

GLOSSARY OF ACRONYMS

| Acronym | Description |
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| 508 | Section 508 of the Rehabilitation Act requires that institutions receiving federal funds solicit, procure, maintain and use all electronic and information technology (EIT) so that equal or alternate/comparable access is given to federal employees and members of the public with and without disabilities. |
| 4010 Format | Pre 1/1/12 version of the HIPAA electronic transaction standards |
| 501(c)(3) | Tax-exempt charitable organizations and non-profits http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Exemption-Requirements-Section-501(c)(3)-Organizations |
| 5010 Format | Is the new version of the 4010 Format, and required to be in use by January 1, 2012. http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/version-5010-electronic.page? |
| A/U | “Adopt, Implement or Upgrade”. Defined in CMS regulations at 42 CFR 495.302 as (1) Acquire, purchase, or secure access to certified EHR technology; (2) Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements; or (3) Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria. |
| ABD | Aged, Blind and Disabled |
| ACA | Patient Protection and Affordable Care Act |
| ACS | Affiliated Computer Systems – Vendor providing the Medicaid Management Information System (MMIS) to provide core administrative capabilities for DOM; Otherwise known as Xerox |
| ADA | American Dental Association; The ADA is the professional association of dentists that maintains the Current Dental Terminology (CDT) for dental procedure codes and the paper dental billing form, currently the 2006 ADA Dental Claim Form. |
| ADURS | American Drug Utilization Review Society |
| AFDC | Aid to Families with Dependent Children. This Federal program was replaced by Temporary Assistance for Needy Families (TANF) in 1997. |
| AHFS | American Hospital Formulary Services |
| ALG | Automatic Letter Generation |
| ANSI | American National Standards Institute. An accepted standards-setting body for the computer industry. |

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| ANSI | American National Standards Institute. An accepted standards-setting body for the computer industry. |
| APCs | Ambulatory Payment Classifications |
| APD | Advance Planning Document. A federally required document that is used by States to inform CMS of their intentions related to federally funded programs, and request approval and funding to accomplish their needs and objectives. The term APD could refer to a Planning APD (PAPD), Implementation APD (IAPD), or an Advance Planning Document Update (APDU). |
| API | Application Programming Interface. An interface used within the application to communicate between components and modules or with external systems. |
| APR-DRG | All Patient Refined Diagnosis Related Groups. Expands the basic DRG structure and is comprised of a clinical model and four severity of illness and risk of mortality subclasses for each base APR DRG. Taken together, the APR-DRG and the severity of illness further refine CMS DRGs to provide more precise classification of patients. |
| ARRA | American Recovery and Reinvestment Act |
| ASA | Average Speed of Answer. The average amount of time a caller will wait in queue for an agent to become available. This unit of measure is influenced by the average length of each call, the number of agents, and the total number of calls arriving. |
| ASC X12 | Accredited Standards Committee X12. ASC X12 develops, maintains, interprets, publishes, and promotes the proper use of American National Standards and UN/EDIFACT international standards for electronic data interchange (EDI). |
| ATP | Automated Test Panel |
| AVR | Automated voice response |
| AVRS | Automated Voice Response System |
| AWP | Average Wholesale Price |
| B2I | Bridge to Independence |
| BAA | Business Associate Agreement |
| BAFO | Best and Final Offer |
| BCCTP | Breast and Cervical Cancer Treatment and screening programs |
| BC-DR | Business Continuity and Disaster Recovery |
| BCP | Business Continuity Plan. A plan for continuation of operations in the event of an emergency. |
| BENDEX | Beneficiary & Earnings Data Exchange. A file containing data from the Federal Government regarding all persons receiving benefits from SSA and the Veterans Administration. |

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| BI | Business Intelligence |
| BIP | Broadband Initiatives Program |
| BMI | Body Mass Index |
| BPEL | Business Process Execution Language |
| BPM | Business Process Management |
| BRE | Business Rules Engine |
| BTOP | Broadband Technology Opportunities Program |
| CAATT | Computer Assisted Audit Tools |
| CAH | Critical Access Hospital |
| CAP | Corrective Action Plan |
| CAS | Claim Adjustment. A segment in the X12 835. |
| CBT | Computer Based training |
| CC | Call Center |
| CCD | Continuity of Care Document – XML-based document containing the encoding, structure, and semantics of a patient’s clinical summary document for exchange |
| CCHIT | Certification Commission for Healthcare Information Technology |
| CCI | Correct Coding Initiative |
| CCIO | Center for Customer Information and Insurance Oversight |
| CCN | CMS Certification Number |
| CCO | Coordinated Care Organizations |
| CD | Compact Disk |
| CDA | Clinical Document Architecture |
| CDC | Centers for Disease Control and Prevention - http://www.cdc.gov/ |
| CD-ROM | Compact Disk – Read Only Memory |
| CDT | Current Dental Terminology |
| CFHC | Coastal Family Health Center |

