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Medicaid Information Technology System (MITS)**

**Glossary**

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## INTRODUCTION

The following glossary is a combination of listings from a glossary developed by the Ohio Department of Job and Family Services (ODJFS) and the standard EDS Medicaid glossary. This is a living document that will continue to be updated throughout the life of the project.

Terms in the first column are entered either by acronym or spelled out if there is no acronym. All terms and acronyms are shown with the proper capitalization for common usage in the first column. As an example, ‘active treatment’ is not capitalized in common usage but ‘Drug Rebate Program’ is capitalized. Acronyms are spelled out in the Definition column but only capitalized if they are proper nouns. As an example, ADA is rendered as ‘Americans with Disabilities Act’, while ACG—‘ambulatory care groups’ is not capitalized.

Where more than one definition exists for an acronym, the most common usage is given first.

### Numeric Terms

| Term       | Definition  |
|------------|---|
| <b>0-9</b> |   |
| 209-B      | State determines eligibility for the Medicare Buy-in program. |



|             |   |
|-------------|---|
| <b>A</b>    |   |
| <b>A1I1</b> | Application (A) Production Release 1 (1) Iteration (I) Iteration 1 (1)  |
| <b>A1I2</b> | Application (A) Production Release 1 (1) Iteration (I) Iteration 2 (2)  |
| <b>A1I3</b> | Application (A) Production Release 1 (1) Iteration (I) Iteration 3 (3)  |
| <b>A1I4</b> | Application (A) Production Release 1 (1) Iteration (I) Iteration 4 (4)  |
| <b>A2I1</b> | Application (A) Production Release 2 (2) Iteration (I) Iteration 1 (1)  |
| <b>AAA</b>  | Area Agency on Aging<br>Established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans 60 and over in every local community. By providing a range of options that allow older adults to choose the home and community-based services and living arrangements. |
| <b>AAP</b>  | American Academy of Pediatrics<br>An organization of pediatricians and physicians trained to deal with the medical care of infants, children, and adolescents.  |
| <b>ABCD</b> | Assuring Better Child Development<br>Designed to assist states in improving the delivery of early child development services for low-income children and their families.  |
| <b>ABD</b>  | Aged, Blind or Disabled<br>Category of Medicaid assistance as described in division (A) (2) of Section 5111.01 of the Ohio Revised Code.  |
| <b>ABLE</b> | Adult Basic Literacy Education<br>A program that provides quality leadership for the establishment, improvement and expansion of lifelong learning opportunities for adults in their family, community and work roles.  |
| <b>ACD</b>  | automatic call distribution<br>A device or system that distributes incoming calls to a specific group of terminals that agents use.   |
| <b>ACE</b>  | access control entry<br>Describes access rights associated with a particular security identifier (SID). The access control entry is evaluated by the operating system in order to compute the effective access granted to a particular program based on its credentials.                    |
| <b>ACF</b>  | Application Change Form<br>A form requesting a change in policy.  |
| <b>ACG</b>  | ambulatory care groups<br>All types of health services that do not require an overnight hospital stay.  |



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| <b>ACN</b>              | attachment control number<br>Represents a unique identification number for the document associated with an electronic bill transaction. Applies to all pages associated with a multiple page document.  |
| <b>ACR</b>              | Automated Cost Reporting<br>Refers to the software used for cost reporting. Ohio nursing facilities (NFs) and intermediate care facilities for the mentally retarded (ICFs-MR) are required to submit cost reports electronically in accordance with Ohio Administrative Code (OAC) Rule 5101:3-3-20 to facilitate cost reporting by providers.   |
| <b>ACS</b>              | Affiliated Computer Services<br>The pharmacy contractor for the Ohio Medicaid program.  |
| <b>action item</b>      | An action item is typically a unit of work assigned to an individual at a meeting and reviewed at subsequent meetings until the item is closed.   |
| <b>active treatment</b> | A term associated with care in an Intermediate Care Facility for the Mentally Retarded (ICF-MR) and means a continuous treatment program that includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services for individuals with mental retardation and/or other developmental disabilities that is directed toward the acquisition of the behaviors necessary for the individual to function with as much self determination and independence as possible; and the prevention or deceleration of regression or loss of current optimal functional status. Active treatment does not include services to maintain generally independent individuals who are able to function with little supervision or in the absence of a continuous active treatment program. |
| <b>ACTS</b>             | Advanced Case Tracking System<br>Used in case management to oversee and administer the services provided to a consumer.   |
| <b>ad hoc</b>           | Used to refer to a type of non-standard report created for a specific request.  |
| <b>ADA</b>              | 1. Americans with Disabilities Act<br>Enacted in 1990, prohibits discrimination against persons because of their disabilities. The ADA serves as a “comprehensive national mandate for the elimination of discrimination against individuals with disabilities.” (42 U.S.C. 12101(b)(1)) The ADA targets three major areas: Title I addresses discrimination by employers; Title II addresses discrimination by governmental entities; and Title III addresses discrimination in public accommodations operated by private entities.  |



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| <b>ADA</b>               | <p>2. American Dental Association</p> <p>A voluntary association of dentists in the United States which sets standards for the dental profession and advocates on behalf of dentists and patients. There are nine recognized specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, and oral and maxillofacial radiology.</p> |
| <b>ADC</b>               | <p>Aid to Dependent Children</p> <p>Former name for Ohio Works First.</p> <p>See: OWF (Ohio Works First).</p>  |
| <b>ADD</b>               | <p>Assistant Deputy Director</p> <p>Senior staff position in the Ohio Department of Job and Family Services.</p>   |
| <b>ADF</b>               | <p>automated document feeder</p> <p>Allows user to copy documents without lifting the platen. Instead of placing each sheet individually on the glass, the user loads a stack of documents into the feeder and the copier will move each sheet on and off the platen.</p>  |
| <b>adjudicate</b>        | <p>To determine whether all program requirements have been met and whether the claim or encounter data can be paid or denied</p>   |
| <b>adjudicated claim</b> | <p>A claim for which automatic processing has been suspended in order for an adjudication clerk to manually determine if it should be paid or denied. When a claim is denied, the clerk assigns one or more explanation of benefits (EOB) that give details why the claim was denied. After adjudication, the claim is referred to as an adjudicated claim.</p>  |
| <b>adjustment</b>        | <p>A transaction that changes any payment information on a previously paid claim.</p>  |
| <b>ADL</b>               | <p>activities of daily living</p> <p>Things a person normally does in daily living including any daily activity performed for self-care (such as feeding, bathing, dressing, grooming), work, homemaking, and leisure.</p>   |
| <b>ADO</b>               | <p>Active-X Data Objects</p> <p>A set of Component Object Model (COM) objects for accessing data sources developed by Microsoft. It provides a layer between programming languages and OLE DB (a means of accessing data stores, whether they be databases or otherwise, in a uniform manner). ADO allows a developer to write programs that access data without knowing how the database is implemented.</p>  |



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| <b>AG</b>               | 1. assistance group<br>Group of consumers receiving benefits together under a specific category of assistance.  |
| <b>AG</b>               | 2. Attorney General<br>The chief law officer of the State of Ohio.  |
| <b>aged</b>             | An eligibility category for people 65 and older whose income and resources are within Medicaid limitations.   |
| <b>AGO</b>              | Attorney General's Office<br>The division within the executive branch of state government overseen by the Attorney General.   |
| <b>AHFS</b>             | American Hospital Formulary Service (Drug Information)<br>The premier drug information database, providing an evidence-based foundation for safe and effective drug therapy.  |
| <b>AHRQ</b>             | Agency of Healthcare Research and Quality (formerly the Agency for Healthcare Policy and Research)<br>Agency dedicated to improving the quality, safety, efficiency, and effectiveness of health care for all Americans.  |
| <b>AHS</b>              | Automated Health Systems<br>A contractor with ODJFS responsible for Medicaid Consumer Hotline Services and Medicaid Managed Care Enrollment Center Services.  |
| <b>aid category</b>     | An alpha and numeric code identifying the criteria used to determine an individual's eligibility.   |
| <b>AIM</b>              | Advanced Information Medicaid<br>Used in the Oracle Administration Manual, refers to EDS proprietary legacy interChange system.   |
| <b>AIX®</b>             | IBM's distribution of AT&T's System V UNIX.   |
| <b>alert</b>            | The terms alert and notification are used interchangeably to indicate a signal or message sent from one program or person to another to indicate a status change, a need for action, or to pass information. The method for alerting will vary, depending on the business process and the nature of the alert/notification. |
| <b>allowable amount</b> | The amount/portion of a claim that Medicaid will approve for a covered service  |
| <b>ALW</b>              | Assisted Living Waiver<br>A federal program to permit Medicaid to cover assisted living expenses for qualified individuals.   |



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| <b>AMA</b>                        | American Medical Association<br>A voluntary association of physicians in the United States which sets standards for the medical profession and advocates on behalf of physicians and patients.  |
| <b>Amount, Duration and Scope</b> | How a Medicaid benefit is defined and limited in a Medicaid State Plan. Each state defines these parameters, thus what is actually covered varies by state plan.  |
| <b>ANSI</b>                       | American National Standards Institute<br>A private non-profit organization that oversees the development of voluntary consensus standards for products, services, processes, systems, and personnel in the United States. The organization also coordinates U.S. standards with international standards so American products can be used worldwide. |
| <b>AO</b>                         | adjudication order<br>The order in which suspended claims are adjudicated.  |
| <b>AOS</b>                        | Auditor of State<br>Serves as the general accountant of a given State and keeps financial records of various offices and agencies.  |
| <b>AP</b>                         | accounts payable<br>A file or account that contains money that a person or company owes to suppliers, but has not paid yet (a form of debt).  |
| <b>AP-DRG</b>                     | All Patient Diagnosis Related Group<br>An All Patient DRG is an expansion of a basic DRG to be more representative of non-Medicare populations such as pediatric patients.  |
| <b>APD</b>                        | Advanced Planning Document<br>Design, Development, and Implementation (DDI) plans for a Medicaid Information Technology System (MITS).  |
| <b>APG</b>                        | ambulatory patient group<br>A classification system for outpatient services reimbursement developed for the American Medicare service by the Health Care Financing Administration.  |
| <b>API</b>                        | Application Programming Interface<br>A source code interface that an operating system, library, or service provides to support requests made by computer programs.  |
| <b>APR-DRG</b>                    | All Patient Refined Diagnosis Related Group<br>An All Patient Refined DRG incorporates severity of illness subclasses into an all patient DRG. The APR-DRGs expand the basic DRG structure by adding four subclasses to each DRG that address patient differences relating to severity of illness and risk of mortality.                            |



