GLOSSARY OF TERMS

Term	Description
Ad Hoc	On-request or specially requested; not scheduled. Refers to one-time, special requests.
Adjudicate	Determination of whether a claim, claim adjustment, or void claim is to be paid or disallowed by the MMIS.
Adjudicated Claim	A claim that has moved from pending status to final disposition, either paid or denied.
Adjustment	A transaction that changes any information (e.g., the payment amount, units of services) on a claim which has been adjudicated.
Agency	Any department, commission, council, board, office, bureau, committee, institution, agency, government, corporation, or other establishment of the executive branch of this State authorized to participate in any contract resulting from this solicitation.
Aggregate	Summarized data. For example, unit sales of a particular product could be aggregated by day, month, quarter, and year.
Aggregation	The process of consolidating data values into a single value.
Agile/Scrum Development Method	Agile software development is a conceptual framework for software engineering that promotes development iterations throughout the life- cycle of the project. Scrum is one process for implementing Agile, where features are delivered in 30 day sprints.
Aid Category	The designation in which a person is eligible for medical and health care under Medicaid.
Allowable Service	A benefit authorized by the DOM and rendered to an eligible beneficiary by an eligible provider.
Allowed Amount	The amount payable or covered by the Medicaid Program.
Allscripts	Vendor providing ePrescribing via the eScript solution with support for drug interactions and contraindications
Appeals	The administrative process through which the beneficiaries or providers can appeal adverse decisions in respect to eligibility, coverage or payment.
Beneficiary	An individual eligible for medical assistance in accordance with a State's Medicaid Program and who has been certified as eligible by the appropriate agency and has received services. This term is used interchangeably with recipient.

Benefits	The process whereby a State pays for medical services rendered to Medicaid-eligible beneficiaries.
Bidder	The corporation, partnership, or joint venture (including any and all subcontractors proposed thereby) that submits a timely, complete, and correctly formatted technical and business proposal in response to this RFP.
Bill	As refers to a bill for medical services, the submitted claim document may contain one or more services performed.
Billing Manual	Document created by the DOM to guide providers in creating claims for Medicaid beneficiaries.
Billing Provider	The provider who is submitting the claim. Can be a different provider from the servicing or rendering provider.
Business Area	An organizational structure of major business processes with common functionality, such as Provider, Beneficiary, and Claims.
Business Day	Normal working hours of Monday through Friday, beginning at 8:00 a.m. and ending at 5:00 p.m. Central Time, except for DOM holidays. Also referred to as Work Day
Business Intelligence	Represents the tools and systems that play a key role in the strategic planning process of a corporation. These systems allow a company to gather, store, access and analyze corporate data to aid in decision-making.
Business Process	A collection of related, structured activities or tasks that produce a specific service or product (serve a particular goal) for a particular customer or customers. Used in MITA to define the activities in the Business Areas.
Business rule	A statement that defines or constrains some aspect of the business. It is intended to assert business structure or to control or influence the behavior of the business.
Buy-In	A procedure whereby the State pays a monthly premium to the Federal government on behalf of eligible medical assistance beneficiaries to enroll them in the Medicare program.
C/Save	A tape created by the Social Security Administration each year containing SSI terminations for the previous three years. It is mandated by the Lynch v. Rank lawsuit, which requires Medicaid agencies to notify those terminated from SSI to apply for Medicaid.
Call Center	A physical location where calls are received, usually in high volume.
Call Center Management System	A centralized system to record, track, and monitor communications with providers, beneficiaries, and other external entities, including toll- free access for providers and beneficiaries.
Capitated Service	Any Medicaid-covered service for which the contractor receives capitation payment.