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| CFR | Code of Federal Regulations. A codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the Federal Government. These Federal rules direct a State in its administration of a Medicaid Program and implementation and operation of an MMIS. |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CHIP | Children's Health Insurance Program - http://www.cms.gov/home/chip.asp |
| CHIPRA | Children's Health Insurance Program Reauthorization Act |
| CHIRPA | Comprehensive Health Insurance Risk Pool Association - http://www.mississippihealthpool.org/ |
| CICS | Customer Information Control System. Communication manager software used for on-line applications in an IBM mainframe environment. |
| CLIA | Clinical Laboratory Improvement Amendments |
| CM | Case Management |
| CMMI | Capability Maturity Model Integration. CMMI is a process improvement approach that provides organizations with the essential elements of effective processes that ultimately improve their performance. CMMI can be used to guide process improvement across a project, a division, or an entire organization. |
| CMP | Configuration Management Plan. A plan related to the field of management that focuses on establishing and maintaining consistency of a system's or product's performance and its functional and physical attributes with its requirements, design, and operational information throughout its life. |
| CMS | Centers for Medicare and Medicaid Services (formerly HCFA). This is the Federal agency responsible for the administration of the Medicaid, Medicare, and other health care programs. http://www.cms.gov/ |
| COB | Coordination of Benefits |
| COBC | Coordination of Benefits Contractor. A single contractor entity, established by CMS, to perform all activities that support the collection, management, and reporting of other insurance coverage of Medicare beneficiaries. Sends Medicare crossover claims to DOM. |
| COBRA | Consolidated Omnibus Budget Reconciliation Act of 1985, which required State Medicaid programs to cover persons that meet certain eligibility requirements. |
| COE | Category of eligibility (for beneficiaries) |
| COLA | Cost-of-Living Adjustment. A COLA is an automatic adjustment in benefits that occurs annually. The purpose of the COLA is to ensure that the purchasing power of Social Security and Supplemental Security Income (SSI) benefits is not eroded by inflation. |
| CONNECT | Creating Online NICU Networks to Educate, Consult and Team; A project to expand upon an electronic medical records-sharing initiative for high-risk infants; use telemedicine technologies to enhance evidence and create Web-based decision support resources for physicians who care for |

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| | infants. |
| CORBA | Common Object Request Broker Architecture |
| COS | Category of Service. A classification of medical services authorized under Medicaid (e.g., physician, inpatient hospital, ICF, etc.) |
| COTS | Commercial-off-the-Shelf. An adjective that describes software or hardware products that are ready-made and available for sale to the general public. For example, Microsoft Office is a COTS product that is a packaged software solution for businesses. COTS products are designed to be implemented easily into existing systems without the need for customization. |
| CPOE | Computerized Physician Order Entry |
| CPT | Common Procedural Terminology. A unique coding structure scheme for all medical procedures approved by the American Medical Association. The CPT code set accurately describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes. The current version is the CPT 2009. |
| CQM | Clinical Quality Measures |
| CRH | Center for Rural Health |
| CRM | Customer Relations Management System |
| CSR | Computer Systems Request or Customer Service Request. The Change Management naming convention for all changes in the new MS Medicaid Enterprise. |
| CTT | Case tracking tool |
| CWF | Common Working File. The CWF is a single data source for Fiscal Intermediaries and Carriers to verify beneficiary eligibility and conduct prepayment review and approval of claims from a national perspective. It is the only place in the fee for service (FFS) claims processing system where full individual beneficiary information is housed. |
| CWS | Child Welfare Services. Program for foster children under age 21 who are in the custody of the Department of Human Services and for children receiving State Subsidized Adoption payments from the Department of Human Services. |
| DAC | Disabled Adult Child |
| DB | Database. A collection of information organized in such a way that a computer program can quickly select desired pieces of data. You can think of a database as an electronic filing system. |
| DBA | Database Administrator |
| DBMS | Database Management System. An integrated (object-oriented or relational) comprehensive database management system, including all data and all internal and linked databases. |
| DDE | Direct Data Entry |

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| DDI | Design, Development, and Implementation |
| DEA | Drug Enforcement Administration |
| DED | Data Element Dictionary |
| DEER | Defense Enrollment Eligibility reporting |
| DESI | Drug Efficacy Study Implementation |
| DHA | Delta Health Alliance |
| DHHS | United States Department of Health and Human Services |
| DHS | Department of Human Services |
| DICOM | Digital Imaging and Communications in Medicine |
| DME | Durable Medical Equipment. A category of service involving medical equipment and supplies for home or institutional use. |
| DMH | Mississippi Department of Mental Health - http://www.dmh.state.ms.us/ |
| DOC | Department of Commerce |
| DoD | Department of Defense - http://www.defense.gov/ |
| DOM | Division of Medicaid. The State agency in Mississippi which administers the Medicaid program under statutory provisions, administrative rules, and the State's Medicaid Plan, in conformity with Federal law and CMS policy. http://www.medicaid.ms.gov/ |
| DOP | Date of Payment |
| DP | Desktop Publishing |
| DRAMS | Drug Rebate Analysis/Management System |
| DRG | Diagnosis-Related Group. A prospective inpatient hospital reimbursement methodology used in Medicare. Under DRG, a single flat amount is paid per discharge. |
| DRP | Disaster Recovery Plan |
| DRS | Designated Record Set. The HIPAA Privacy Rule establishes the right of individuals to inspect, obtain a copy of, and request amendments to information about them in a designated record set. A designated record set is defined as a group of records maintained by or for a covered entity that is: <ul style="list-style-type: none"> • The medical and billing records about individuals maintained by or for a covered healthcare provider • The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan |