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| <b>AR</b>              | accounts receivable<br>Accounting transactions dealing with the billing of customers who owe money to a person, company or organization for goods and services that have been provided to the customer.   |
| <b>ARNP</b>            | advanced registered nurse practitioner<br>A registered nurse with advanced training and certification.  |
| <b>ASC</b>             | 1. Ambulatory Surgery Center<br>A health care facility that specializes in providing surgery, pain management and certain diagnostic services in an outpatient setting.   |
| <b>ASC</b>             | 2. Accredited Standards Committee<br>Develops electronic data interchange (EDI) standards and related documents for national and global markets.  |
| <b>ASCII</b>           | American Standard Code for Information Interchange<br>A character encoding based on the English alphabet. ASCII codes represent text in computers, communications equipment, and other devices that work with text.   |
| <b>ASP</b>             | Active Server Pages<br>Microsoft's first server-side script engine for dynamically generated Web pages. It was initially marketed as an add-on to Internet Information Services (IIS) via the Windows NT 4.0 Option Pack, but has been included as a free component of Windows Server since the initial release of Windows 2000 Server.   |
| <b>ASPAP</b>           | All Service Plan Approval Process<br>A specified process for approvals. A consumer is assigned a funding range based on the individual service plan. As long as the consumer's service requirements remain within the assigned funding range, the consumer's participation is managed by CareStar. When the consumer requires or requests services that exceed the funding range, BHCS must approve those requests.   |
| <b>ASPEN</b>           | Automated Survey Process Environment<br>A database used for handling nursing home licensing and survey information.   |
| <b>assignment plan</b> | This is a group of covered services (benefits) a consumer must receive from a designated provider or provider organization. Reimbursement of services is on a fee-for-service or capitation basis. Assignment plan examples include consumer assignments to a Long Term Care facility or a Managed Care Organization in order to receive covered services (benefits). The consumer must also be enrolled in a Benefit Plan that covers the service.<br><br>There are several types of assignment plans and each type supports a different model of assignment. In all cases, assignment plans only restrict |



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|                                  | <p>how services are delivered and do not grant coverage. Following are examples of existing assignment plans.</p> <p><b>Level of Care:</b> Use this type of assignment for Long Term Care situations where a consumer may need to be in an institution other than a hospital to receive certain services, such as skilled nursing, intermediate care, or developmentally disabled rehabilitation.</p> <p><b>Lock-in:</b> This is the traditional lock-in assignment model where a consumer must receive benefits from a certain provider. This situation occurs when a utilization review determines a consumer is inappropriately using their medical card and restricts them to assigned lock-in medical providers. Standard assignments for lock-in consumers are a physician and pharmacy and can include a hospital depending on inappropriate use of emergency room or outpatient services.</p> <p><b>Managed Care:</b> This benefit type supports the capitated managed care model, which is any form of health plan that provides health care services to consumers by using a single doctor, case manager, or organization. This model is an attempt to emphasize preventive health care and reduce utilization of unnecessary and high cost care.</p> <p><b>PCCM (Primary Care Case Management):</b> another common managed model where a consumer is assigned a gatekeeper or primary care provider (PCP) who directs the care of the consumer.</p> |
| <b>assignment plan hierarchy</b> | <p>Assignment plan threads are a way to control assignment plan relationships and the order of claim processing at the Assignment Plan level. Assignment plan hierarchy threads are ordered sets of assignment plans that may cover consumers concurrently. As an example, recipient (that is, consumer) enrollment is in a managed care assignment plan and level of care assignment plan, the managed care assignment is first in the hierarchy thread, and the level of care is second. Assignment plans and benefit plans cannot be together in a thread since the two plan types are inherently different, one grants coverage (benefit), and the other restricts coverage (assignment).</p>  |
| <b>audits</b>                    | <p>Formal and official examination of finance-related provider records to verify accuracy and compliance with regulations. Audit exceptions may be resolved through restitution or used as part of an investigation.</p>   |
| <b>ATN</b>                       | <p>application tracking number<br/>This number is auto-assigned by interChange when an application is successfully submitted.</p>  |
| <b>AVRS</b>                      | <p>Automated Voice Response System<br/>Used to supply consumer eligibility information or claims status to providers via telephone.</p>  |



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| <b>AWP</b> | average wholesale price<br>A prescription drug term referring to the average price at which wholesalers sell drugs to physicians, pharmacies, and other customers. |
|------------|--|



| <b>B</b>     |   |
|--------------|---|
| <b>BAU</b>   | business as usual<br>The normal course of an activity, particularly in circumstances that are out of the ordinary.  |
| <b>BCA</b>   | Bureau of Community Access<br>Effective October 1, 2008, BCA responsibilities were incorporated into the Bureau of Community Services Policy (BCSP).<br>See: BCSP (Bureau of Community Services Policy).  |
| <b>.BCCP</b> | Breast and Cervical Cancer Program<br>A federal and state program that helps low-income, uninsured, and medically underserved women gain access to screening programs for early detection of breast and cervical cancers.   |
| <b>BCII</b>  | Bureau of Criminal Identification and Investigation<br>A resource to law-enforcement agencies throughout Ohio. BCII is part of the Ohio Attorney General’s office.  |
| <b>BCM</b>   | Bureau of Clinical Management<br>Effective Oct 1, 2008, this bureau became the Clinical Quality Section in the OHP Deputy Director’s Office.<br>See: Clinical Quality Section.  |
| <b>BCMh</b>  | Bureau of Children with Medical Handicaps<br>A state-administered program which operates within the Ohio Department of Health. The bureau promotes early identification of children with handicapping conditions and treatment of those children by appropriate health care providers.  |
| <b>BCPS</b>  | Bureau of Consumer and Program Support<br>Effective Oct 1, 2008, this bureau became the Bureau of Eligibility Support and Children’s Health (BESCH).<br>See: BESCH (Bureau of Eligibility Support and Children’s Health).   |
| <b>BCSP</b>  | Bureau of Community Services Policy<br>BCSP administers the Home and Community-Based Services (HCBS) Medicaid waiver programs operated by ODJFS. Also administers other non-waiver home care benefit packages included in the Medicaid state plan, manages CMS grants, and the state-funded Ohio Access Success Project. The Money Follows the Person (MFP) area is directly responsible for developing and managing universal intake for all MFP activity, tracking MFP participants for CMS reporting, fiscal reporting and evaluation purposes. Community Services Policy includes the following sections: <ul style="list-style-type: none"> <li>• Interagency Policy and Program Development – contains two revenue enhancement units that are responsible for using the agency’s Medicaid Administrative Claiming Methodology Guide to</li> </ul> |



|                               |  |
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|                               | <p>prepare reimbursement methodologies for state agencies other than ODJFS and to prepare HCBS waiver applications and renewals. (formerly the responsibility of the Bureau of Community Access)</p> <ul style="list-style-type: none"> <li>• Community Program Coordination – tracks the Ohio Administrative Code (OAC) rules, manages the Intra State Transfer Vouchers (ISTVs) for other state agencies, and creates Requests for Proposals (RFPs) and contracts. This section also manages the home-care program case management agency, a contracted firm.</li> <li>• OHP Program Development/Management - performs program design and creates operational policy for home care providers; maintains and monitors the consumer protection-from-harm process; provides oversight for the functions of Success Pilot Program; ensures that the Case Management Agency (CMA) meets federal and department established standards and delivers healthy, safe and high-quality administrative case management services to program consumers; monitors reports of suspicious and unnatural deaths, abuse, neglect and exploitation; and acts as a liaison to other state agencies for protection-from-harm practices.</li> </ul> <p>Formerly the Bureau of Home and Community Services (BHCS).</p> |
| <b>BDF</b>                    | <p>batch definition file</p> <p>A proprietary file used by Captiva from which batch information is read.</p>   |
| <b>BENDEX</b>                 | <p>Beneficiary Data Exchange System</p> <p>A file containing data from the federal government regarding all persons receiving benefits from the Social Security Administration.</p>  |
| <b>beneficiary</b>            | <p>Term to designate a Medicare participant eligible for the Ohio Medicaid Buy-In program; used in Qualified Medicare Beneficiary (QMB). This term is used in the Buy-In program instead of consumer.</p>  |
| <b>benefit classification</b> | <p>Classifications are a way of grouping services in a manner that allows policy criteria to be enforced yet minimizes the number of coverage, billing, or reimbursement rules created at the service code level. As an example, a single rule on Evaluation and Management Services instead of a rule on each of a list of procedure codes. This provides a way to avoid creating complex layers of rules on individual service codes that make it difficult to implement new policies. The standard classification is provided with the base system and includes the classification (grouping of services) for all six benefit types (service codes) - Diagnosis, Drug, DRG, HCPCS Procedure, ICD-10-CM Procedure, and Revenue codes. This standard classification structure uses resources as recognized by the Centers for Medicare and Medicaid Services (CMS). These sources include Centers for Disease Control and Prevention (Diagnoses and ICD-10-CM Procedures), Health and Human Services (NDC and HCPCS Procedures), American Dental Association (HCPCS Dental Procedures), and American Medical Association (CPT Procedures).</p>  |