Capitation	A contractual arrangement through which a health plan or other entity agrees to provide specified health care services to enrollees for a specified prospective payment per member (beneficiary), per month. Usually covers all services rendered on behalf of the capitated recipient, although partial capitation may exclude specialty services.
Capitation Rate	The amount paid per member (beneficiary), per month for services provided at risk.
Case Management	A health care method in which medical, social and other services for a beneficiary are coordinated by one entity.
Case Manager	A person designated as the coordinator of resources for assigned beneficiaries to efficiently and effectively coordinate care.
Case-Mix Reimbursement Project	A project in Mississippi to develop a reimbursement plan for nursing facilities to appropriately compensate for the care required based on the residents' needs.
Categorically Needy	The term that identifies those aged, blind or disabled individuals or families who meet Medicaid eligibility criteria and who meet the financial limitation requirements for TANF, SSI or optional State financial support.
Certification	A review by CMS of an operational MMIS in response to a State's request for 75 percent FFP to ensure that all legal and operational requirements are met by the system and its components.
Certification Date	An effective date specified in a written approval notice from CMS to the State when 75 percent FFP is authorized for the administrative costs of an MMIS.
Claim	A request for payment filed with the Fiscal Agent, on a form prescribed by DOM and the Fiscal Agent, by a certified Medicaid provider for Medicaid-covered medical and medically related services rendered on behalf of an eligible Medicaid beneficiary.
Claim Detail	Specifies basic data about the claim, such as monetary amount, service location, statement dates, etc. Also pertains to MMIS produced reports displaying details of adjudicated claim history for selected providers and/or beneficiaries, or based on other selection criteria.
Claim Line	A line item of a document or electronic media claim which bills for a specific service(s) for a single beneficiary from a single provider.
Claim Type	The classification of a claim by origin or type of service provided to a beneficiary.
Clawback	Also called "phasedown" - Mandatory State payments to the Federal government to help finance the Medicare Part D benefit for dual eligibles. The size of the state´s "clawback" payment for any given month will depend on 3 factors: 1. A per capita estimate of the amount the state otherwise would have spent on Medicaid prescription drugs for dual eligibles 2. The number of dual eligibles enrolled in a Part D plan. 3. A "takeback" factor set at 90% in 2006, declining to 75% for 2015 and

	later years.
Clean Claim	An error-free claim or an adjustment which was originally received by the Contractor can be processed without obtaining additional information or substantiation from the provider of service or the Division.
CMS-1500	The CMS-1500 form is the standard claim form used by a non- institutional provider or supplier to bill Medicare carriers and durable medical equipment regional carriers (DMERCs) when a provider qualifies for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. It is also used for billing of some Medicaid State Agencies. The claim form used by the DOM to file for services performed by most practitioners.
CMS-2082	The CMS-(formerly HCFA-)2082 is an annual hard-copy report designed to collect State-reported statistical summary data on eligibles, recipients, services, and expenditures during a Federal fiscal year (i.e., October l through September 30). States summarize and report the data processed through their own Medicaid claims processing and payment operations, unless they opt to participate in the Medicaid Statistical Information System (MSIS) project.
Coinsurance	An arrangement by which an insurance plan, Medicare, Medicaid or other third party share the cost of medical expenses.
Confidentiality	Has been defined by the International Organization for Standardization (ISO) in ISO-17799 as "ensuring that information is accessible only to those authorized to have access" and is one of the cornerstones of information security. All reports, files, information, data, tapes and other documents provided to and prepared, developed, or assembled by the Contractor shall be kept confidential in accordance with Federal and State laws, rules and regulations and shall not be made available to any individual or organization by the Contractor without prior written approval of the DOM.
CONNECT NHIN Gateway	Open Source Implementation of NHIN Exchange http://www.connectopensource.org/
Contract	The written, signed agreement resulting from this RFP for operation of the MES.
Contract Administrator	State-employed staff person designated to coordinate and monitor the activities of the contract and to resolve questions and perform other functions, as necessary, to ensure the contract is appropriately administered.
Contract Amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract; it shall include bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Contractor	Any entity that enters into a contract with DOM to provide the services or manage the delivery of services outlined in this RFP.