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| DSD | Detailed System Design |
| DSL | Digital Subscriber Line. A family of technologies that provides digital data transmission over the wires of a local telephone network. |
| DSMO | Designated Standards Maintenance Organization |
| DSS | Decision Support System |
| DSS/DW | Decision Support System and Data Warehouse |
| DUR | Drug Utilization Review. A therapeutic drug utilization review program designed to identify beneficiaries at high risk for drug induced illness, communicate these risk factors to physicians and pharmacies, and modify drug therapies to reduce or eliminate these risks. |
| DW | Data Warehouse. A collection of data designed to support management decision making. Data warehouses contain a wide variety of data that present a coherent picture of business conditions at a single point in time. |
| EA | Enterprise Architecture |
| EAC | Estimated Acquisition Cost (for drugs) |
| EAI | Enterprise Application Integration. EAI is the unrestricted sharing of data and business processes throughout the networked applications or data sources in an organization. |
| EDB | Enrollment Data Base (Medicare) |
| EDI | Electronic Data Interchange – The electronic transmission of structured data between organizations |
| EDIFECs Certified | http://www.edifecs.com/ |
| EDMS | Electronic Document Management System |
| EDP | Electronic Data Processing |
| EFT | Electronic Funds Transfer |
| EH | Eligible Hospital |
| EHNAC Accredited | Electronic Healthcare Network Accreditation Commission - http://www.ehnac.org/ |
| EHR | Electronic Health Record. An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization. |
| ELC | Enterprise Life Cycle |

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| EMC | Electronic Media Claims (tape, disk, and telecommunications) |
| eMPI | Enterprise Master Patient Index – Master Patient Indexes link smaller organizational level MPIs together to identify, match, merge, de-duplicate, and clean patient records to create a clear view of a patient’s medical record |
| EMR | Electronic Medical Record. An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization. |
| EOB | Explanation of Benefits |
| EOMB | Explanation of Medical Benefits. A notice issued to Medicaid beneficiaries that explains the payment of services made on their behalf and requests verification that the service was actually received. |
| EP | Eligible Provider including eligible professionals and eligible hospitals https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp |
| ePHI | electronic Protected Health Information |
| EPSDT | Early and Periodic Screening, Diagnosis, and Treatment (for children under 21 years of age) |
| ESB | Enterprise Service Bus. (Also referred to as a message broker.) ESB is an open standards-based distributed synchronous or asynchronous messaging middleware that provides secure interoperability between enterprise applications via XML, Web services interfaces and standardized rules-based routing of documents. |
| ESC | Electronic Submission of Claims. The transmitting of Medicaid claims electronically to the Fiscal Agent. |
| ESRD | End Stage Renal Disease |
| ETL | Extract Transform Load. Three database functions that are combined into one tool to pull data out of one database and place it into another database. ETL is used to migrate data from one database to another, to form data marts and data warehouses and also to convert databases from one format or type to another. |
| EVS | Eligibility verification request |
| F&A | Fraud and Abuse |
| FA | Fiscal Agent. An organization under contract to perform functions, such as claim processing, for the Medicaid Program. |
| FAD | Fraud and Abuse Detection |
| FADS | Fraud and Abuse Detection System |
| FAQ / FAQs | Frequently Asked Questions. Pronounced as separate letters. A document that poses a series of common questions and answers on a specific topic. |

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| FB | Faxback capabilities |
| FBR | Federal Benefit Rate. Used in Mississippi to calculate the maximum SDX payment to a beneficiary. |
| FCC | Federal Communications Commission |
| FDA | Food & Drug Administration. Publish the NDC codes. |
| FDB | First DataBank. The vendor that provides the commonly used drug file with updated pricing and clinical information which Medicaid systems use to support pharmacy POS processing, DUR and reporting. |
| FEIN | Federal Employer Identification Number |
| FFE | Federally Facilitated Exchange |
| FFP | Federal Financial Participation. A percentage of State expenditures to be reimbursed by the Federal Government for medical assistance and for the administrative costs of the Medicaid program. |
| FFS | Fee-for-Service |
| FHA | Federal Health Architecture, an E-Government Line of Business initiative managed by the Office of the National Coordinator for Health IT. FHA was formed to coordinate health IT activities among the more than 20 Federal Agencies that provide health and healthcare services to citizens |
| FICA | Federal Insurance Contributions Act. A United States payroll (or employment) tax imposed by the Federal government on both employees and employers. |
| FIPS | Federal Information Processing Standard |
| FMAC | Federal Maximum Allowable Cost. The maximum amount the CMS will allow for a specific drug; acts as an upper ceiling on State drug reimbursement, but does not apply to all drugs. See also MAC. |
| FMAP | Federal Medical Assistance Percentage |
| FPL | Federal Poverty Level. The minimum income required to support basic living costs for a family. The FPL is established yearly by the Federal Government and is based on the number of persons in a family. |
| FPW | Family Planning Waiver |
| FQHC | Federally Qualified Health Center. FQHCs are ‘safety net’ providers, such as community health centers, public housing centers, outpatient health programs funded by Indian Health Services, and programs serving migrants and the homeless. |
| FTE | Full-Time Equivalent |
| FTP | File Transfer Protocol |