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| <b>benefit coverage</b>                             | Benefit coverage refers to a list of specific benefits, i.e., Diagnosis, Drug, DRG, HCPCS Procedure, ICD-10-CM Procedure, and Revenue code, as covered by the State's policy for each consumer plan.   |
| <b>Benefit Coverage Rules</b>                       | Benefit coverage rules describes the conditions or restrictions under which the State will cover the benefit. The system validates the services listed on the claim against the coverage rules to determine how to disposition the claim, in other words, the actual status of a claim to pay, suspend, or deny according to the edit associated to the rule. For example, a benefit only covers specific age ranges or a provider can bill only certain claim types.  |
| <b>benefit plan</b>                                 | Benefit plans are a group of covered services (benefits) granted to a consumer deemed eligible for the services the benefit plan represents. A consumer may have multiple benefit plans within the consumer's HIPAA payer. A HIPAA payer may have multiple benefit plans, but a benefit plan can have only one HIPAA payer.  |
| <b>benefit plan coordination of benefits</b>        | See: COB (coordination of benefits).   |
| <b>Benefit Plan Group Type / Benefit Plan Group</b> | Benefit Plan Group Types identify consumer plans that require special processing. Benefit Plan Groups are the individual plans within each group type. For example, a Benefit Plan Group Type can contain the managed care consumer plans; another group type may contain the waiver benefit plans. All consumer plans, both benefit plans and assignment plans, need to be in one of the Benefit Plan Group Types. In a few rare situations, a plan can belong to more than one type, such as both benefit and assignment.  |
| <b>benefit plan hierarchy</b>                       | Benefit plan threads control benefit plan relationships and the order of claim processing at the benefit plan level. Benefit plan hierarchy threads are ordered sets of benefit plans that may cover consumers concurrently. As an example, a consumer has enrollment in the Title XIX plan and has HCBS coverage, the Title XIX benefit plan is first in the hierarchy thread, and HCBS is second. Benefit plans and assignment plans cannot be together in a thread since the two plan types are inherently different, one grants coverage (benefit), and the other restricts coverage (assignment). Every plan is associated with only one financial payer so the benefit plan hierarchy controls which payer will pay a given service. |
| <b>benefits</b>                                     | A schedule of health care services that an eligible consumer receives for the treatment of illness, injury, or other conditions allowed under the State plan. (Diagnosis, Drug, DRG, HCPCS Procedure, ICD-10-CM Procedure, Revenue codes, and other codes that identify benefits if needed).   |



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| <b>BESCH</b> | <p>Bureau of Eligibility Support and Children’s Health</p> <p>BESCH is responsible for the following:</p> <ul style="list-style-type: none"> <li>• Defines program information and education needs, facilitates input by communities and consumers into the OHP’s polity and operations;</li> <li>• Manages a consumer information hotline and premium collection processes;</li> <li>• Develops eligibility policy for Medicaid, State Children’s Health Insurance Policy (SCHIP), Healthchek, and Pregnancy Related Services (PRS);</li> <li>• Oversees and supports the county administration of Medicaid and SCHIP programs, and conducts county compliance activities; and develops and implements technical system changes.</li> </ul> <p>BESCH includes the following sections:</p> <ul style="list-style-type: none"> <li>• County Support – ensures that county agencies administer Medicaid programs in compliance with the Ohio Administration Code (OAC); specifically programs in the Aged, Blind and Disabled (ABD) and Covered Families and Children (CFC) categories. This section also manages the Ohio Medicaid Consumer Hotline.</li> <li>• Program Support - Administers Medicaid’s Healthchek (formerly Early and Periodic Screening, Diagnosis and Treatment [EPSDT]) and Pregnancy Related Services (PRS) programs.</li> </ul> <p>Formerly the Bureau of Consumer and Program Support (BCPS).</p> |
| <b>BHCS</b>  | <p>Bureau of Home and Community Services</p> <p>Effective Oct 1, 2008, this bureau became the Bureau of Community Services Policy (BCSP).</p> <p>See: BCSP (Bureau of Community Services Policy).</p>  |
| <b>BHPP</b>  | <p>Bureau of Health Plan Policy</p> <p>BHPP provides leadership to Ohio Medicaid in coordinating initiatives to improve the quality of health care delivered to Medicaid consumers. BHPP promulgates administrative rules that govern the types of services covered, and the methods of provider reimbursement. They are responsible for Medicaid handbooks, manuals of policies and procedures distributed to health care providers and for the Medicaid State Plan.</p> <p>Effective Oct 1, 2008, this bureau became the Bureau of Policy and Budget Management (BPBM).</p> <p>See: BPBM (Bureau of Policy and Budget Management).</p>   |



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| <b>BIAR</b>    | <p>Business Intelligence Analytical Reporting</p> <p>A base data warehouse subsystem in interChange that provides access to the MITS database and various external data sources. The data is stored in an Oracle Relational Database Management System (RDBMS) and is accessed through the Business Objects application. Within Business Objects, universes are created by subsystem area. The universes remove the technical knowledge needed to develop and run queries in the system. Data elements are given practical names and logically grouped for easy location and selection. The users can use common Windows-like features such as drag and drop to quickly develop queries.</p> |
| <b>BIC</b>     | <p>Business Intelligence Channel</p> <p>A database application developed and used by ODJFS' Information Services.</p>  |
| <b>BIN</b>     | <p>binary</p> <p>Refers to two parts or two pieces. Usually binary refers to a representation for numbers using only two digits (usually, 0 and 1).</p>  |
| <b>bitonal</b> | <p>An image or file comprised of pixel or dot values of either black or white.</p>   |
| <b>BITS</b>    | <p>Background Intelligent Transfer Service</p> <p>A component of the Microsoft Windows Operating System that facilitates prioritized, throttled, and asynchronous transfer of files between computers using idle network bandwidth. An example of an application that uses BITS is Windows Update services.</p>  |
| <b>blind</b>   | <p>One of the categories of eligibility in the Medicaid program. An eligible person must be blind under the letter of the law and have income and resources below state defined thresholds</p>   |
| <b>BLOB</b>    | <p>binary large object</p> <p>A collection of binary data stored as a single entity in a database management system. Blobs are typically images, audio or other multimedia objects, though sometimes binary executable code is stored as a blob.</p>   |



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| <b>BLTCF</b> | <p>Bureau of Long Term Care Facilities</p> <p>BLTCF oversees the Medicaid policies for nursing homes and intermediate care facilities for people with mental retardation (ICFs-MR), including reimbursement and contract management. Long Term Care Facilities includes the following sections:</p> <ul style="list-style-type: none"> <li>• LTC Provider/Consumer Policy - responsible for Change of Ownership for Providers (CHOP) transaction analysis, escrow, franchise fee, enforcement and civil monetary penalties; operates a help desk for providers, works with Management Information Services (MIS) to design, test, and implement system changes, and conducts clinical and statistical research studies.</li> <li>• LTC Program Development - coordinates rules development for Medicaid payments to long term care facilities; conducts five year reviews on related rules; and develops the state's Medicaid cost reports for LTC facilities.</li> </ul>  |
| <b>BMC</b>   | <p>Bureau of Managed Care</p> <p>Develops, administers, and assesses the Ohio Medicaid Managed Care Program (MCP). Staff oversee quality assurance activities, including selecting and executing a contract with an external quality review organization pursuant to federal requirements. Staff develop managed care enrollment policies and select and oversee enrollment services contractors. Specifically, Managed Care employees design purchasing specifications, select qualified managed care plans (MCPs), monitor contracts, review performance, and develop and implement new program initiatives. This area is also responsible for the Children's Buy-In Program. BMC staff also develop and assess managed care delivery systems for Medicaid consumers.</p> <p>BMC includes the following sections:</p> <ul style="list-style-type: none"> <li>• MC Enrollment – oversees and manages the enrollment of eligible individuals in Medicaid-contracting MCPs.</li> <li>• MC Contract Administration - monitors the provider agreements between ODJFS and Medicaid-contracting MCPs and develops operational policies and procedures.</li> </ul> <p>Formerly the Bureau of Managed Health Care (BMHC).</p> |
| <b>BMHC</b>  | <p>Bureau of Managed Health Care</p> <p>Effective Oct 1, 2008, this bureau became the Bureau of Managed Care. See: BMC (Bureau of Managed Care).</p>   |
| <b>BO</b>    | <p>business objects</p> <p>Objects in an object-oriented computer program that represent the entities in the business domain that the program is designed to support</p>   |



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| <b>BOB</b>  | best of breed<br>Best off-the-shelf product available.  |
| <b>BP</b>   | business process<br>A collection of interrelated tasks, which accomplish a particular goal.<br>There are three types:<br>Management processes-processes that govern the operation of a system. Typical management processes include Corporate Governance and Strategic Management.<br>Operational processes-processes that constitute the core business and create the primary value stream. Typical operational processes are Purchasing, Manufacturing, Marketing, and Sales.<br>Supporting processes-support the core processes.   |
| <b>BPA</b>  | Benefit Plan Administration<br>Processes medical, dental, vision, flex and disability claims.   |
| <b>BPEL</b> | Business Process Execution Language<br>A language for specifying business process behavior based on Web Services.   |
| <b>BPBM</b> | Bureau of Policy and Benefit Management<br>Responsible for the strategic planning and policy development for many aspects of Ohio’s Medicaid program, including the development of the Medicaid state plan. Staff promulgates administrative rules that govern the types of services covered and develops Medicaid handbooks and policy manuals for health care providers, and provides benefit design and pricing functions for the acute care benefit system, including hospital, pharmacy, dental, home health, laboratory, and physician services. BPBM includes the following sections: <ul style="list-style-type: none"> <li>• Chapter 1 MITS - develops and implements strategies for value-purchasing health care and facilitates the development of integrated health care delivery systems.</li> <li>• Non-Institutional - plans and directs the development of policies on non-institutional health care benefits offered under state-administered health plans, and ensures that these policies are in compliance with state and federal requirements.</li> <li>• Hospital - develops and maintains Ohio’s Medicaid state plan; promulgates administrative rules that govern the types of hospital services covered by OHP’s reimbursement plans; evaluates reimbursement methodologies for hospital providers; conducts training; and prepares and maintains Medicaid provider handbooks and policy manuals for health care providers.</li> </ul> Formerly Bureau of Health Plan Policy (BHPP). |



