and manual claims.
275. The weekly report of payment data is used to assemble the ACH file that the bank processes as electronic fund deposits into the designated provider bank accounts.
276. A payment activity file is also created for transmission to the state for their audit and reconciliation use.
277. To accommodate the ten (10) day previous check-in/out functionality, the actual weekly payment is based on a Sunday through Saturday cycle and made two weeks in arrears.
278. A weekly Totals Payment Report is prepared for each payment; this report displays the cumulative total of cases, authorizations, adjustments, absence payments, and the totals paid for each week.  It also includes the POS transactions used for the basis of payment.
279. An audit history of payment data is to be maintained and viewable via the Administrative Terminal interface.
280. Use cases required for Payment data include but are not limited to:
281. Payment for daily swipes;
282. Calculation of correct hours;
283. Incrementing and decrementing of authorized days buckets;
284. Voids;
285. Payment with co-pay required;
286. Payment without co-pay required;
287. Payment of multiple providers same child;
288. Payment for swipes with change in authorization;
289. Payment of pending swipes;
290. Payment of stored swipes;
291. Payment of absent payment;
292. Full-time;
293. Part-time;
294. Adjustments;
295. Manual Claims.
296. Card Related Information
297. The Supplier will capture card data through the Administrative Terminal interface.
298. The State shall transmit the type of card data needed to allow the host system to determine if a new card is required (Time & Attendance system only cases) or if an existing card must be linked to a multi benefit case (SNAP and Time & Attendance system).
299. Card shall not be reprinted.
300. Oklahoma has two BIN’s’ to differentiate between multi benefit and Time & Attendance system only cards. The Time & Attendance system only BIN is 603407. The Multi (SNAP and Time & Attendance system) BIN is 508147 PIN data –for new cards and replacement PINS – are captured through county PIN select terminals or through the client help desk. See also Exhibit 1-A, Requirement 16.
301. An audit history of cardholder data is to be maintained and viewable via the Administrative Terminal interface for three (3) years.  History for Cardholder data shall include: PAN, date and time, issue or replacement data, reason code, user login and name.
302. Use cases required for Cardholder data include but are not limited to:
303. Card issuance;
304. Linking card issued from other benefits;
305. Card cancellation and reissuance;
306. Printing of restricted cards (SNAP);
307. Pin issuance;
308. Card enable/disable functions.
309. Provider Customer Service/Help Desk
310. Provider Help Desk
311. The Supplier shall provide a Provider Help Desk within the continental United States, to provide POS and deposit/banking support via a toll-free, “1-800” number, 24 hours a day, 7 days per week, 52 weeks per year.
312. At a minimum, the Supplier shall provide support in English and Spanish.
313. The Supplier shall provide the ability for DHS staff to remotely monitor live calls coming into provider CSR’s.
314. The state will utilize its own staff for payment related issues.
315. The Provider Help Desk shall not utilize an ARU.
316. The Supplier shall provide a Provider Help Desk with the following capabilities:
317. Toll-free and without charge or fee to the Providers;
318. Operated and staffed in an industry standard manner;
319. Provides access controls that ensure security of both Providers and client’s payment information;
320. Responds to questions and problems regarding installation, support and problem resolution on POS equipment;
321. Knowledgeable and can communicate POS instructions on accessing utilities;
322. Knowledgeable and can communicate settlement information and reconciliation procedures;
323. Knowledgeable and can communicate support on system adjustments and resolution of out-of-balance conditions;
324. General information as requested by callers;
325. Document each call so a record exists for each help desk call; these records will be made available to the State upon request.
326. Referrals to the State or County Offices of questions regarding authorized benefits state and federal policies, as appropriate.
327. For reporting purposes, the Supplier shall provide Provider Customer Service Center activity data.
328. Additionally, TTY (Teletypewriter) capability must be provided to providers with hearing disabilities.
329. The Supplier shall provide a Provider Help Desk that meets the following service requirements (standards):
330. The Supplier shall ensure through technical design, resource allocation, and staffing that each provider call is answered in accordance with the prescribed Performance Standards defined in this section.