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| FUL | Federal Upper Limit |
| FY | Fiscal Year. Federal: October 1 through September 30; Mississippi: July 1 through June 30. |
| GAAP | Generally Accepted Accounting Principles |
| GAAS | Generally Accepted Auditing Standards. Ten sets of standards, developed by the American Institute of Certified Public Accountants, consisting of general standards, standards of field work, and standards of reporting (along with interpretations), against which the quality of audits are performed and may be judged. |
| GAGAS | Generally Accepted Government Auditing Standards. Auditing standards, commonly referred to as the "Yellow Book", produced in the United States by the Government Accountability Office (GAO). The standards apply to both financial and performance audits of government agencies. Five general standards are included: <ul style="list-style-type: none"> • Independence • Due Care • Continuing Professional Education (CPE) • Supervision • Quality Control |
| GAO | General Accounting Office |
| GIF | Graphics Interchange Format. A bitmap image format that was introduced by CompuServe in 1987 and has since come into widespread usage on the World Wide Web due to its wide support and portability. |
| GIPSE | Geocoded Interoperable Population Summary Exchange, GIPSE is a data format created by the U.S. Centers for Disease Control and Prevention (CDC) to allow the electronic exchange of health condition/syndrome summary data that has been stratified by a number of variables, including geography. GIPSE data will be utilized by public health agencies in the U.S. to conduct situational awareness, including early event detection and monitoring, for potential public health events |
| GIS | Geographic Information System (or Geographical Information System). Any system that captures, stores, analyzes, manages, and presents data that are linked to location. Tool product that supplies routing and zip codes; Helps Medicaid staff (especially DSS users) understand their population better (quantity, density, proximity, etc.) |
| GrabIt | A tool provided by ACS that is able to search, read and download binary files |
| GSM | Gold Standard Multimedia |
| GUI | Graphical User Interface. A "point and click" interface to a program, composed of menus, dialog windows, push-buttons, etc. |
| HAC | Hospital Acquired Conditions |
| HBE | Health Benefit Exchange |

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| HCBS | Home and Community Based Services. HCBS includes waived services for the elderly, disabled, mentally retarded/developmentally disabled, and physically handicapped. |
| HCFA | Health Care Financing Administration (now referred to as CMS) of the U.S. Department of Health and Human Services. |
| HCPCS | Healthcare Common Procedure Coding System. A coding system designed by HCFA (now CMS) that describes the physician and non-physician patient services covered by the Government's Medicaid and Medicare Programs. It is used primarily to report reimbursable services rendered to patients. |
| HDS | Health Data System |
| HEDIS | Healthcare Effectiveness Data and Information Set. A widely used set of performance measures in the managed care industry; developed and maintained by the National Committee for Quality Assurance (NCQA). |
| HHS | Department of Health and Human Services - http://www.hhs.gov/ |
| HIC | Health Insurance Claim number of the Medicare beneficiary. |
| HID | Health Information Design |
| HIE | Health Information Exchange. The electronic movement of health-related information among organizations, according to nationally recognized standards. |
| HIMMS | Healthcare Information and Management Systems Society |
| HIPAA | Health Insurance Portability and Accountability Act - http://www.hhs.gov/ocr/privacy/ Health Insurance Portability and Accountability Act of 1996. A Federal law that includes requirements to protect patient privacy, protect security and data integrity of electronic medical records, prescribe methods and formats for exchange of electronic medical information, and uniformly identify providers. |
| HIPP | Health Insurance Premium Payment (Program) |
| HIS | Indian Health Services - http://www.ihs.gov/ |
| HIT | Health Information Technology |
| HITECH | Health Information Technology for Economic and Clinical Health |
| HITSP | Healthcare Information Technology Standards Panel |
| HIX/HBX/HBE | Health Insurance Exchange (Health Benefit Exchange) – As part of the Affordable Care Act (ACA), states are to establish, implement and operate a Health Insurance Exchange by January 1, 2014 that acts as a marketplace for individuals seeking affordable insurance options. http://www.healthcare.gov/ |

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| HL7 | Health Level Seven. Health Level Seven is one of several American National Standards Institute (ANSI) accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Most SDOs produce standards (sometimes called specifications or protocols) for a particular healthcare domain such as pharmacy, medical devices, imaging or insurance (claims processing) transactions. Health Level Seven's domain is clinical and administrative data. |
| HP | Hewlett Packard |
| HRSA | Health Resources and Services Administration |
| HRSA | Health Resources and Services Administration. HRSA Healthcare Systems Bureau, the Office of Pharmacy Affairs, administers the 340B Drug Pricing Program. |
| HSM | Health Systems of Mississippi |
| HTML | HyperText Markup Language (formatting language). The authoring language used to create documents on the World Wide Web. HTML is similar to SGML, although it is not a strict subset. |
| IaaS | Infrastructure as a Service |
| IAPD | Implementation Advance Planning Document |
| ICD | International Classification of Diseases. The ICD is the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines. International Statistical Classification of Diseases and Related Health Problems http://www.who.int/classifications/apps/icd/icd10online/ |
| ICD-10 | International Classification of Diseases, tenth revision |
| ICD-10-CM | International Classification of Diseases, 10th Revision, Clinical Modification. Most current version of ICD codes. |
| ICD-10-PCS | International Classification of Diseases, 10th Revision, Procedure Coding System. Most current version of ICD codes. |
| ICD-9-CM | International Classification of Diseases, 9th Revision, Clinical Modification. Three digit codes for classifying diseases and health related problems. |
| ICF | Intermediate Care Facility. A long-stay institution which provides care for a beneficiary, who is usually not bed-ridden, at a lower cost than inpatient hospital care. |
| ICF/MR | Intermediate Care Facility for the Mentally Retarded (Intellectual Development Disabilities). |
| ICN | Internal Control Number. See also TCN. |
| ICR | Intelligent Character Recognition |
| ID | Identification |