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| <b>BPO</b>              | <p>Bureau of Plan Operations</p> <p>Effective Oct 1, 2008, this bureau became the Bureau of Provider Services (BPS).</p> <p>See: BPS (Bureau of Provider Services).</p>   |
| <b>BPS</b>              | <p>Bureau of Provider Services</p> <p>Ensures the fiscal integrity and quality of Ohio’s Medicaid program. Provider Services includes the following sections:</p> <ul style="list-style-type: none"> <li>• Claims Services - processes fee-for-service, vendor, and capitation adjustments; collects outstanding credit balances; sets up liens and garnishments; establishes and monitors mass payment adjustments for multiple claims and canceled warrants; and maintains the accuracy of online Medicaid history files.</li> <li>• Claims Processing - responsible for the real-time keyboard entry and verification of data submitted for payment processing.</li> <li>• Provider Relations – serves as the primary liaison between the medical provider community and the Ohio Medicaid fee-for-service program, providing technical assistance and support to active providers in the Medicaid network</li> <li>• Network Management - enrolls medical providers into the Medicaid program; maintains the Medicaid Management Information System (MMIS) provider records; analyzes and interprets federal and state regulations and laws and ensures program compliance.</li> </ul> <p>Formerly Bureau of Plan Operations.</p> |
| <b>BR</b>               | <p>business requirement</p> <p>The changes in work activities and work practices, usually including the introduction of new information systems and/or services, to help the organization achieve its aims and objectives.</p>  |
| <b>BSH</b>              | <p>Bureau of State Hearings</p> <p>Assures that hearings in appealed cases are conducted fairly, objectively, promptly, efficiently, and result in quality and timely decisions; a part of the ODJFS Office of Legal Services.</p>  |
| <b>business day</b>     | See: workday.   |
| <b>business process</b> | A business process is a methodology for organizing and performing an activity or sequence of activities to achieve a business goal.   |
| <b>Buy-In</b>           | A program in which Medicaid pays the premiums for Medicare beneficiaries.   |



| <b>C</b>             |  |
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| <b>C &amp; F</b>     | Related to HIPAA 834 transactions: the C transaction reports all eligibility and demographic changes from the previous month's transaction. The F transaction is a full roster of all eligibles along with their current eligibility and demographics.   |
| <b>CA</b>            | 1. certificate of authority<br>An entity which issues digital certificates for use by other parties.   |
| <b>CA</b>            | 2. contract administrator<br>Handles the procedures related to contract projects.  |
| <b>calendar day</b>  | A twenty-four (24) hour period between midnight and midnight, regardless of whether or not it occurs on a weekend or holiday.  |
| <b>calendar year</b> | A twelve (12) month period of time beginning on January 1 and ending on December 31.   |
| <b>CAMS</b>          | Care Management System<br>A database that houses all Medicaid Managed Care Management program data from MCPs.  |
| <b>CAP</b>           | 1. corrective action plan<br>Provides conceptual design plans and a description of tasks necessary for the corrective action.  |
| <b>CAP</b>           | 2. cost allocation plan<br>A document that identifies accumulates and distributes allowable direct and indirect costs under sub-grants and contracts.  |
| <b>CAPICOM</b>       | Cryptographic Application Programming Interface Component Object Model<br>CAPICOM is an Active-X control created by Microsoft to enable environments that support Active-X to use Microsoft cryptographic technologies.  |
| <b>capitation</b>    | A payment of a fixed amount per person. Capitation for managed care organizations (MCOs) and administration payments for primary care case managers (PCCMs) are a reimbursement rate paid for each consumer assigned to them through the managed care program. Encounter claims filed to Medicaid are zero-paid because the MCO receives a monthly capitation payment for the consumer, regardless of how many encounters the provider has with the consumer for that month. |
| <b>CareStar</b>      | The case management agency (external vendor) for ODJFS.  |
| <b>carrier</b>       | An organization processing Medicare Part B claims on behalf of the federal government.   |
| <b>CAS</b>           | 1. Central Accounting System<br>State financial and human resources system replaced by OAKS.   |



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| <b>CAS</b>                             | 2. Contract Administration Section<br>An entity of BMHC responsible for oversight of state contracts.  |
| <b>case management</b>                 | Activities performed on behalf of consumers to coordinate services among health care providers.  |
| <b>case number</b>                     | Number assigned to an Assistance Group for Medicaid eligibility purposes.  |
| <b>categorically eligible or needy</b> | Certain categories of people are entitled to receive Medicaid benefits. The state is mandated to provide a defined set of Medicaid services to these categories of people. Examples of categorically needy groups include aged, blind or disabled individuals who meet financial and disability requirements.  |
| <b>CAU</b>                             | Cost Avoidance Unit<br>An program entity of ODJFS.   |
| <b>CBI</b>                             | Children’s Buy-In<br>A public health insurance program available to certain children in Ohio.  |
| <b>CBMRDD</b>                          | County Board of Mental Retardation and Developmental Disabilities<br>Provides services to more than 3,900 individuals with disabilities and their families.  |
| <b>CBT</b>                             | computer-based training<br>Formal course materials delivered thorough an interactive Web-based training application.   |
| <b>CC</b>                              | ClearCase<br>A document repository.  |
| <b>CCAO</b>                            | County Commissioners’ Association of Ohio<br>CCAO represents Ohio's 87 Boards of County Commissioners and the Summit County Executive and Council. CCAO promotes best practices in county government administration and management; advocates on behalf of counties at the State and Federal levels; provides training and technical assistance programs; and provides cost saving service programs for Ohio counties. |
| <b>CCRB</b>                            | Change Control Review Board<br>A joint ODJFS/EDS committee that oversees the change order process for the implementation of MITS.  |
| <b>CCMIS</b>                           | Call Center Management Information System<br>Enables the manager to view agent and queue statistics in real-time and print a wide variety of standard and customizable reports.  |
| <b>CDA</b>                             | Clinical Document Architecture<br>An XML-based markup standard intended to specify the encoding, structure and semantics of clinical documents for exchange.   |



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| <b>CDC</b>    | 1. Centers for Disease Control<br>An agency of the United States Department of Health and Human Services. It works to protect public health and safety by providing information to enhance health decisions, and it promotes health through partnerships with state health departments and other organizations. |
| <b>CDC</b>    | 2. Child Day Care<br>Regulation of out-of-home child care environments and the administration of the publicly-funded child care program.  |
| <b>CDJFS</b>  | County Department of Job and Family Services<br>Develops and oversees programs that provide health care, employment and economic assistance, child support, and services to families and children.  |
| <b>CD-ROM</b> | compact disk-read-only memory<br>A portable, digital storing device.  |
| <b>CDT</b>    | Current Dental Terminology<br>A listing of descriptive terms and identifying codes developed by the American Dental Association (ADA) for reporting dental services and procedures to dental benefits plans.  |
| <b>CE</b>     | content engine<br>A content management system used by FileNet to manage a full range of structured and unstructured data, a metadata repository.<br>See: metadata and repository.   |
| <b>CEU</b>    | continuing education unit<br>A measure used in continuing education programs, particularly those required in a licensed profession in order for the professional to maintain the license.   |
| <b>CFC</b>    | Covered Families and Children<br>Ohio's Healthy Families eligibles (Temporary Assistance to Needy Families or TANF-related Medicaid consumers) and Ohio's Healthy Start eligibles (SCHIP consumers)   |
| <b>CFDA</b>   | Catalog of Federal Domestic Assistance<br>Federal assistance information database which incorporates all federal agency programs that provides grants and awards to consumers.  |
| <b>CFR</b>    | Code of Federal Regulations<br>The federal rules that direct the state in its administration of the Medicaid program and implementation and operation of an MMIS/MITS.  |
| <b>CGI</b>    | Common Gateway Interface<br>A standard protocol for interfacing external application software with an information server, commonly a Web server.  |



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| <b>CHCS</b>              | Center for Health Care Strategies<br>A nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.  |
| <b>change order</b>      | Any request to alter the system, whether by refining or modifying existing requirements or adding new requirements. All changes to the system start as a change order and must be entered into iTRACE. Depending on the impact of the change, some changes may be deemed scope changes.<br>Used interchangeably with ‘change order request’ and ‘change request’.<br>All terms replace ‘customer service request’ (CSR). |
| <b>change order type</b> | Indicates whether a change order is a ‘defect’ or ‘change order’. Additional change order types may be added to provide greater granularity for tracking purposes as deemed necessary.   |
| <b>CHIP</b>              | Children's Health Insurance Program<br>See: Healthy Start.   |
| <b>CHOP</b>              | change of provider<br>Term used to indicate that a consumer wishes to have a new Medicaid provider.  |
| <b>CHOW</b>              | change of ownership<br>Term used to indicate that a provider business has a new owner. The business may or may not continue with the same business name. It will keep the same provider identification number.   |
| <b>CI</b>                | configuration item<br>The fundamental structural unit of a configuration management system.  |
| <b>CICA</b>              | Context Inspired Component Architecture<br>A revolutionary approach to message design to help resolve the costly proliferation of differing and often incompatible XML messages used for business-to-business data exchange.   |
| <b>CIFS</b>              | Common Internet File System<br>A protocol that defines a standard for remote file access. CIFS uses Server Message Block (SMB) protocol for shared file and printer access.  |
| <b>CIL</b>               | Center for Independent Living<br>National leader in helping people with disabilities live independently and become fully participating members of society.   |
| <b>claim</b>             | A request for Medicaid to pay for health care services.  |
| <b>clerk_id</b>          | Within the database, id_clerk is the field that holds the clerk identification (ID). The field is eight characters long.   |