CORE Phase II Certified	Certification for HIPAA EDI Transaction Types http://www.caqh.org/CORE_phase2.php
Corrective Action Plan	Has the meaning set forth in the Statement of Work in this RFP
Cost Avoidance	A term describing procedures or systems of ensuring that the beneficiary's known other non-Medicaid health insurance resources were pursued prior to payment by Medicaid. MMIS typically has edits that deny or pend a claim, unless there is evidence that the claim had already been submitted to these entities.
Cost Settlement	An auditing process by which interim claims payments to cost based providers are adjusted yearly to reflect actual costs incurred.
Covered Services	Services and supplies for which Medicaid will reimburse the provider.
Credit	A health care claim transaction which has the effect of reversing a previously processed claim that has a corresponding original claim transaction.
Crossover Claim	A claim for services rendered to a beneficiary eligible for benefits under both Medicaid and Medicare programs. Medicare benefits must be processed prior to Medicaid benefits, so these claims are initially adjudicated by the Medicare intermediary or carrier.
Customer Service Representative	A general term for someone who handles telephone calls in a call or contact center.
Cutover	The date on which the successful bidder begins full and complete operation of the MMIS.
Dashboard	Dashboard is a term now being used generally to refer to a web-based technology page on which real time information is collated from various sources in the business. The metaphor of dashboard is adopted here to emphasize the nature of the data being displayed on the page; it is a real-time analysis as to how a business is operating, just like on an automobile dashboard real time information is displayed about the performance of that vehicle.
Dashboards	Demonstrates support for standard summarized data to be accessed by Agency Executives.
Data Cube	Also Cube, Hypercube, Multi-dimensional Array, Multi-dimensional Database. A multi-dimensional data structure, a group of data cells arranged by the dimensions of the data.
Data Element	A specific unit of information having a unique meaning.
Data Mart	A database, or collection of databases, designed to help managers make strategic decisions about their business. Whereas a data warehouse combines databases across an entire enterprise, data marts are usually smaller and focus on a particular subject or department. Some data marts, called dependent data marts, are subsets of larger data warehouses.

Data Mart or cubes	Collects and summarizes data for specific user communities/such as program analysis staff, research group, and financial management group
Data mining	A class of database applications that looks for hidden patterns in a group of data that can be used to predict future behavior. For example, data mining software can help retail companies find customers with common interests. The term is commonly misused to describe software that presents data in new ways. True data mining software doesn't just change the presentation, but actually discovers previously unknown relationships among the data.
Data quality	The degree of excellence of data. Factors contributing to data quality include: • Data are stored according to their data types • Data are consistent • Data are not redundant • Data correspond to established domains • Data are well understood • Data satisfy the needs of the organization • Data are valid • Derived data are valid • Data are complete
Deductible	The amount of expense a beneficiary must pay before Medicare or another third party begins payment for covered services.
Deliverable	A product of a task milestone or MES requirement.
Denied Claim	A claim for which no payment is made to the provider because the claim is for non-covered services, an ineligible provider or beneficiary, or is a duplicate of another transaction. A denied claim cannot be resubmitted, except in cases of an error by the Fiscal Agent in denying the claim for payment.
Dental Claim	A claim filed for payment of dental services. A claim is filed: (1) for dental screening for children, (2) for one or more services given on a single day, or (3) upon completion of service for a condition. The claim is filed on the American Dental Association claim form or HIPAA- compliant electronic claim format.
Dental Services	Dental services for adults are limited to emergency dental care to relieve pain and/or infection. Through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, children are eligible for dental screening services and services to treat dental defects found during the screening.
Deputy Administrator	The principal assistants responsible to the Executive Director of DOM for the administration of the program as it relates to their specific areas of responsibility.
Derived data	A new data element that is created from or composed of other data elements.
Diagnosis Code	The coding structure for all diagnosed medical conditions covered by Medicaid for claims payment.

Disallow	To determine that a billed service(s) is not covered by Medicaid and will not be paid.
Disaster Recovery Plan	Plan developed and maintained by the Contractor for an orderly shutdown of operations, along with detailed plans for resumption of operation.
Dispensing Fee	The dollar amount paid to a dispenser of drugs as compensation for his professional services.
Disproportionate Share Hospital	A hospital that has a specified Medicaid utilization rate, as compared to the statewide average, or has a low income utilization rate of 25 percent or more and provides OB services.
DOM MAC	Ensures appropriate drug pricing system (including data items) is in place/Maximum allowable cost
DOM-317	Forms presently used to report Nursing Home residence and Medicaid income changes for beneficiaries in the Medical Assistance Only (MAO) system to providers and the Fiscal Agent.
Domain	A group of computers and devices on a network that are administered as a unit with common rules and procedures. Within the Internet, domains are defined by the IP address. All devices sharing a common part of the IP address are said to be in the same domain. In database technology, domain refers to the description of an attribute's allowed values. The physical description is a set of values the attribute can have, and the semantic, or logical, description is the meaning of the attribute.
Drug Formulary	A listing of individual drugs, strengths and prices that are covered by the Mississippi Medicaid Program.
Drug Rebate Program	A program mandated by OBRA '90 in which States are eligible to collect rebates from drug manufacturers for drugs paid under Medicaid in exchange for an open formulary.
Dual Eligible	A beneficiary who is eligible for both Medicaid and Medicare.
Duplicate Claim	A claim that is either totally or partially an exact or near duplicate of services previously paid. It is detected by comparison of a new claim to processed claims from history files.
DUR Committee	Administrative control mechanism that is a crucial element in the management of the pharmaceutical component of the Medicaid Program. The committee is composed of physicians and pharmacists.
EA Server	Server enabling existing applications to leverage SOA architectures, J2EE, and CORBA
Eligibility File	A file that contains pertinent data for each Medicaid eligible enrolled in the Medicaid Program.
Eligible Beneficiary	An individual entitled to health care services under the Medicaid Program, as