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| IDD | Interface Design Document |
| ID/DD | Intellectually Disabled/Developmentally Disabled. An HCBS waiver administered in MS. |
| IFSP | Individualized Family Service Plan |
| IHE | Integration the Healthcare Enterprise, an initiative by healthcare professionals and industry to improve the way computer systems in healthcare share information. IHE promotes the coordinated use of established standards such as DICOIM and HL7 to address specific clinical needs in support of optimal patient care. |
| IHS | Indian Health Services |
| IMD | Inpatient Non-hospital care program |
| IP | Internet Protocol. Specifies the format of packets, also called datagrams, and the addressing scheme. Most networks combine IP with a higher-level protocol called Transmission Control Protocol (TCP), which establishes a virtual connection between a destination and a source. |
| IQH | Information and Quality Healthcare |
| IRS | Internal Revenue Service |
| ISDM | Information Systems Development Methodology |
| ISO | International Organization for Standardization |
| IT | Information Technology |
| ITECH | MS DOM Bureau of Information Technology; bureau is responsible for Fiscal Agent liaison and contract management; responsible for design, implementation and operations of the agency's Wide and Local Area Networks. |
| ITF | Integrated Test Facility. Allows the State and Contractor to monitor the accuracy of the MMIS and to test proposed changes to the system by processing test claims and other transactions through the system, without affecting normal operations. |
| ITS | State of Mississippi Information Technology Services - http://www.its.ms.gov/ |
| IV&V | Independent Verification and Validation. The verification and validation of a software product by an organization that is both technically and managerially separate from the organization responsible for developing the product. |
| JAC | Joint Application Configuration |
| JAD | Joint Application Design. Interview sessions between the Contractor and the DOM users to ensure that the Contractor understands the current system functionality, State role, Contractor role and the system requirements for each business function. |
| JAR | Joint Application Requirements. Interview sessions between the Contractor and the DOM users to ensure that the Contractor understands the requirements. |

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| JCL | Job Control Language |
| JPEG | In computing, JPEG (named after the Joint Photographic Experts Group who created the standard) is a commonly used method of lossy compression for photographic images. The formal name of the standard that most people refer to as 'JPEG' is ISO/IEC IS 10918-1 ITU-T Recommendation T.81. |
| J-SURS | Java Surveillance Utilization Review System |
| LAN | Local Area Network |
| LIS | Low-Income Subsidy. Medicare beneficiaries who have limited income and resources may qualify for extra help to pay for prescription drugs costs. This low-income subsidy from Medicare provides financial assistance for beneficiaries who have limited income and resources. |
| LOC | Level of Care |
| LOINC | Logical Observation Identifiers Names and Codes. A database and universal standard for identifying medical laboratory observations. It is endorsed by the American Clinical Laboratory Association and the College of American Pathologist. Since its inception, the database has expanded to include not just medical and laboratory code names, but also nursing diagnosis, nursing interventions, outcomes classification, and patient care data set. |
| LTC | Long Term Care. Long term care is the personal care and other related services provided on an extended basis to people who need help with activities of daily living or who need supervision due to a severe cognitive impairment. |
| MAC | Maximum Allowable Cost. The highest unit cost at which a drug will be paid. See also FMAC. |
| MAGI | Modified Adjusted Gross Income |
| MAO | Medical Assistance Only. An eligibility group that receives assistance for medical services but does not receive money payment assistance. |
| MAR | Management and Administrative Reporting. The MMIS module that produces the management data required for financial, benefit, provider and beneficiary reporting. [New system] |
| MARS | Management and Administrative Reporting System. The MMIS subsystem that produces the management data required for financial, benefit, provider and beneficiary reporting. [Current system] |
| MBR | Master Beneficiary Record (SSA) |
| MCA | Mississippi Code Annotated. Refers to the legal admissibility of reproductions of State and county records as addressed by MCA Sections 25-59-29 and 19-15-3, respectively. |
| MCM | Medicaid Contract Management |
| MCO | Managed Care Organization |
| MDES | Mississippi Department of Employment Security – http://www.mdes.ms.gov/ |

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| MDHS | Mississippi Department of Human Services - http://www.MDHS.state.ms.us/ |
| MDRS | Mississippi Department of Rehabilitation Services - http://www.mdrs.state.ms.us/ |
| MDS | Minimum Data Set |
| MED | Medicare Exclusion Database |
| MEDS | Medicaid Eligibility Determination System |
| MEDS/MESX | Medicaid Eligibility Determination System Expansion |
| MEDX | Medical Electronic Data Exchange |
| MEHRS | Medicaid Electronic Health Records System |
| MEHRS/eScript | Medicaid Electronic Health Records System and ePrescribing System |
| MEQC | Medicaid Eligibility Quality Control. A Federally required program that monitors the accuracy of the Medicaid eligibility process and determines the State Medicaid payment error rate. |
| MES | Medicaid Enterprise Solution |
| MFCU | Medicaid Fraud Control Unit |
| MH | Mental Health |
| MHA | Mississippi Hospital Association |
| MHCC Certified | Mississippi Health Care Commission Certified |
| MID | Mississippi Insurance Department - http://www.mid.state.ms.us/ |
| MississippiCAN | Mississippi Coordinated Access Network |
| MITA | Medicaid Information Technology Architecture (MITA) initiative – According to Centers for Medicare and Medicaid Services (CMS), MITA is a national framework designed to support improved systems development and healthcare management for the Medicaid enterprise. https://www.cms.gov/MedicaidInfoTechArch/ |
| MITA SS-A | Medicaid Information Technology Architecture State Self-Assessment |
| MMA | Medicare Modernization Act. Actually the Medicare Prescription Drug Improvement and Modernization Act of 2003, which is legislation that provides seniors and individuals with disabilities with a prescription drug benefit, more choices, and better benefits under Medicare. |
| MMIRS | Mississippi Medicaid Management Information Retrieval System |
| MMIS | Medicaid Management Information System |