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| <b>CLIA</b>                     | Clinical Laboratory Improvement Act (of 1988)<br>A federally mandated set of certification criteria and a data collection and monitoring system to ensure proper certification of clinical labs.   |
| <b>Clinical Quality Section</b> | An entity of Ohio Health Plans in the Deputy Director’s Office, the Clinical Quality Section provides high quality prospective and retrospective clinical oversight for Medicaid services: <ul style="list-style-type: none"> <li>• Case Development — provides support services to ensure a medical determination can be made and communicates with providers, case workers and consumers</li> <li>• Clinical Review — reviews medical documentation to determine program enrollment and medical necessity</li> </ul> Formerly the Bureau of Clinical Management (BCM). |
| <b>CM</b>                       | configuration management<br>A discipline applying technical and administrative direction and surveillance to: (1) identify and document the functional and physical characteristics of a configuration item; (2) control changes to those characteristics; and (3) record and report changes to processing and implementation status.  |
| <b>CMA</b>                      | Case Management Agency<br>An agency that assists consumers in gaining access to Medicaid and other community-based services.   |
| <b>CMHF</b>                     | Community Mental Health Facility<br>A facility specialized in assisting patients with mental health needs.   |
| <b>CMM</b>                      | Capability Maturity Model<br>An Information Technology (IT) system development methodology developed and promoted by Carnegie Mellon University to measure and certify the methods and controls used by a company or agency in the development of IT systems.  |
| <b>CMMI</b>                     | Capability Maturity Model Integration<br>In software engineering and organizational development is a process improvement approach that provides organizations with the essential elements for effective process improvement.   |
| <b>CMP</b>                      | 1. civil monetary penalties<br>A punitive fine imposed by a civil court on an entity that has profited from illegal or unethical activity. The Securities and Exchange Commission imposes civil money penalties that are usually equal to the gains made from whatever activity it has deemed to be illegal or unethical.  |
| <b>CMP</b>                      | 2. Configuration Management Plan<br>Provides an overview of the organization, activities, overall tasks, and objectives of Configuration Management  |



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| <b>CMS</b>            | 1. Centers for Medicare and Medicaid Services are the federal agency that administers Medicare and Medicaid, and regulates the certification of agencies and care facilities for people with mental retardation.   |
| <b>CMS</b>            | 2. County Medical Services<br>A program that funds medical care for uninsured indigent adult county residents.   |
| <b>CMS 1500</b>       | The paper claim form used for billing professional claims. Replaces the HCFA 1500.   |
| <b>CMSO</b>           | Center for Medicaid and State Operations<br>A division within CMS.   |
| <b>CO</b>             | See: change order.   |
| <b>COB</b>            | coordination of benefits<br>Defines the coordination of benefits for a consumer enrolled in multiple benefit plans. With the assumption that interChange is processing claims for all payers of those multiple benefit plans, coordination of benefits allows payers and benefit plans to coordinate benefit payments in a multi-payer system. For example, a consumer with dual eligibility may cause two payers and/or benefit plans to pay a benefit on a claim. Under one payer (or Benefit Plan), a benefit may process to pay \$10.00 and then a supplemental payer (or Benefit Plan) may pay an additional \$2.00. Also referred to as Benefit Plan coordination of benefits. |
| <b>COHHIO</b>         | Coalition on Homelessness and Housing in Ohio<br>Involved in a range of housing assistance services in Ohio, including homeless prevention, emergency shelters, transitional housing and permanent affordable housing with linkages to supportive services.  |
| <b>Coinsurance</b>    | The portion or percentage a Medicare beneficiary assumes<br>For covered services after paying any applicable deductible. Medicaid pays the coinsurance amounts for approved Medicare services for dually eligible consumers.   |
| <b>COLD</b>           | Computer Output to Laser Disk<br>Process that allows the transfer of documents from mainframe storage, into long-term optical disk storage systems.  |
| <b>COM+</b>           | Component Object Model Plus<br>An extension of the Component Object Model and is both an object oriented programming architecture as well as a set of Operating System services.   |
| <b>Completion New</b> | A Captiva module that allows an operator to reject and repair data read by the OCR (optical character recognition) engine. The operator will be stopped only on fields that fall below the confidence threshold or have failed a validation edit.  |



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| <b>Completion Verify</b>     | A Captiva module that stops operators on key fields identified by the end user. The operator will then validate the data as passed from OCR (optical character recognition) and the Completion New operator before the batch is released into the backend systems.  |
| <b>compound drug</b>         | A medication that is a combination of two or more pharmaceuticals.  |
| <b>CON</b>                   | Certificate of Need<br>A regulatory process that requires certain health care providers to obtain state approval before offering certain new or expanded services.  |
| <b>consumer</b>              | A person who has been determined to be eligible for assistance in accordance with the state plan(s) under Title XIV and Title XIX of the Social Security Act, Title V of the Refugee Education Assistance Act, and/or Title IV of the Immigration and Nationality Act. In interChange, the Ohio MITS, the term ‘recipient’ is used for field names and descriptions.  |
| <b>consumer plan</b>         | Benefit or assignment plan established by the State Medicaid eligibility program when determining which aid category (benefit plan) or restricted service (assignment plan) a consumer should receive.  |
| <b>consumer plan classes</b> | <p>This represents the different kinds of plans: Benefit Plan, Assignment Plan, Beneficiary Only, Tracking, and Other Insurance.</p> <p><b>Benefit Plan</b> class includes Major, Dependent, Dual, and Stand Alone. These are the only plans that grant coverage.</p> <p><b>Major:</b> Can stand alone and cannot be combined with any other major plan, like Medicaid.</p> <p><b>Dependent:</b> Cannot stand alone and can only exist with a major benefit plan. For example, HCDD (Home and Community Based Services – Developmentally Disabled) is a dependent plan that cannot stand alone and can only exist with a major plan, like Medicaid.</p> <p><b>Dual:</b> Can stand alone or can be combined with certain other plans. For example, Qualified Medicare Beneficiary (QMB) is a dual plan that enables payment of Medicare premiums, deductibles, and coinsurance for eligible beneficiaries.</p> <p><b>Stand Alone:</b> Can stand alone and no other benefit plan can exist, such as Title XXI, a managed care plan. There are a limited number of services paid on a fee-for-service schedule and they are defined by procedure and national drug codes. Capitation payments are paid for dental, physical, and mental health services.</p> <p><b>Assignment Plan</b> class includes Managed Care, PCCM, Lock-in, and Level of Care. These plans restrict how services are delivered by assigning a consumer to a certain group of services or to a provider. For example, includes a foster care benefit plan that will cover services for a consumer assigned to a foster care contracting agent.</p> <p><b>Beneficiary Only Plan</b> class includes plans such as Specified Low Income Medicare Beneficiary (SLMB), Qualified Individual (QI), and others that</p> |



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|                              | <p>only pay for Medicare premiums but do not cover services.</p> <p><b>Tracking Plan</b> class does nothing except backend reporting, i.e., tracks a population of beneficiaries but the plan covers no services. For example, the Elderly Care plan that is dependent upon Medicaid coverage, tracks elderly consumer care.</p> <p><b>Other Insurance Plan</b> classes are plans providing coverage by other carriers. The premiums may or may not be paid by the State.</p> |
| <b>contingency plan</b>      | Action(s) to be taken if a previously identified risk event should occur.   |
| <b>contact</b>               | A Contact is an inquiry within CTMS. It holds information such as the inquirer's contact information, the reason for the inquiry, all actions taken and the resolution of the inquiry.  |
| <b>contract change order</b> | A term used to specifically identify a change to the EDS Ohio MITS contract.  |
| <b>copay</b>                 | Copay is the fee paid by the consumer to the provider at the time the service is rendered, unless the consumer is exempt from that liability.   |
| <b>COR</b>                   | <p>change order request</p> <p>MITS change order requests for development items not in base transfer system or needing revisions from base transfer system. Used interchangeably with 'change order'.</p>   |
| <b>COS</b>                   | <p>category of service</p> <p>A group of related medical services (such as pregnancy services).</p>   |
| <b>cost sharing</b>          | <p>A variety of programs by which Medicaid assists a recipient in paying other insurance premiums.</p> <p>See: Medicare cost sharing and MPAP.</p>  |
| <b>COTA</b>                  | <p>Central Ohio Regional Transit Authority</p> <p>Provides bus transportation throughout Franklin County.</p>   |
| <b>COTS</b>                  | <p>commercial off-the-shelf</p> <p>Software products that are designed to be implemented easily into existing systems and readily available to sell to the public.</p>  |
| <b>coverage rules</b>        | interChange uses rules to define the processing criteria for health care service coverage restrictions, as determined by the State policy for services within a consumer plan. For example, a service is covered for specific age ranges.   |
| <b>CPAO</b>                  | <p>combined provider adjudication order</p> <p>Used for gross adjustments.</p>  |
| <b>C-PORTS</b>               | <p>Customer-Provider Occurrence Report Tracking System</p> <p>Software tracking tool used to track reports.</p>   |