	established by the DOM.
Eligible Provider	A provider of health care services entitled to payment for rendered authorized services to an eligible beneficiary, as established by the DOM.
Encounter	A claim submitted by a coordinated care provider for the actual provider of service to plan enrollee. These claims go through full adjudication to determine payment, if any, which would have been made if the recipient had not been under the plan.
Encryption	The translation of data into a secret code. Encryption is the most effective way to achieve data security. To read an encrypted file, you must have access to a secret key or password that enables you to decrypt it. Unencrypted data is called plain text; encrypted data is referred to as cipher text.
Enhanced Funding	Refers to the "enhanced" federal financial participation rates available for a State's certified MMIS; 75% for operations and 90% for development.
Enhancement	An augmentation and/or a change to the MMIS. An improvement to the basic system, which either increases functionality or makes the system run more efficiently.
Enrollee	A person who has enrolled in a health care program, such as a managed care health plan or Medicare Part D.
Envision	MS DOM's current MMIS/PBM/DSS/DW system
ePrescribing	Electronic Prescribing is a two-way (electronic) communication between physicians and pharmacies involving new prescriptions, refill authorizations, change requests, cancel prescriptions and prescription fill messages to track patient compliance - https://www.cms.gov/eprescribing/
EPSDT Claim	A claim filed for payment of EPSDT Services. A claim is filed: (1) for screening services; (2) for initiation of case management services; and (3) upon completion of case management services. The claim is filed on the CMS-1500 form.
EPSDT Services	Screening services, case management and continuing care services for children under 21 years of age, which are provided by a Medicaid provider approved as a screener. The services are reimbursed on a fee-for-service basis for private providers and on an encounter rate based on costs for clinic providers.
eScript	State of Mississippi's ePrescribing System
Executive Director of DOM	The person responsible for administering the Medicaid Program in Mississippi.
Federal MAC	Ensures appropriate drug pricing system (including data items) is in place/Maximum allowable cost
Fees	Those fees for all services provided by Contractor to DOM, including those described in the Pricing Schedule
Field	A means of implementing an item of data within a file. It can be in character, date,

	number, or other format and be optional or mandatory.
Financial Cycle	See Payment Cycle.
Firewall	A system designed to prevent unauthorized access to or from a private network. Firewalls can be implemented in both hardware and software, or a combination of both. Firewalls are frequently used to prevent unauthorized Internet users from accessing private networks connected to the Internet, especially intranets. All messages entering or leaving the intranet pass through the firewall, which examines each message and blocks those that do not meet the specified security criteria.
Firm Fixed Price	A single price established by the awarding of this contract that is not subject to change or negotiation over the life of the contract.
Formulary	The list of drugs covered by the Medicaid Program.
GANTT	A type of bar chart that illustrates a project schedule. Gantt charts illustrate the start and finish dates of all tasks and subtasks.
Go-Live	Means the date DOM determines the system or components of system will be implemented into a production environment.
HIPAA Certificates of Creditable Coverage	A document that shows your prior periods of coverage in a health plan that's provided by your group health plan, HMO, or health insurance company. In addition to standard identification information, the certificate will include the dates on which your prior health plan coverage began and ended. There should be information about your HIPAA rights.
HIPAA Privacy Notice	The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices.
History File	A file containing extracts of all past paid claims (or past recipient activity or past provider activity) that can be used for surveillance and trend development.
Home Health Care	Any of the services, therapy, or equipment charges covered by Medicaid when the provider performs these services at the residence of the beneficiary.
Home Health Claim	A claim filed for payment of Home Health Services. A claim is filed: (1) for one or more services given on the same date; (2) upon completion of services for a treatment period; or (3) at the end of a calendar month. The claim is filed on a UB-04 claim form.
Home Health Services	These are provided in a home setting by a licensed home health agency that participates in the Medicaid Program. Services include nurse visits, physical therapy, supplies, equipment, etc. Reimbursement for covered services is based on reasonable cost as determined by cost reports and applicable costs of supplies and equipment.