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| MOU | Memorandum of Understanding. A document describing a bilateral or multilateral agreement between parties. |
| MPI | Master Patient Index references all patients relating to an area or organization and acting as a source of patient/service user demographic data for other linked services and systems. |
| MPIP | Mississippi Provider Incentive Program |
| MR | Mentally Retarded |
| MS | Mississippi |
| MS CAN | MississippiCAN Program |
| MS SLR | Mississippi State Level Registry |
| MSCHIE | Mississippi Coastal Health Information Exchange, the predecessor HIE to MS-HIN. |
| MSDH | Mississippi State Department of Health - http://www.msdh.state.ms.us/ |
| MS-HIN | State of Mississippi Health Information Network, the State Health Information Exchange |
| MSIS | Medicaid Statistical Information System. Commonly referred to as the automated submission of the CMS-2082 data to CMS. |
| MU | Meaningful Use - https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp |
| MYPAC | Mississippi Youth Programs Around the Clock. A Demonstration Waiver. |
| NAAC | Net Average Allowable Costs |
| NCCI | National Correct Coding Initiative |
| NCOA | National Change of Address. A U.S. Postal Service file used to verify beneficiary addresses. |
| NCPDP | National Council for Prescription Drug Programs. NCPDP creates and promotes the transfer of data related to medications, supplies, and services within the healthcare system through the development of standards and industry guidance. |
| NDC | National Drug Code. A universal product identifier used in the United States for drugs intended for human use. The Drug Listing Act of 1972 requires registered drug establishments to provide the Food and Drug Administration (FDA) with a current list of all drugs manufactured, prepared, propagated, compounded, or processed by it for commercial distribution. Drug products are identified and reported using the NDC. |
| NDM | Network Data Mover |
| NET | Non-Emergency Transportation. Transportation to take beneficiaries to services covered by Medicaid, such as doctor visits or dialysis, if the beneficiaries have no other means of transportation. |

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| NF | Nursing Facility |
| NHIN | Nationwide Health Information Exchange http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__nationwide_health_information_network/1142 |
| NIST | National Institute of Standards and Technology. Founded in 1901, NIST is a non-regulatory Federal agency, within the U.S. Department of Commerce, that develops and promotes measurement, standards, and technology. |
| NLR | CMS National Level Repository |
| NPI | National Provider Identifier. A HIPAA mandated, unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). |
| NPES | National Plan & Provider Enumeration System. The entity developed by CMS to assign the standard unique identifiers for health care providers (NPI) and health plans (not yet adopted). |
| NSC | National Suppliers Clearinghouse |
| NTIA | National Telecommunications and Information Administration |
| NUBC | National Uniform Billing Committee. The NUBC includes the participation of all the major national provider and payer organizations. The NUBC was formed to develop a single billing form and standard data set that could be used nationwide by institutional (hospital) providers and payers for handling a health care claim. The NUBC develops and maintains the paper billing form, currently the UB-04. |
| NUCC | National Uniform Claim Committee. The NUCC is a voluntary organization created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers. The NUCC develops and maintains the paper billing form, currently the CMS-1500 08/05 Version, and maintains the Health Care Provider Taxonomy Code Set. |
| OAT | Office for the Advancement of Telehealth |
| OBRA | Omnibus Budget Reconciliation Act. Multiple OBRA's from various years that cover different legislation. |
| OCR | Optical Character Recognition |
| ODBC | Open Database Connectivity |
| ODMA | Open Document Management Architecture |
| OIG | Office of Inspector General |
| OMR | Optical Mark Recognition |
| ONC | Office of the National Coordinator of Health Information Technology – Office under the U.S. |

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| | Department of Health and Human Services established as part of the HITECH Act of 2009 to support the adoption of health information technology to improve healthcare - http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204 |
| ONC-ATCBs | Authorized Testing and Certification Bodies by the Office of the National Coordinator |
| ORT | Operational Readiness Testing |
| OT | Occupational Therapy |
| OTC | Over the Counter |
| P&L | Profit and Loss (statement) |
| P4P | Pay for Performance |
| PA | Prior Authorization. Approval given in advance by the Medical Assistance program to a provider for a service to a beneficiary. |
| PaaS | Platform as a Service |
| PAPD | Planning Advanced Planning Document |
| PAS | Pre-Admission Screening (Application) |
| PBM | Pharmacy Benefits Management. Also referred to as Point of Sale (POS), the PBM is designed around the concept of beneficiaries, groups and plans for authorizing and monitoring pharmacy and Durable Medical Equipment (DME) benefits. This system is the source of all information concerning beneficiaries within the Point of Sale (POS) system and their group and plan data. These areas contain demographic, pricing and fee information for each beneficiary. |
| PCCM | Primary Care Case Management / Manager |
| PCP | Primary Care Provider (can also mean Primary Care Physician) |
| PCS | Procedure Coding System |
| PDCS | Prescription Drug Card System |
| PDF | Portable Document Format. A file format developed by Adobe Systems. PDF captures formatting information from a variety of desktop publishing applications, making it possible to send formatted documents and have them appear on the recipient's monitor or printer as they were intended. |
| PDL | Preferred Drug List |
| PECOS | Provider Enrollment, Chain and Ownership System |
| PERM | Payment Error Rate Measurement |
| PERS | Public Employees Retirement System. System that is used to verify resources as part of the MEQC process. |