331. Performance standards regarding the Average Speed of Answer (ASA) and the abandoned calls for a Customer Service Representative (CSR) shall be as follows and shall be measured over a calendar month:
332. At a minimum, 98 % of all calls will be answered within twenty-five (25) seconds, and the remaining 2% shall be answered within forty (40) seconds. Performance standards regarding problem resolution shall be established at 95% over a twenty-four (24) hour period.
333. POS Requirements
334. Equipment/Software and Maintenance
335. The State provides POS equipment to all contracted Providers. The state is currently utilizing the VeriFone 570 POS terminals owned by DHS. These terminals are not capable of biometrics.
336. The State currently owns 4,600 VeriFone 570 POS and will transfer to Supplier. Thirty (30) days prior to conversion the Supplier shall transfer all uninstalled POS terminals (approx. 1,200) to its warehouse and shall immediately begin maintaining all State owned terminals and shall continue to maintain and repair POS terminals throughout the life of this contract.
337. The Supplier shall be provided a copy of the previous Supplier’s maintenance information and shall continue to track all repairs for each individual POS terminal. If new terminals are ordered, existing terminals will be returned to the state.
338. The terminal software will be programmed to guide the user through every step of the process, providing transaction-processing capability for providers and clients alike.
339. The software program shall include a “Training Mode” that does not transmit any data or post swipes to the database while in training mode.
340. The POS terminal must clearly print “Training Mode” on all receipts.
341. POS software must have the capability of “Automatic” downloads including date and time synchronizing capabilities.  The State has final approval of all POS program processes.
342. The Supplier will provide one terminal for each thirty (30) people authorized in the facility.  The 1/30 ratio is based on the number of people authorized per provider.
343. The Supplier agrees to cooperate with the State to identify facilities that would require more than one terminal based on this criteria.
344. To ensure compliance with ANSI standards, Supplier must ensure that unique terminal IDs are used for government supplied POS terminals.
345. The Supplier shall maintain all POS equipment throughout the life of this contract, permanently replacing POS terminals that exceed the maintenance threshold of five (5) repairs.
346. The Supplier will be responsible for providing line splitters necessary to utilize existing phone lines, and additional wiring necessary to connect the POS equipment.
347. The State reserves the right to upgrade to new equipment and/or technology as it becomes available.
348. The State believes that it will move to a card-less system in the near future and desires to have the option to move in that direction as the technology becomes available.
349. Paper Reimbursement: Providers also receive a separate monthly credit for supply reimbursement (paper for the POS device).  The payment calculation is based on the attendance transactions during the month.  The transactions for each provider are totaled and multiplied by the reimbursement factor set by the state. The reimbursement rate shall be agreed upon between the State and the Supplier during design phase.
350. POS Transaction Sets
351. The EBT system currently has six (6) transaction types:
352. In;
353. Out;
354. Previous In (current day and previous nine days); this number could be adjusted down if biometrics is used.
355. Previous Out (current day and previous nine days); this number could be adjusted down if biometrics is used.
356. Overnight;
357. Voids.
358. POS Functions must include report capabilities with provider-specific information restricted to provider only access.
359. Supplier shall insure that POS transaction sets are not restricted to a single POS for providers with multiple terminals.  All transactions are to appear seamless to clients and providers alike.
360. Child Welfare Protective Custody Cases
361. All cases that begin with KK (which is our Child Welfare Case) will be masked. The Supplier shall mask the name and demographic information of these children on both the Administrative Terminal display for customer service representatives as well as on the POS tape printed at the provider facility. The information will be masked for both the primary and secondary cardholders. The masking of demographic data for the Administrative Terminal shall be a function selected by the State when establishing a user profile.