ICF/MR Claim	A claim filed for payment of ICF/MR Services. A claim may be filed: (1) at the end of a calendar month, or (2) for the total period of confinement, if less than one month. The claim is filed on a UB-04 form.
ICF/MR Services	Services provided in a licensed ICF/MR facility that participates in the Medicaid Program. The level of care is less than that received in a SNF. The per diem reimbursement is determined by cost report data.
Index	(n.) In database design, a list of keys (or keywords), each of which identifies a unique record. Indices make it faster to find specific records and to sort records by the index field -- that is, the field used to identify each record. (v.) To create an index for a database, or to find records using an index.
Inpatient Care	Care provided to a patient while institutionalized in an acute care facility.
Inpatient Hospital Claim	A claim filed for payment of Inpatient Hospital Services. A Claim may be filed: (1) for the total period of hospitalization, or (2) at some point during the hospitalization. The claim is filed on a UB-04 form.
Inpatient Hospital Services	Services provided in a licensed hospital that participates in the Medicaid Program.
Institution	An organization which provides medical services for persons confined within its structure (e.g., hospital, nursing home, etc.).
Institutional Care	Medical care provided in a hospital or nursing home setting.
Interoperability	The ability of two or more systems or components to exchange information and to use the information that has been exchanged. (IEEE Standard Glossary of Software Engineering Terminology, IEEE Std 610.12-1990 (R2002))
IP address	An identifier for a computer or device on a TCP/IP network. Networks using the TCP/IP protocol route messages based on the IP address of the destination. The format of an IP address is a 32-bit numeric address written as four numbers separated by periods. Each number can be zero to 255. For example, 1.160.10.240 could be an IP address.
IPSec	Internet Protocol Security. A protocol suite for securing Internet Protocol (IP) communications by authenticating and encrypting each IP packet of a data stream.
Key	In database management systems, a key is a field that you use to sort data. It can also be called a key field, sort key, index, or key word. For example, if you sort records by age, then the age field is a key. Most database management systems allow you to have more than one key so that you can sort records in different ways. One of the keys is designated the primary key, and must hold a unique value for each record. A key field that identifies records in a different table is called a foreign key.
Key Date	A specified date which, if not met, may jeopardize the operations start date.

Law	Refers to constitutional provisions, statutes, common law, case law, administrative rules, regulations, and ordinances of the United States of America and the State of Mississippi.
lien	Provides the ability to report on property records data marts or cubes
Lock-In	A beneficiary who has been identified as abusing the Medicaid program may be restricted, or "locked-in," to a specified physician and/or pharmacy. The beneficiaries' eligibility record will indicate that the beneficiary is restricted. Only claims from the specified providers shall be paid, except as otherwise authorized by Medicaid.
Managed Care	A term denoting management of beneficiary care by a provider or case manager to encourage maximum therapeutic efficacy and efficiency through service planning and coordination. Also used in reference to prepaid, capitated health systems.
Manual Check	A check issued by the State which is not generated by the system during a financial cycle.
Manual Pricing	Pricing a claim "by hand". Usually performed due to the special nature of the service (e.g., no code exists, no allowed amount exists for a covered benefit, etc.)
Medicaid	The Title XIX Medical Assistance Program of the Social Security Act intended to provide Federal and State financial assistance for health and medical care of eligible persons.
Medicaid Income	The patient's liability income amount that must be contributed toward the cost of nursing home care by each resident.
Medicaid Regional Office	Offices located across the State that are designated locations to enroll MAO beneficiaries in the Medicaid Program.
Medical Review	Pre-payment review to assure accurate payment for procedures and/or diagnosis that require review by medical professionals.
Medically Needy	Those individuals whose income and resources equal or exceed those levels of assistance established under a State or Federal Plan but are insufficient to meet their costs of health and medical services.
Medicare	The Federal medical assistance program that is described in the Title XVIII of the Social Security Act.
Medicare Crossover Claim	See Crossover Claim.
Metadata	Data about data. Metadata describes how and when and by whom a particular set of data was collected, and how the data is formatted. Metadata is essential for understanding information stored in data warehouses and has become increasingly important in XML-based Web applications.
Milestone	Completion of a task or a set of many tasks.
NHIN Exchange Gateway	An implementation of NHIN Exchange Specifications and Profiles