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| PERT | Project Evaluation & Review Technique. A model for project management designed to analyze and represent the tasks involved in completing a given project. |
| PHI | Protected Health Information |
| PHR | Personal Health Record |
| PHRM | Perinatal High Risk Management. Medicaid Special Services Program operated by the DOM Bureau of Maternal and Child Health. |
| PHRM/ISS | Perinatal High Risk Management/Infant Services System |
| PHSA | Public Health Service Act |
| PI | Program Integrity. A MITA Business Area and a Bureau at the DOM. |
| PLAD | Poverty Level Aged or Disabled |
| PM | Program Management. A MITA Business Area. |
| PMBOK | Project Management Body of Knowledge® |
| PMF | Provider Master File |
| PMI | Project Management Institute, Inc. |
| PMO | Project Management Office |
| PMP | Project Management Professional |
| PMPM | Per Member (beneficiary) Per Month |
| POA | Present on Admission |
| POC | Plan of Care |
| POS | Point of Service / Sale. Part of the pharmacy claims processing system. |
| POS/EVS | Point of Sale/Eligibility Verification System |
| PPACA | Patient Protection and Affordable Care Act |
| PPMP | Physician Performed Microscopy Procedures |
| PPS | Prospective Payment System Hospital |
| PQAS | Prior Quarter Adjustment Statement |
| PQRI | Physician Quality Reporting Initiative, a voluntary program that provides a financial incentive to physicians and other eligible professionals who successfully report quality data related to services provided under the Medicare Physician Fee Schedule (MPFS). |

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| PR | Provider Management |
| ProDUR | Prospective Drug Utilization Review. A review of a patient's drug regimen before a prescription is filled. |
| PRTF | Psychiatric Residential Treatment Facilities |
| PS&R | Provider Statistical and Reimbursement. The PS&R System is a key tool for institutional healthcare providers, Fiscal Intermediaries, Medicare Administrative Contractors and CMS. The system accumulates statistical and reimbursement data applicable to the processed and finalized Medicare Part A claims. |
| PSCPR | Personal Services Contract Procurement Regulations |
| PSCRB | Personal Service Contract Review Board. The Personal Service Contract Procurement Regulations promulgated by the Personal Services Contract Review Board govern this procurement. |
| PT | Physical Therapy |
| PWP | Project Work Plan |
| QA | Quality Assurance |
| QAU | Quality Assurance Unit |
| QI-1 | Qualified Individual 1. A Medicare Savings Program (MSP) for low- income people who get Medicare and can qualify for help in paying the premiums, deductibles, and cost-sharing in the Medicare program. Qualifying for this help depends on income and resources. |
| QIO | Quality Improvement Organization |
| QMB | Qualified Medicare Beneficiary. An eligible beneficiary whose income is under 100 percent of the FPL. |
| QMP | Quality Management Plan |
| QRDA | Quality Reporting Document Architecture, the emerging quality reporting architecture, based upon the HL7 CDA document |
| RA | Remittance Advice. A document which accompanies a reimbursement check to a provider. It indicates the reason for pending, denial, and/or payment reductions from billed charges. |
| RAC | Recovery Audit Contractor |
| RBAC | Role-based access control |
| RBRVS | Resource Based Relative Value Scale (Medicare) |
| RDBMS | Relational Database Management System. A rules-based and table driven architecture with the interfacing subsystems, including claims processing, so they will function as one system on |

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| | multiple physical platforms. |
| REC | Regional Extension Center |
| REOMB | Recipient (Beneficiary) Explanation of Medical Benefits |
| RetroDUR | Retrospective Drug Utilization Review. A review of a patient's drug regimen designed to identify patients at risk for drug induced illness and/or interactions. |
| RFP | Request for Proposal |
| RHC | Rural Health Clinic |
| RHIO | Regional Health Information Organization |
| RHIT | Registered Health Information Technician |
| RI | Registry Interface |
| RIM | Reference Information Model |
| RO | Regional Office. Medicaid Regional Offices across Mississippi collect and process the health benefit applications, submit daily updates with Medicaid Income, etc. |
| ROSI | Reconciliation of State invoice |
| RSD | Requirements Specification Document |
| RSNA | Radiological Society of North America |
| RTM | Requirements Traceability Matrix |
| RUG | Resource Utilization Groups |
| RVUs | Relative Value Units |
| SaaS | Software as a Service – Is a business model for software delivery in which software is hosted in the cloud and accessed by users through a client |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SANS | SysAdmin, Audit, Network, Security. SANS is the most trusted and, by far, the largest source for information security training and certification in the world. |
| SAS 70 | Statement on Auditing Standards No. 70. Defines the standards an auditor must employ in order to assess the contracted internal controls of a service organization. |
| SCHIP | State Children's Health Insurance Program |
| SDLC | System Development Life Cycle |