362. The POS terminal shall provide real time case/authorization inquiry abilities.
363. POS transaction receipts must print the following information for each pending approved or denied swipe:
364. Daily Sequence Number;
365. Child Name;
366. Child Number;
367. In/Out Indicator, indicating attendance type selected;
368. Date of Birth;
369. Case Number;
370. Transaction Number;
371. Transaction Time;
372. Static PT rate currently in effect;
373. Static FT rate currently in effect;
374. Static Co-pay Amount currently in effect;
375. Status message from host, indicating success or a failure reason for this child;
376. Optional information message meant for the provider/parent/child;
377. Optional state broadcast message;
378. Masking of Child Welfare Protective Custody Cases
379. The system must return a message to the POS indicating the reason for a denial (e.g., invalid PAN, invalid PIN, NSF, etc.).  All Stored, Pending, and Denied messages shall be reversed highlighted on the. transaction receipt for easy identification.
380. The Supplier shall provide the State with a list of all POS error codes with a detailed description of what the error codes mean and the party responsible for resolution.
381. If the host system is Offline, the terminal will need to store the transaction for later sending to the host system once online.  This will need to show up on the tape with reverse printing.  The message must contain information to all for tracking of the transaction. Recommended information is last 4 of the card number, date, time, person numbers, transaction type, and transaction number.
382. Stored Transactions
383. Stored transactions are generated whenever the POS terminal fails to communicate with the online host system during transaction processing.
384. The POS must have a way to clear the stored transactions once communication has been established.  The process needs to have the option of both automatic and manual transmission of stored swipes.
385. A time frame will be established during the Design phase as to how long a transaction will be accepted once it has been stored.
386. Key-Entered
387. While the State does not currently allow manual entry for Time & Attendance system, the Supplier must allow for such transactions but prevent this function until the State requests the functionality.
388. The Supplier shall track key-entered transactions by cardholder, case, authorization, and provider.
389. The State has experienced previous problems with yearly time changes and the need to manually download software changes.  For that reason, the Supplier will be required to provide POS programming that automatically requests information from the host, such as current date/time and any software updates, just prior to a normal transaction being sent to the host.  This is not a user-selectable transaction, as it is up to the POS to decide when it is sent.
390. Voiding Transactions
391. The voiding of a transaction is done at the POS with the provider identifying the transaction that needs to be voided. This information is captured within the POS and the transaction would be voided at the point the information is sent to the host.  Voids are also performed on overnight transactions.
392. Voided transaction will require re-processing of previous approved but not yet paid transactions. The Supplier shall successfully evaluate all voided transactions, overnight voided transactions, adjusting remaining days, co-pay amounts, and perform settlement based on corrected transactions.
393. Host-Initiated Messages
394. The State requires a message system.  They currently utilize “Host-Initiated” messages for contacting clients and delivering messages to providers across the State.
395. The Supplier shall provide for Host Initiated Message System that can be delivered to all providers in the state, selected providers (based on county), or a specific case, multiple case, or provider.  User management rules govern which staff can generate messages and what level they are authorized to designate.
396. Batch Messaging to Providers. The State must have the ability to send messages in a batch file to the provider to be viewed on the provider web site.  The message can be at a provider, case, or person level.
397. POS Settlement Reports
398. There are currently two types of Totals (payment) reports that are being delivered to the POS: detailed and summary.  DHS sets a flag in the provider record to indicate which POS report each provider should receive.
399. The Supplier shall mask the name of any child where the State has identified and transmitted the protected case indicator.
400. Totals reports are to be available for the past three payment cycles (the most recent and two previous).
401. Detailed Totals Report – The detailed report breaks down the provider’s total payment by day by child including adjustment amount, co-payment withheld, and absent day payments.
402. Summary Totals Report – The summary report provides by child the total payment amount, adjustment amount, co-payment withheld, and absent day payments.
403. Administration and Security
404. Transaction Security- All PIN transmissions shall conform to Federal requirements to insure confidentiality and security of the data during POS transmissions to the host.