Normalization	In relational database design, the process of organizing data to minimize redundancy. Normalization usually involves dividing a database into two or more tables and defining relationships between the tables. The objective is to isolate data so that additions, deletions, and modifications of a field can be made in just one table and then propagated through the rest of the database via the defined relationships.
Nursing Facility Services	Services provided in a licensed facility that participates in the Medicaid program.
Offeror	See Bidder.
Online	Use of a computer workstation with visual display to immediately access computer files.
Operations Phase	The period of the contract that pertains to the day-to-day maintenance and operations of the MMIS and other functions, as required.
Outpatient Care	Care provided to a patient in a non-institutionalized setting, such as a hospital outpatient clinic, emergency room or community health clinic.
Outpatient Hospital Claim	A claim filed for payment of Outpatient Hospital Services. A claim is filed: (1) for one or more services given on the same date; (2) upon completion of services for a treatment period; or (3) at the end of a calendar month. The claim is filed on a UB-04 form.
Outpatient Hospital Services	Services provided in a hospital emergency room or outpatient facility by a licensed hospital participating in the Medicaid program.
P&T Committee	Pharmacy & Therapeutics Committee. Committee, appointed by the Governor, which conducts in depth evaluations of selected drug therapies for the DOM.
Paid Claim	A claim that has resulted in the provider being reimbursed for some dollar amount. The amount may be less than the amount which the provider billed DOM.
Parallel Testing	Testing based upon comparison of old and new system results. Requires a period of parallel operation where both systems operate and use the same data.
Part D	Prescription drug program under the Federal Medicare Modernization Act (MMA).
Patient Liability	Monthly income, of a beneficiary in a long-term care or inpatient setting for more than 30 days, which must be applied to cost of care before Medicaid payment is made.
Pay and Chase	A term denoting the practice of paying a claim on behalf of a beneficiary with third party resources and then recovering from the responsible parties. This is done when the third party resources are not known at the time of payment. Pay and Chase is most common with recovery claims involving casualty cases.
Payment Cycle	The processing of claims from adjudication to payment. A payment cycle includes

	the updating of financial history and the preparation of provider payments and remittance advices.
Peer Review	An activity performed by a group or groups of practitioners or other providers by which the practices of their peers are reviewed for conformance to generally accepted standards.
Pending Claim	A claim that is in the process of adjudication.
Pharmacy Claim	A Claim for pharmacy services.
Pharmacy Services	The dispensing of drugs listed on the Medicaid Formulary.
Physician Claim	A claim filed for payment of Physician Services. A claim is filed: (1) for one or more services given on the same date, or (2) upon completion of services for a treatment. The claim is filed on a CMS-1500 form.
Physician Services	Services provided by a licensed physician. Services include physician visits, laboratory and X-ray services, family planning, etc.
Plan	A subset of beneficiaries in a program eligible to receive a specific subset of medical services.
Postpayment Review	Process to review specific beneficiaries, providers, procedure codes, or provider types, as determined by the DOM, after payment.
Predictive modeling	Predictive modeling is the process by which a model is created or chosen to try to best predict the probability of an outcome. In many cases, the model is chosen on the basis of detection theory to try to guess the probability of a signal given a set amount of input data, for example given an email determining how likely that it is spam.
Prepayment Review	Process to suspend and review specific beneficiaries, providers, procedure codes, or provider types, as determined by the DOM, prior to payment.
Primary Contractor	The vendor with whom the DOM will contract for the services outlined in this RFP.
Primary key	See Key.
Procedure Code	The coding structure for all medical procedures covered by Medicaid. (See HCPCS).
Processed Claim	A claim that has been adjudicated.
Production	Describes the setting in which software and other products are put into operation for their intended uses by end users. A production environment is considered a real-time setting where programs are actively running and hardware setups are installed and operational for daily operations.
Profile	An outline of the most outstanding characteristics of a provider practice in rendering health care services or of beneficiary usage in receiving health care