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| <b>CPT</b>             | Current Procedure Terminology©<br>Unique coding structure scheme for all medical procedures approved by the American Medical Association - Fourth Edition.   |
| <b>CPU</b>             | central computer processing unit<br>The part of a computer that interprets and executes instructions.  |
| <b>CQ</b>              | ClearQuest<br>Configured as the centralized change database for all project change management activity. Used with ClearCase.   |
| <b>CRIS-E</b>          | Client Registry Information Systems-Enhanced.<br>Database maintained by Ohio Department of Job and Family Services (ODJFS).  |
| <b>CRM</b>             | Customer Relationship Management<br>Software that automates customer service and support. It also provides for customer data analysis and supports e-commerce storefronts.   |
| <b>crossover claim</b> | A claim for Medicare coinsurance on an already paid Medicare claim that electronically “crosses over” from Medicare to Medicaid for payment of the remaining balance (for dual eligibles).   |
| <b>CRV</b>             | cost report verification<br>Used to verify that reimbursement rates and cost report verification of outpatient hospital cost consulting.   |
| <b>CS</b>              | child support<br>Payment specifically designated for the purpose of child support (or treated as such) under a divorce or separation agreement. Such payments are neither deductible by the payer nor taxable to the payee.  |
| <b>CSB</b>             | Children Services Board<br>Ohio state board with oversight responsibilities for children’s services agencies.  |
| <b>CSDVOPS</b>         | Customer Service Disabled Veterans Outreach Program Specialists<br>Provides a variety of employment and vocational services to our local veterans.   |
| <b>CSEA</b>            | Child Support Enforcement Agency<br>A county-based agency.   |
| <b>CSHCN</b>           | Children with Special Health Care Needs<br>Children who are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. |
| <b>CSR</b>             | 1. customer service representative<br>The customer service representative may work in a variety of fields, in diverse ways with the principle object of helping customers.   |



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| <b>CSR</b>   | 2. customer service request<br>Replaced by change order. See: change order.   |
| <b>CSTL</b>  | Community Services Transmittal Letter<br>An official correspondence on the promulgation of state rules and policies.  |
| <b>CSVER</b> | Customer Service Veterans Employment Representative<br>A specialist focused on helping with Veteran employment.   |
| <b>CTMS</b>  | Contact Tracking Management System<br>The Contact Tracking Management System (CTMS) application provides the means to record, store, and access information associated with customer service contacts. Contacts can originate from consumers, providers, or third parties via telephone, fax, email, mail, Web portal, walk-in, or interface feeds. The clerk handling the contact records or updates information about the contact so that the question or issue can be tracked, routed through the appropriate channels, and resolved in a timely manner. |
| <b>CTN</b>   | contract tracking number<br>This is the unique number assigned to each CTMS Contact.  |
| <b>CTS</b>   | 1. Correspondence Tracking System   |
| <b>CTS</b>   | 2. Caretaker Supplements program  |
| <b>CWC</b>   | Combined Wage Claim<br>A claim established using base period wages from more than one state.  |
| <b>CY</b>    | calendar year<br>From January 1 to December 31 of a given year.   |



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| <b>D</b>              |   |
| <b>D1I1</b>           | Data Conversion (D) Production Release 1 (1) Iteration (I) Iteration 1 (1)  |
| <b>D1I2</b>           | Data Conversion (D) Production Release 1 (1) Iteration (I) Iteration 2 (2)  |
| <b>D1I3</b>           | Data Conversion (D) Production Release 1 (1) Iteration (I) Iteration 3 (3)  |
| <b>D2I1</b>           | Data Conversion (D) Production Release 2 (2) Iteration (I) Iteration 1 (1)  |
| <b>DA</b>             | Disability Assistance<br>Financial, medical, and living assistance for those with disabilities.   |
| <b>DACL</b>           | discretionary access control list<br>An access control list that is controlled by the owner of an object and that specifies the access particular users or groups can have to the object.   |
| <b>daemon process</b> | A daemon (pronounced di-mən) process is a computer program that runs in the background, rather than under the direct control of a user. It is used in UNIX and other computer multitasking operating systems. The process may run on a server either at a scheduled time or triggered by a specific event to complete a predefined set of tasks.<br>Typically daemons have names that end with the letter ‘d’: for example, syslogd, the daemon that handles the system log, or sshd, which handles incoming SSH connections. |
| <b>DAS</b>            | Department of Administrative Services<br>Department responsible for providing administrative support and services (e.g., human resources, collective bargaining, procurement, information technology) to state agencies, boards and commissions, local governments and state universities.  |
| <b>day</b>            | Calendar day, unless specified as a workday   |
| <b>DB</b>             | database<br>A collection of data stored in a computer system and organized for rapid search and retrieval.  |
| <b>DBA</b>            | database administrator<br>Staff position responsible for operating, maintaining, and troubleshooting a database.  |
| <b>DBCC</b>           | database change control   |
| <b>DBCS</b>           | double byte character set<br>A character set in which all characters are encoded in two bytes.  |
| <b>DBID</b>           | database identifier<br>Points to the program communication block that identifies the database that is to access on the call.  |



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| <b>DBMS</b> | <p>database management system</p> <p>Computer software that manages databases. May use any of a variety of database models, such as the network model or relational model. In large systems, a DBMS allows users and other software to store and retrieve data in a structured way.</p>  |
| <b>DCG</b>  | <p>Diagnostic Cost Group</p> <p>Models that assess health status and predict resource use.</p>   |
| <b>DCN</b>  | <p>document control number</p> <p>Used to identify a non-claim document passing through the EDMS system.</p>   |
| <b>DD</b>   | 1. See: developmental disability.  |
| <b>DD</b>   | 2. disability determination  |
| <b>DDE</b>  | direct data entry  |
| <b>DDI</b>  | <p>Design, Development, and Implementation</p> <p>Necessary steps in the SDLC. Also, Design, Develop, Implement.</p>   |
| <b>DDNS</b> | <p>Dynamic Domain Naming Service</p> <p>A system which allows the domain name data held in a name server to be updated in real time. The most common use for this is in allowing an Internet domain name to be assigned to a computer with a dynamic IP address (i.e., an IP address assigned via Dynamic Host Control Protocol [DHCP]).</p>   |
| <b>DDO</b>  | <p>Deputy Director's Office</p> <p>DDO provides the management, direction and coordination with the ODJFS offices of Fiscal Services, Legal Services, and Information Services (IS) necessary to effectively operate the programs within the scope of federal and state laws. It is also responsible for six bureaus and the following sections:</p> <ul style="list-style-type: none"> <li>• OHP Project Management</li> <li>• Program Integrity/HIPAA/TPL</li> <li>• Health Services</li> <li>• Clinical Quality (formerly the Bureau of Clinical Management)</li> <li>• Cost Reporting</li> </ul> |
| <b>DEA</b>  | <p>Drug Enforcement Agency (aka Drug Enforcement Administration)</p> <p>A United States Department of Justice law enforcement agency tasked with combating drug smuggling and use within the U.S. Not only is the DEA the lead agency for domestic enforcement of the drug policy of the United States (sharing concurrent jurisdiction with the Federal Bureau of Investigation), it also has sole responsibility for coordinating and pursuing U.S. drug investigations abroad.</p>  |
| <b>DED</b>  | 1. Deliverables Expectation Document   |



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| <b>DED</b>                      | 2. Data Element Dictionary<br>A dictionary of data elements in a particular software package.   |
| <b>deductible</b>               | The amount of out-of-pocket expense a Medicare consumer must meet before Medicare pays for covered services. Medicaid pays the deductible for approved services for dually eligible consumers.  |
| <b>DEERS</b>                    | Defense Enrollment Eligibility Reporting System<br>A computerized database of military sponsors, families and others worldwide who are entitled under the law to benefits.  |
| <b>defect</b>                   | Non-conformance of the system to baseline requirements.   |
| <b>deliverable</b>              | All software, documentation, reports, manuals, and any other item that the Vendor is required to produce and/or tender to the state under terms and conditions of this contract.  |
| <b>denied claim</b>             | A claim for which no payment is made to the provider because the claim is for non-covered services, is for an ineligible provider or consumer, is a duplicate of another similar or identical transaction, or does not otherwise meet State standards for payment.  |
| <b>Dependant Plan Data</b>      | Plans that are reliant on each other must exist concurrently under a consumer's list of eligible plans. For example, in order for a consumer to have waiver plan coverage, they must also have Title XIX concurrently.  |
| <b>DESI</b>                     | Drug Efficacy Study Implementation<br>List of less than effective drugs (drugs approved by the Food and Drug Administration solely on the basis of their safety prior to 1962 and drugs identical, related, or similar to them).  |
| <b>developmental disability</b> | A severe, chronic disability that meets all of the following conditions attributable to: Cerebral palsy, epilepsy; or any other condition other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for those persons. It is manifested before the person reaches the age of twenty-two. It is likely to continue indefinitely. It results in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; capacity for independent living. |
| <b>DFS</b>                      | Distributed File System<br>A set of client and server services that allow for a large enterprise to organize many distributed Server Message Block (SMB) shares into a Distributed File System. DFS provides location transparency and redundancy to improve data availability in the face of failure of heavy load by allowing shares in multiple different locations to be logically grouped under one folder, or DFS root.   |