405. PIN Storage - PIN’s are to be stored in the Supplier’s database in encrypted form. The key used to encrypt the PIN in the database should be different from the key used to decrypt the PIN sent from the POS or other devices. No individual, including the Security Administrator, shall be able to view the PIN in clear text form.
406. Processor and POS Access Management - The system shall keep track of the sign-on time for each processor and directly controlled POS terminal.  A POS or processor access privilege is to be checked against each transaction.
407. Use Cases required for POS Terminal Functions include but are not limited to:
408. Terminal set-up;
409. Case Inquiry;
410. Check in;
411. Check out;
412. Previous check-in;
413. Previous check-out;
414. Overnight;
415. Void transaction;
416. Stored transactions;
417. Multi-terminal transparency;
418. Maintenance transaction (Internal to POS);
419. Install Terminal;
420. Download Updates;
421. Demo Mode;
422. Detailed Totals Report;
423. Summary Totals Report;
424. Reprint Last Receipt;
425. POS Host Communications Process;
426. Error code display;
427. Broadcast Messaging;
428. Masking of Child Welfare Protective Custody Cases
429. Provider Management: The Supplier shall be responsible for Provider management in Oklahoma.
430. Supplier will enter into an agreement with each provider using the form provided in Appendix 1.8 (Provider Agreement) or a substantially similar agreement approved by DHS.
431. POS Installation
432. The Supplier will install POS terminals at any Provider with application status or open authorizations within ten (10) days of first authorization transmission to host.
433. The Supplier will conduct quality assurance, calling a percentage of providers following installation, and shall provide a copy of this report to DHS each month.
434. If a subcontractor is used a portion of the technician’s pay will be based on the response from the providers regarding the quality of installation/training.  Written feedback will be provided to the State monthly.
435. Contract Closure
436. The Supplier has ten (10) days from contract closure to pick-up POS terminals and ten (10) days from end of a thirty (30) day period if no authorizations are on file.
437. Once notification of a provider contract end is received by the Supplier, staff will immediately make arrangements with the provider to de-install POS equipment.
438. The procedure for de-installation will involve either a personal visit to the facility by the Supplier or, with provider agreement, the equipment may be returned to the Supplier office through a carrier that provides tracking capability at no cost to the provider.
439. The provider shall be responsible for the cost of equipment if the Supplier has contacted the provider within the required timeframe as stated above.
440. The Supplier shall be responsible for the cost of equipment which has not been returned should notification not have occurred with the required timeframe.
441. POS Training
442. The Supplier is required to provide the initial training in person or on the phone which shall include a script and be available in both English and Spanish.
443. Any Supplier or subcontractor personnel who will be entering provider facilities will undergo a background check conducted by the DHS Office of Inspector General prior to entering the facilities, with associated expense to be borne by the Supplier.
444. Child abuse reporting training will be provided by DHS.
445. Supplier and subcontractor personnel must carry identification, issued by the Supplier, for presentation to providers.
446. Repair and replacement of all POS equipment
447. The Supplier shall maintain sufficient inventory of POS equipment for replacement.
448. The Supplier shall provide detailed narrative on how they will meet the below timelines for replacement POS. POS replacements are to occur within twenty-four (24) hours in metro areas (Oklahoma City and Tulsa) and within forty-eight (48) hours for all remaining counties.
449. The Supplier shall provide Help Desk services to providers for resolving issues/problems on POS equipment.
450. Database
451. The Supplier shall maintain a database of POS installations and repairs, by provider and shall include dates of installation and number of repairs.  This database is to be made available to the State upon request. Retrieval of POS machines for providers no longer keeping participants.
452. The database shall include:
453. Provider Settlement
454. Inputting and maintaining direct deposit banking information
455. Preparation and distribution of 1099’s
456. Provider Help Desk
457. Provider Website
458. Adjustments (Debits/Credits)
459. Adjustments will be entered at the authorization, case, or provider level.
460. Data will include a set of “Reason Codes” as defined by the state for the adjustment with 144 bytes allowed for comments.