	services.
Program	A group of beneficiaries eligible to receive medical services paid by State and/or Federal funds by virtue of the beneficiaries' demographic or other characteristics.
Provider	A person, organization, or institution certified to provide health or medical care services.
Query	(n.) A request for information from a database. (v.) To make a request for information from a database.
Queue	A queue is the holding point for a number of calls or interactions that are waiting to be answered by an agent.
Real-time	Occurring immediately. The term is used to describe a number of different computer features. For example, real-time operating systems are systems that respond to input immediately. They are used for such tasks as navigation, in which the computer must react to a steady flow of new information without interruption. Most general-purpose operating systems are not real-time because they can take a few seconds, or even minutes, to react.
Recipient	An individual eligible for medical assistance in accordance with a state's Medicaid Program and who has been certified as eligible by the appropriate agency and has received services. This term is used interchangeably with beneficiary for the purposes of this RFP.
Referential integrity	A feature provided by relational database management systems (RDBMSs) that prevents users or applications from entering inconsistent data. Most RDBMSs have various referential integrity rules that you can apply when you create a relationship between two tables.
Refund	A repayment made by a provider, usually needed because of an error in billing, receipt of a late insurance payment or a duplicate payment which resulted in an overpayment by Medicaid for services rendered.
Reimbursement Rate	An amount calculated for the reimbursement of providers, usually based on costs.
Relational database	See RDBMS.
Resource	Any property, stock, bond, or item of value owned by an individual.
Response Time	The time a system or functional unit takes to react to a given input.
Retroactive	Refers to "back dated" coverage or service date in which a person was determined to be eligible for a period prior to the month in which the application was initiated.
Returned Claim	A claim which is returned to the provider prior to entry into the system due to lack of clean claim data or a claim which is returned after deletion.
Router	A device that forwards data packets along networks. A router is connected to at least two networks, commonly two LANs or WANs or a LAN and its ISP's

	network. Routers are located at gateways, the places where two or more networks connect.
Routing	The intelligent determination of what to do next with a given interaction. Routing is not limited to traditional interactions like voice calls and e- mails but can also be utilized to decide what to do with workflow items, scheduling items and any other type of business activity that involves a decision process.
Rural Health Clinic Claim	A claim filed for payment of Rural Health Clinic Services.
Rural Health Clinic Services	Services provided in a rural health clinic that participates in the Medicaid program.
Same Family	The people that are considered to be in the 'same family' include spouse, parents, grandparents, step-parents, step-grandparents, siblings, step-siblings, half-siblings, brother-in-law, sister-in-law, mother-in-law, and father-in-law.
Schema	The structure of a database system, described in a formal language supported by the database management system (DBMS). In a relational database, the schema defines the tables, the fields in each table, and the relationships between fields and tables.
Script	The written words and logic to be followed in the handling of a situation. Used for testing, call centers, etc.
Server	A computer or device on a network that manages network resources. For example, a file server is a computer and storage device dedicated to storing files. Any user on the network can store files on the server. A print server is a computer that manages one or more printers, and a network server is a computer that manages network traffic. A database server is a computer system that processes database queries.
Service	A covered medical benefit under the Medicaid Program performed by a provider for a beneficiary, usually indicated by a service or treatment code.
Service Level Agreement	Performance objectives reached by consensus between the user and the provider of a service (e.g., DOM and the Contractor), or between an outsourcer and an organization. A service level agreement specifies a variety of performance standards.
Service Limitation	A maximum amount of services allowable for a beneficiary for a given time period, such as 12 physician visits per fiscal year.
Single sign-off	Single sign-off is the reverse property of single sign-on, whereby a single action of signing out terminates access to multiple software systems.
Single sign-on	A property of access control of multiple, related, but independent software systems. With this property, a user logs in once and gains access to all systems without being prompted to log in again at each of them.
Single State Agency	The department of a State that is legally authorized and responsible for the statewide administration of the State's plan for medical assistance. In Mississippi,