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| <b>DHCP</b>        | Dynamic Host Control Protocol<br>A protocol that can be used by network devices to obtain various parameters necessary for client operation in an Internet Protocol environment. The most basic use of DHCP is to assign an Internet Protocol address, subnet mask, and default router to the client; however, other information such as Domain Name System Name servers, Windows Internet Naming Services servers, and many other options can be delivered to the client via DHCP. |
| <b>DHHS</b>        | Department of Health and Human Services<br>Federal agency that oversees Medicaid.   |
| <b>DHO</b>         | District Hearing Office<br>A entity at the state district level that reviews and adjudicates rulings and appeals.   |
| <b>direct rule</b> | A rule added to an individual service code (benefit) that enforces the State policy.  |
| <b>directives</b>  | Directives represent the requirements necessary to support Medicaid Management Information System. These directives can come in the form of RFP requirements, legislative mandates, State Plan initiatives or policies, etc.  |
| <b>disability</b>  | Any limitation of physical, mental or social activity of an individual compared to other individuals of a similar age, sex and occupation. Frequently refers to limitation of the usual or major daily activities. Certain people with disabilities are eligible for Medicaid services.   |
| <b>disabled</b>    | One of the categories of eligibility in the Medicaid program.<br>An eligible person must be disabled under the letter of the law and have income and resources below state defined thresholds.  |
| <b>Disposition</b> | The result of processing a claim is the assignment of a status or disposition. The detail disposition information on a specific edit or audit determines the status of a claim.   |
| <b>DLL</b>         | Dynamic Linked Library<br>Microsoft's implementation of the shared library concept for the Windows Operating environment.   |
| <b>DLT</b>         | Distributed Link Tracking<br>A service introduced with Windows 2000 intended to resolve problems with outdated shortcuts.   |



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| <b>DMA</b>              | <p>Disability Medical Assistance</p> <p>The DMA program provides medical assistance to Ohioans who are medication dependent and not eligible for Medicaid. Medication dependent means a licensed physician has certified that the individual has a chronic medical condition that requires continuous medication for a long-term, indefinite period of time. The documentation must also specify that if the prescription is unavailable it could increase the likelihood of experiencing a medical emergency and risk the individual's employability for at least 9 months.</p> |
| <b>DME</b>              | <p>durable medical equipment</p> <p>DME includes certain types of equipment and supplies for consumers (such as hospital beds, walkers, bedside commodes, wheelchairs, oxygen, ventilators, and other equipment) that serves a medical purpose and can stand repeated use.</p>   |
| <b>DMRB</b>             | <p>Data Model Review Board</p> <p>A committee which reviews proposed changes to the data model.</p>  |
| <b>DNS</b>              | <p>Domain Name System</p> <p>A hierarchical service that maps computer hostnames into Internet Protocol addresses. DNS services form the foundation of the Internet and are vital to operating systems such as Windows 2003 Server for publishing domain controller and global catalog information to Windows 2003 domain members' servers and clients via DNS integrated Active Directory Services.</p>   |
| <b>DOB</b>              | date of birth  |
| <b>DOD</b>              | date of death  |
| <b>document divider</b> | <p>Document dividers are used to separate individual sheets within a batch into sets of documents. It is used by Captiva to separate scanned images in sets of documents.</p> <div data-bbox="792 1318 1114 1724" style="text-align: center;"> <p>The diagram shows a large triangle with a horizontal line across its middle. Above the triangle is the text 'DOCUMENT DIVIDER'. Below the triangle is a rectangular box with the text 'Document Divider' inside it.</p> </div>   |



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| <b>DoS</b>                 | denial of service<br>A denial of service attack is an attempt to make a computer resource unavailable for intended users.   |
| <b>DPI</b>                 | dots per inch<br>A measurement of resolution for printed data. Generally more dots per inch will yield a sharper image.   |
| <b>DR</b>                  | data retention<br>Storing data for backup and historical purposes.  |
| <b>DRA</b>                 | 1. Disaster Recovery Area   |
| <b>DRA</b>                 | 2. Deficit Reduction Act (DRA) of 2005 was enacted to control the impact of Medicare and Medicaid programs on both federal and state budgets.   |
| <b>DRG</b>                 | Diagnosis Related Groups<br>A system to classify hospital patients into one of approximately 500 groups, also referred to as DRGs, expected to have similar hospital resource use. Developed for Medicare as part of the prospective payment system. DRGs are assigned by a ‘ grouper ’ program based on ICD diagnoses, procedures, age, sex, and the presence of complications or comorbidities. Under the prospective payment system, hospitals are paid a set fee for treating patients in a single DRG category, regardless of the actual cost of care for the individual. There are three types of DRGs: basic DRG (based upon Medicare beneficiaries), All Patient DRGs (expanded to include non-Medicare patients), and All Patient Refined DRGs (expanded to create subcategories of the all patient groups). |
| <b>DRP</b>                 | Direct Reimbursement Program<br>A state program that allows payment to a consumer for certain out-of-pocket expenses.   |
| <b>Drug Rebate Program</b> | Program authorized by the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) in which legend drug manufacturers or labelers enter into an agreement with the Secretary, DHHS, to provide financial rebates to states based on dollar amount of their drugs reimbursed by the Medicaid program.   |
| <b>DSDM</b>                | Dynamic Data Exchange Share Database Manager<br>Runs as a service on a Windows NT server and maintains a database of shared conversations in support of Network Dynamic Data Exchange (NetDDE).   |
| <b>DSH (DISPRO)</b>        | Disproportionate Share Hospital<br>The Hospital Care Assurance Program (HCAP) is Ohio's version of the federally required Disproportionate Share Hospital program. HCAP compensates hospitals that provide a disproportionate share of care to indigent patients (Medicaid consumers, people below poverty, and people without health insurance).   |

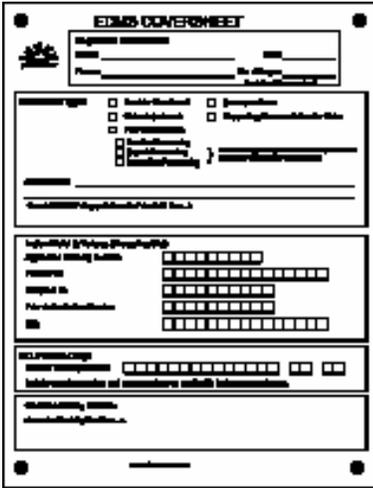


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| <b>DSM<br/>DSM-IV</b> | Diagnostic and Statistical Manual – 4 <sup>th</sup> Edition<br>The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), is published by the American Psychiatric Association. It is the handbook used most often in diagnosing mental disorders in the United States and internationally.  |
| <b>DSMO</b>           | Designated Standards Maintenance Organization<br>The final HIPAA rule titled ‘Standards for Electronic Transactions’, published in the Federal Register on August 17, 2000, establishes a new category of organization, the ‘Designated Standard Maintenance Organization (DSMO)’. Section 162.910 of this final regulation provides that the Secretary may designate as DSMOs those organizations that agree to maintain the standards adopted by the Secretary. Section 162.910 also establishes criteria for the processes to be used in such maintenance. |
| <b>DSS</b>            | Decision Support System<br>Component of a data warehouse that provides analytical-level queries and reporting.  |
| <b>DSSU</b>           | disk staging storage units  |
| <b>DTC</b>            | Distributed Transaction Coordinator<br>A component service included with Windows 2000 and later Operating Systems that is responsible for coordinating transactions that span multiple resource managers such as databases, message queues, and file systems.   |
| <b>DUA</b>            | Disaster Unemployment Assistance<br>Provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States.  |
| <b>dual eligible</b>  | A person enrolled in both Medicare and Medicaid.  |
| <b>DUR</b>            | Drug Utilization Review<br>Drug Utilization Review is a process whereby a pharmacist or pharmacy specialist reviews a prescription and a patient record for therapeutic appropriateness.  |
| <b>DV</b>             | domestic violence<br>Violence or physical abuse of one's spouse or domestic partner.  |
| <b>DVOPS</b>          | Disabled Veterans Outreach Program Specialists<br>Specialists regarding outreach programs for military veterans.  |
| <b>DxCG</b>           | Diagnostic Cost Grouper<br>A diagnosis based risk-adjusted predictive modeling tool that is provided as part of DSS.  |



| <b>E</b>             |   |
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| <b>EAC</b>           | estimated acquisition cost<br>Promotion costs associated with securing a new subscriber or customer, such as list rental fees, design, and production.  |
| <b>EAI</b>           | Enterprise Application Integration<br>The use of software and computer systems architectural principles to integrate a set of enterprise computer applications.   |
| <b>early adopter</b> | The term used for the first states that choose to use the CMS MITA architecture in the design of a Medicaid Information Technology system.  |
| <b>EBCDIC</b>        | Extended Binary Coded Decimal Interchange Code<br>An 8-bit character encoding (code page) used on IBM mainframe operating systems such as z/OS, OS/390, VM and VSE, as well as IBM midrange computer operating systems such as OS/400 and i5/OS.    |
| <b>EBT</b>           | electronic benefits transfer<br>An electronic system that allows a consumer to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received.   |
| <b>ECF</b>           | extended care facility<br>Facilities designed for those who need assistance with day-to-day activities or with medical needs.   |
| <b>ECM</b>           | enhanced care management<br>Partnering with patients and providers to improve the health and well-being of identified Medicaid enrollees through patient-centered care management services.   |
| <b>ECS</b>           | electronic claims submission<br>A method of submitting claims other than on paper.  |
| <b>EDB</b>           | enrollment database<br>Database containing enrollment data.   |
| <b>EDI</b>           | 1. Set of standards for structuring information that is to be electronically exchanged between and within businesses, organizations, government entities and other groups.  |
| <b>EDI</b>           | 2. Electronic Data Interchange<br>The Electronic Data Interchange (EDI) subsystem is an interface into MITS for trading partners. It allows trading partners to submit transactions using standardized communication protocols and data structures. |
| <b>EDIO</b>          | The EDI online subsystem of MMIS/MITS where trading partner profiles are entered.   |