461. Reason codes will be added, deleted or modified via a Table Maintenance screen to authorized users.
462. A detail history of all adjustments will be maintained and viewable on the AT for five (5) years.
463. The following minimum requirements will be used for adjustments:
464. Authorized users will be able to enter or update adjustment data and review existing adjustments.
465. All functions will be accessed from a screen which allows the user to enter a valid authorization, case, or contract number.
466. The adjustment screen will be utilized by DHS only.
467. The Supplier shall have a separate screen and functions for any adjustments required but Supplier-initiated debits shall not occur in conjunction with DHS debits.  That is, if DHS is in the process of collecting a debit from a provider any Supplier debits will not begin until the full amount of the DHS debit has been collected.
468. The adjustment entry/update page will contain a read only area identifying the selected authorization, case, or provider and shall include:
469. Authorization/case/provider name
470. Provider contract number
471. User id (user creating/updating adjustment)
472. Current date
473. A user may cancel out of an adjustment without performing any edits.
474. All adjustments will have a total amount to be credited /debited
475. Ability to enter notes on case/person adjustment
476. Adjustments entered at the authorization or case level shall be rolled up and added together for a single payment to the provider each week.
477. The Supplier shall provide the ability for the State to stop a previously entered adjustment but shall maintain the original information entered for viewing.
478. Adjustments may be entered as either a total dollar amount to be credited/debited, a specific dollar amount to be debited each week or a percentage to be debited each week, until the debit is satisfied to the provider’s weekly payment.
479. The Supplier shall track adjustments and cease crediting/debiting any provider’s weekly payment once the adjustment has been satisfied in full or the adjustment has been stopped by an authorized user.
480. Adjustments may be stopped at any point in the credit/debit settlement process.
481. The system will maintain all history of amounts debited/credited on all entries
482. Settlement of an outstanding credit/debit adjustment will take place along with normal weekly processing and shall be identified separately on the provider’s weekly POS Totals report as either a State or Supplier adjustment.
483. Adjustments shall be displayed on the Administrative Terminal as either a State or Supplier adjustment along with amounts.
484. Adjustments shall be displayed on the Provider web-site as either a State or Supplier adjustment along with amounts.
485. Adjustments will not be edited against any transactions, co-payments, or absent payments.
486. Provider Web Site
487. The Supplier shall develop and maintain a web site for Time & Attendance system Providers.
488. The web-based application will be security protected to insure a user has access to only that information applicable to each approved contract.
489. Reports will be defined during the design phase.
490. The following minimum requirements shall be available:
491. Website to be available via public website;
492. Site will be up 24 hours per day, 7 days per week, 365 days per year unless DHS has preapproved a scheduled maintenance outage which will occur during off peak hours as determined by DHS;
493. Capture and maintain provider e-mail addresses and transmit, via batch file, addresses to DHS;
494. Supplier will use industry best security practices and allow providers to manage account specific information such as E-mail, PIN, Secret Question / Answer for password resets;
495. Allow providers with multiple contracts to access all accounts without the need to reenter the website;
496. Provide three (3) years of 1099 data;
497. Provide links to DHS specified sites;
498. Publish and allow DHS forms for child care providers to be accessed and printed;
499. Authorization and co-pay data;
500. On-line, real-time swipe data to include all swipes (approvals, denials, error codes; pending, stored transactions);
501. Adjustment data;
502. Manual Claims information;
503. Provide reports necessary for reconciliation by provider, by case, by authorization, by month in complete detail and summary form:
504. Reports that provide the necessary data required for determining swipe exceptions
505. Reports that show co-pay
506. Reports shall be available in “printer friendly” versions
507. Reports shall be downloadable into a minimum of Excel, PDF, and TXT format.
508. At a minimum the following fields shall be required:
509. Provider Name
510. Provider Address
511. Provider Telephone Number
512. License Capacity
513. Banking Status
514. Case Number
515. Person Number
516. Name
517. PAN# (swipe)
518. Transaction Date
519. Transaction Time
520. Transaction Type
521. Providers will have access ONLY to information pertaining to cases and authorizations authorized for their facility. Swipe, adjustment, and manual claim information shall be available for current month and previous three (3) months.