	this is the Division of Medicaid, Office of the Governor.
Specialty	The specialized area of practice for a physician, such as Pediatrics, Pathology, etc.
Specialty Certification	Certification or approval by a National Professional Academy, Association, or Society, which designates that a provider has demonstrated a given level of training or competence and is a "fellow" or specialist.
Spend-down	A periodic, usually six month, "deductible" amount that must be incurred by medically needy beneficiaries in order to reduce their income to Medicaid eligibility levels through payments to providers.
State	Refers to any State in the United States.
State Plan	The document by which the State outlines to CMS the amount, duration, and scope of Medicaid services to be provided and the reimbursement mechanism utilized in servicing specified groups of eligible.
Subcontractor	Party contracting with the Primary Contractor to perform services for the DOM.
Surveillance	Activities designed to monitor the expenditure of Medicaid funds and services.
Suspended Claim	A claim that is taken from the processing flow for additional information, correction or review.
System	All of the subsystems/modules collectively and referred to as the MMIS.
System Testing	A test of all functions within a subsystem of the MMIS, ensuring that all data and functions are handled correctly. In addition, the functions within the system are then tested to ensure interaction from system to system and outside the MMIS (i.e., BUY-IN, BENDEX, etc.)
Taxonomy	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length, maintained by the NUCC Code Subcommittee. The code set is structured into three distinct "Levels", including Provider Type, Classification, and Area of Specialization. Allows a single provider (individual, group, or institution) to identify their specialty category. Providers may have one or more than one value associated to them.
Title IV-D	Title of the Federal Social Security Act. The Child Support and Establishment of Paternity program refers to state-run child support enforcement programs which are funded through grants to States for the purpose of providing aid and services to needy families with children and for child-welfare services.
Title IV-E	Title of the Federal Social Security Act. The Federal Foster Care Program helps to provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency.
Title XIX	The provisions of the Federal Social Security Act, including any amendments, authorizing the Medicaid Program.

Title XVIII	The provisions of the Federal Social Security Act, including any amendments, authorizing the Medicare Program.
Title XXI	The provisions of the Federal Social Security Act, including any amendments, which established the child health care programs for the uninsured.
Transaction Types (EDI):	276/277/277U -- EDI Healthcare Claim Status Request (276) and EDI Healthcare Claim Status Notification (277) 278 -- EDI Healthcare Service Review Information (278) 820 -- EDI Payroll Deducted and other group Premium Payment for Insurance Products(820) 834 -- EDI Benefit Enrollment and Maintenance Set (834) 835 -- EDI Healthcare Claim Payment/Advice Transaction Set 837 P/D/I -- EDI Healthcare Claim Transaction Set (837), Professional (P), Dental (D), and Institutional (I)
Transition	The system conversion from the Contractor to the State or successor Contractor.
TRICARE	Military Health Benefits
Turnover	The transfer of the MMIS to the State and/or a successor Contractor.
UB-04	The latest version of the uniform hospital billing form approved by the American Hospital Association. This claim form is usually used by hospitals for inpatient, outpatient, and swing-bed services.
User Acceptance Testing	The last phase of MMIS testing prior to final acceptance of the system.
Usual and Customary Charges	Charges made by a provider for a given medical service or procedure.
Utilization Review	The process of monitoring and controlling the quantity and quality of health care services delivered under the Medicaid Program.
View	In database management systems, a view is a particular way of looking at a database. A single database can support numerous different views. Typically, a view arranges the records in some order and makes only certain fields visible. Note that different views do not affect the physical organization of the database.
Waiver	An exception requested of or granted by CMS in response to a request from a State, usually regarding some required aspect of Medicaid regulations in order to implement a new program or system.
Web services	A standardized way of integrating Web-based applications using the XML, SOAP, WSDL and UDDI open standards over an Internet protocol backbone. XML is used to tag the data SOAP is used to transfer the data

	WSDL is used for describing the services available UDDI is used for listing what services are available Used primarily as a means for businesses to communicate with each other and with clients, Web services allow organizations to communicate data without intimate knowledge of each other's IT systems behind the firewall.
Wholesale Income Changes	Mass changes performed by computer program that detail how to process need standards and income increases for the designated group of beneficiaries covered by Medicaid. Wholesale Income Changes include COLA updates to SDX or BENDEX.
WINASAP	Provider claims submission software
Workers' Compensation	A type of third-party coverage for medical services rendered as the result of an on-the-job accident or injury to a recipient for which his employer's insurance company may be obligated under the Workmen's Compensation Act.
Workstation	For purposes of this RFP includes, but is not limited to: laser printers, microcomputers, terminal cabinetry, and site-specific communications devices that shall be installed in the offices for the purpose of providing access to the MMIS database. It shall also include any upgrades to existing LAN equipment and software, including bridges, servers, cables, and printers.