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| SDX | State Data Exchange. A file created by the Social Security Administration that contains all beneficiaries who are eligible individual for SSI, and other data pertinent to the eligible, including termination dates and changes to information on the record. |
| SEA | Sybase Enterprise Application |
| SFTP | Secure File Transfer Protocol |
| SLA | Service Level Agreement |
| SLMB | Specified Low-Income Medicare Beneficiaries. Beneficiaries who are eligible only for payment of their Medicare Part B premiums and whose income does not exceed 120 percent of FPL. |
| SLR | State Level Repository |
| SM | System Modification |
| SMART PA | Pharmacy Prior Authorization Handled by Xerox software component |
| SME | Subject Matter Expert. An individual with specialized knowledge on programs managed by the MMIS/PBM/DSS. |
| SMHP | State Medicaid Health Information Technology Plan |
| SMM | State Medicaid Manual |
| SNAP | Supplemental Nutrition Assistance Program |
| SNF | Skilled Nursing Facility |
| SNIP | Strategic National Implementation Process |
| SNV | Skilled Nursing Visit |
| SOA | Service Oriented Architecture. An application architecture in which all functions or services are defined using a description language and have invocable interfaces that are called to perform business processes. Each interaction is independent of each and every other interaction and the interconnect protocols of the communicating devices (i.e., the infrastructure components that determine the communication system do not affect the interfaces). Because interfaces are platform-independent, a client from any device using any operating system in any language can use the service. |
| SOAP | Simple Object Access Protocol |
| SOP | Strategic and Operational Plan |
| SOU | Statement of Understanding |
| SPMP | Software Project Management Plan |
| SPSS | Statistical Package for Social Services |

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| SQL | Structured Query Language. Used for the definition, organization, and retrieval of data in a database management system (DBMS), including the tools for transaction, management, data integrity, and data administration. |
| SSA | Social Security Administration. The Federal agency that determines eligibility for SSI beneficiaries. |
| SS-A | State Self-Assessment (MITA) |
| SSI | Supplemental Security Income. A Federal needs-based, financial assistance program administered by the Social Security Administration. This program replaced previous State administered programs for aged, blind and disabled recipients (except in Guam, Puerto Rico, and the Virgin Islands). |
| SSL | Secure Sockets Layer – Is a cryptographic protocol that enables secure communication over the internet |
| SSN | Social Security Number |
| ST | Speech Therapy |
| SUR | Surveillance and Utilization Review |
| SURS | Surveillance and Utilization Review System |
| SVES | State Verification Exchange System. SVES updates MEDS to the Beneficiary File. All State Divisions performing activities related to eligibility have access to the SVES file. |
| TANF | Temporary Assistance for Needy Families |
| TBI | Traumatic Brain injury |
| T-Bill | Treasury Bill |
| TCM | Targeted Case Management |
| TCN | Transaction Control Number. A unique ten digit number including year, Julian date of receipt, media code, sequence, and line item assigned by the Contractor to all financial transactions except original claims for control purposes. See also ICN. |
| TCP/IP | Transmission Control Protocol and Internet Protocol. TCP is one of the main protocols in TCP/IP networks. Whereas the IP protocol deals only with packets, TCP enables two hosts to establish a connection and exchange streams of data. TCP guarantees delivery of data and also guarantees that packets will be delivered in the same order in which they were sent. Commonly known together as the Internet Protocol Suite. |
| TCS | Transactions and Code Sets. HIPAA regulations. |
| TDD | Telecommunications Device for the Deaf. An electronic device for text communication via a telephone line, used when one or more of the parties has hearing or speech difficulties. Other names for TDD include TTY (telephone typewriter or teletypewriter, although TTY is also a term |

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| | used for teletypes in general). |
| TIFF | Tagged Image File Format. Tagged Image File Format, one of the most widely supported file formats for storing bit-mapped images on personal computers (both PCs and Macintosh computers). Other popular formats are BMP and PCX. |
| TIN | Tax Identification Number |
| TPL | Third Party Liability. A situation in which an individual, institution, corporation, or public or private agency, other than the beneficiary or Medicaid Program, is liable to pay all or part of the medical costs of injury, disease or disability for a Medicaid beneficiary. |
| TPR | Third Party Recovery. MS DOM Bureau responsible for reviewing TPL claims. |
| TTD | See TDD and TTY. |
| TTY | Teletypewriter or Teletype, a typewriter with an electronic communication channel. More specifically, an alternative name for a telecommunications device for the deaf (TDD). |
| UAT | User Acceptance Testing |
| UDDI | Universal Description, Discovery and Integration |
| UM/QIO | Utilization Management and Quality Improvement Organization (formerly known as Peer Review Organization (PRO)). |
| UML | Unified Modeling Language |
| UMMC | University of Mississippi Medical Center |
| UPS | Uninterruptible Power Source |
| URA | Unit Rebate Amounts |
| VA | Veteran's Affairs - http://www.va.gov/ |
| VLER | Virtual Lifetime Electronic Record |
| VPN | Virtual Private Network. A network that is constructed by using public wires to connect nodes. For example, there are a number of systems that enable you to create networks using the Internet as the medium for transporting data. These systems use encryption and other security mechanisms to ensure that only authorized users can access the network and that the data cannot be intercepted. |
| WAN | Wide Area Network |
| WBS | Work Breakdown Structure |
| WD | Working Disabled. Medical Assistance Only beneficiaries whose income is below 250% of FPL |
| WEDI | Workgroup for Electronic Data Interchange |

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| WHO | World Health Organization |
| WM | Work Flow Management |
| WS | Web Services |
| WSDL | Web Services Description Language (WSDL, pronounced 'wiz-dəl' or spelled out, 'W-S-D-L') is an XML-based language that provides a model for describing Web Services. |
| WS-I | Web Services Interoperability |
| XMI | XML Metadata Interchange |
| XML | Extensible Markup Language. A specification developed by the W3C. XML is a pared-down version of SGML, designed especially for Web documents. It allows designers to create their own customized tags, enabling the definition, transmission, validation, and interpretation of data between applications and between organizations. |
| XSD | XML Schema Definition |