522. The Supplier shall provide for DHS and Help Desk staff to be able to access all provider contracts via a provider web security feature.  DHS and Help Desk staff shall be able to view all data in conjunction with a provider as well as password reset.
523. The Provider Help Desk shall assist with problem resolution and answer questions regarding the operation of the web site.
524. Required Time & Attendance Reports
525. All Activity Payment File: The Supplier shall provide a weekly history file of all swipe transactions used to determine payment down to the person number level. Only those swipes used to determine payment will be transmitted and shall include all data elements as defined in Addenda 3
526. All Activity Daily File: The Supplier shall provide a daily file of voided swipes, client inactivity records; card status entries, denied swipes and POS telephone number occurring or effective the previous day and shall include all data elements as defined in Addenda 3.
527. Provider All Activity File: The Supplier shall provide a file, twice per day, of all swipes for population into the DHS Provider web site and shall include all data elements as defined in Addenda 3. The files shall be delivered no later than 8:00 am and 8:00 pm containing data from the previous 12 hours.
528. Monthly Billing File: The Supplier shall create a monthly list and count of active authorizations in the Time & Attendance system. This count forms the basis of CPCM payment from the State for operating the EBT Time & Attendance system. An active authorization is defined as:
529. A unique authorization is a case where the case number, person number, provider number and beginning date, that has a status of ‘A’ or ‘O’ and with dates that fall within the billing month that has swipes.
530. A unique authorization that has no swipes made during the month billed, shall not count against as active.
531. A unique authorization which has had its dates changed or other data modified during the month counts as only one authorization, not two.
532. Weekly Payment Totals Report; The Supplier shall provide a weekly payment report detailing disbursement totals for the current pay cycle. The report shall include only those totals pertaining to data input by the State. The report shall list, at a minimum, the total payment to providers for swipes, any credits or adjustments, manual claims and the total after these are applied and the number of authorizations paid.
533. Funds Returned Report: Supplier shall provide a daily Funds Returned Report. This daily report will show funds returned from a bank that could not be settled to the provider. The report shall list the contract number, amount returned and the date of payment.
534. Card Inactivity Report: The Supplier shall provide a daily report of cards that have had no activity starting after 2 consecutive weeks. The report shall list the card only once and the number of days it has been in inactive status.
535. Transaction Denial Summary Reports: The Supplier shall provide a monthly statistical report that provides the number and percentage of client transactions denied and the reason for the denials (i.e., invalid authorization, invalid PIN, etc.).
536. New Provider Report: The Supplier shall provide a daily report of all new providers established. This report alerts the Supplier to new providers who require possible installation (based on whether or not authorizations exist) and training. The Supplier’s project office will manage POS device installation and training and capture bank account and routing data for EFT purposes and determines multi-terminal status.
537. Cancelled Provider Report: The Supplier shall provide a daily report of all providers whose contracts have been cancelled. This report alerts the Supplier to pick-up equipment from providers whose contract with the State has been terminated. The Supplier’s project office will manage the POS device retrieval for meeting the required timelines set forth in this RFP.
538. Authorization Aging Report: The Supplier shall provide a daily report of pending (not yet approved) authorizations that have reached an aging threshold of 30 days.
539. Monthly Provider Help Desk Statistics: This monthly report shall provide a summary of the number of calls received on the provider hotline by reason (POS problems, settlement questions, etc.). Statistics regarding provider help tickets, including number of tickets opened, tickets closed, and reason for ticket, shall be provided. Daily statistics regarding the Help Desk performance (i.e., number of calls, number of rings before answered, number of abandoned calls, number of busy signals received) shall be collected and reported.