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| <b>EDMS</b>             | Electronic Document Management System<br>A subsystem (consisting of a computer system or set of computer programs) used to track and store electronic documents and/or images of paper documents uploaded in a variety of formats.  |
| <b>EDMS Cover Sheet</b> | EDMS coversheet or EDMS scan coversheet is a special type document divider that contains a collection of index values (PA number for prior authorization documents, ATN (application tracking number) for provider enrollment documents, etc). EDMS coversheet is used to file documents into the EDMS. It must accompany PA, PE and correspondence documents as the first document in the stack.<br><br>See: document divider.  |
| <b>EDS</b>              | Electronic Data Systems (Corporation).<br>Now replaced by EDS, an HP Company.   |
| <b>EDS PMO</b>          | EDS Project Management Office<br>The unit/team responsible for overseeing project management activities, processes, and deliverables.   |
| <b>EDWAA</b>            | Economic Dislocation and Worker Adjustment Act<br>Provides retraining and readjustment assistance to dislocated workers unlikely to return to their previous industries or occupations. Services include rapid response, occupational skills training, basic and remedial response, occupational skills training, basic and remedial education, job search and placement, supportive services such as child care and transportation allowances, relocation assistance, and needs related payments for dislocated workers who have exhausted their unemployment insurance. |
| <b>EFS</b>              | encrypting file system<br>File system driver with file system level encryption available in Microsoft Windows 2000 and later Operating Systems using public key cryptography.   |



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| <b>EFT</b>                      | <p>electronic funds transfer</p> <p>The payment of funds made by electronic direct deposit to a provider's bank account.</p>   |
| <b>EHR</b>                      | <p>electronic health record</p> <p>A record of diagnoses, treatments and laboratory results stored in an electronic record for retrieval and use by authorized treatment professionals.</p> <p>See also: EMR (electronic medical record).</p>  |
| <b>eICMS</b>                    | <p>electronic Integrated Client Management System</p> <p>An automated system providing caseworkers with a common front-end to TANF-supportive systems and a case management toolkit to help the caseworker assist the participants in becoming self-sufficient.</p> <p>The system:</p> <ul style="list-style-type: none"> <li>• Assesses and tracks the service delivery of participants as they move through the system toward self-sufficiency;</li> <li>• Includes a process to collect information to see if participants' needs can be met before eligibility factors for OWF are determined;</li> <li>• Records the diversion or referral of a participant to another agency; and</li> <li>• Matches participants and corresponding service providers through a Resource Directory.</li> </ul> |
| <b>EIN</b>                      | <p>employer's identification number</p> <p>The same as the federal employer's identification number (FEIN).</p>  |
| <b>EIS</b>                      | <p>Executive Information System</p> <p>High level management reporting using graphical and tabular reports via the Decision Support System (DSS) to provide upper management data for accessing the overall scope and performance of the Medicaid program.</p>   |
| <b>eligibility file</b>         | <p>A file that maintains pertinent data for each Medicaid eligible consumer.</p>   |
| <b>eligibility verification</b> | <p>Refers to the process of validating whether an individual is determined to be eligible for health care coverage through the Medicaid program and/or a provider is qualified to provide services to the Medicaid population. Eligibility for the consumer and provider is determined by the State.</p>   |
| <b>EMMA</b>                     | <p>Executive Medicaid Management Administration</p> <p>The Provision of Health Services through the Ohio Medicaid Program. The Ohio Medicaid Program is a medical financing and service delivery system.</p>   |



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| <b>EMR</b>                     | <p>electronic medical record</p> <p>A record of diagnoses, treatments and laboratory results stored in an electronic record for retrieval and use by authorized treatment professionals.</p> <p>See: EHR (electronic health record).</p>   |
| <b>EMS</b>                     | <p>Eligibility Management Services</p> <p>Audits carrier records and proactively manage eligibility which leads to saved premium and claims dollars.</p>   |
| <b>EMT</b>                     | <p>emergency medical transportation</p> <p>National and international air ambulance, air medical transport, and emergency air lift services.</p>   |
| <b>encounter data</b>          | <p>Detailed data about individual health care related services provided by a capitated managed care organization (MCO) or other State designated managed care providers. Encounter data is equivalent to a standard Medicaid claim except that it is submitted to provide service delivery data to the Agency and is not eligible for reimbursement. MCO health care related services are those covered and reimbursed by a per member per month capitated rate payment.</p> |
| <b>enhancement</b>             | <p>1. A major MITS system change that is federally or state mandated and funded by CMS at an enhanced rate</p>   |
| <b>Enhancement</b>             | <p>2. A module used by Captiva prepares an image to be read by optical character recognition (OCR). It enhances and removes superfluous data from images such as: line removals, static text removals, image registration, etc.</p>  |
| <b>Enterprise Architecture</b> | <p>The enterprise architecture defines the design guidelines, standards, and preferred technical approaches that provide flexibility and facilitate information sharing and interoperability across an entire enterprise.</p>  |
| <b>EOB</b>                     | <p>explanation of benefits</p> <p>A text description of denial or reduced payment included on the provider's remittance advice.</p>  |
| <b>EOMB</b>                    | <p>explanation of medical benefits</p> <p>Used by Medicare as an explanation of benefits within Medicare claims processing. Also rendered as 'explanation of Medicare benefits'.</p>   |
| <b>ePHI</b>                    | <p>electronic protected health information</p> <p>Data in an electronic format related to a consumer that is protected under HIPAA privacy rules.</p>  |
| <b>EPSDT</b>                   | <p>1. Early and Periodic Screening, Diagnosis, and Treatment</p> <p>See: Healthchek.</p>   |
| <b>EPSDT</b>                   | <p>2. EPSDT</p> <p>A technical subsystem within interChange.</p>   |



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| <b>e-PUBS</b>             | Electronic publishing unit<br>Software-supported publishing tool.  |
| <b>EQRO</b>               | external quality review organization<br>Assesses the quality of health care delivered to Medicaid managed care enrollees and to assist in resolving identified problems such that health care received by Medicaid managed care consumers is improved.   |
| <b>eQuil</b>              | Filenet system for disability determination.   |
| <b>ESB</b>                | enterprise service bus<br>A software architecture construct, implemented by technologies found in a category of middleware infrastructure products usually based on standards that provides foundational services for more complex architectures via an event-driven and standards-based messaging engine (the bus).   |
| <b>ESRD</b>               | end stage renal disease<br>Refers to temporary or permanent damage to the kidneys that result in loss of normal kidney function. There are two different types of renal failure - acute and chronic. Acute renal failure has an abrupt onset and is potentially reversible. Chronic failure progresses slowly over at least three months and can lead to permanent renal failure. The causes, symptoms, treatments, and outcomes of acute and chronic are different. |
| <b>ETG</b>                | Episode Treatment Groups<br>A patented case-mix adjustment and episode-building system that uses routinely collected inpatient and ambulatory claims data.   |
| <b>ETL</b>                | extraction transfer load<br>Tools to transfer the data from its sources into the redesigned data warehouse.  |
| <b>EVS</b>                | Eligibility Verification System<br>A real time, online system that provides timely and accurate information regarding a consumer's eligibility for services.   |
| <b>Excluded Plan Data</b> | This is a list of consumer plans that cannot exist concurrently with the specified consumer eligibility plan. For example, a consumer cannot have the consumer plan, Presumptive Eligible, concurrently with Title XIX.  |



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| <b>FACISIS</b>         | Family and Children Services Information System<br>Replaced by SACWIS.<br>See: SACWIS (Statewide Automated Child Welfare Information System).  |
| <b>FAL</b>             | functional area lead<br>Technical functional area lead (TFAL) is used interchangeably.   |
| <b>FAQ</b>             | frequently asked questions   |
| <b>FCS</b>             | Facility Contracting Section of the Bureau of Long Term Care Facility Responsibilities include provider agreements for NFs and ICFs-MR, change of provider agreements, nursing home complaints, franchise fee bed tax calculation, estate recovery projects, surety bonds for nursing homes needed for personal needs allowance, relocation, and collection of fines for nursing homes.          |
| <b>FDA</b>             | Food and Drug Administration<br>An agency of the United States Department of Health and Human Services that is responsible for regulating and supervising the safety of foods, dietary supplements, drugs, vaccines, biological medical products, blood products, medical devices, radiation-emitting devices, veterinary products, and cosmetics. Also 'USFDA'.                                 |
| <b>FDB</b>             | First DataBank<br>Comprehensive drug databases for healthcare information technology systems.  |
| <b>FDIC</b>            | Federal Deposit Insurance Corporation<br>A United States government corporation created by the Glass-Steagall Act of 1933. It provides deposit insurance which currently guarantees checking and savings deposits in member banks up to \$250,000 per depositor.   |
| <b>FEA</b>             | Federal Enterprise Architecture<br>An initiative of the US Office of Management and Budget that aims to comply with the Clinger-Cohen Act and provide a common methodology for information technology (IT) acquisition in the United States federal government. It is designed to ease sharing of information and resources across federal agencies, reduce costs, and improve citizen services. |
| <b>fee-for-service</b> | Charging a fee for each service performed. Health care coverage in which doctors and other health care providers receive a fee for each service, such as an office visit, test, procedure, or other health care service. Traditional Medicaid claims are paid on a fee-for-service (FFS) basis for those services covered by the State's policy.   |



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| <b>FEIN</b>            | Federal Employer Identification number<br>A unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification.   |
| <b>FEM</b>             | FileNet Enterprise Manager<br>Enterprise Manager is a Microsoft Management Console (MMC) based tool that administrators use to manage FileNet Content Engine.   |
| <b>FF</b>              | franchise fee<br>A fee that a person pays to operate a franchise branch of a larger company and enjoy the profits there from.   |
| <b>FFP</b>             | Federal Financial Participation<br>Replaced by FMAP.<br>See: FMAP (Federal Medical Assistance Percentage).  |
| <b>FFS</b>             | fee-for-service<br>See: fee-for-service.  |
| <b>FFY</b>             | federal fiscal year<br>Time measurement used by federal governmental agencies, which extends from October 1 of one year, to September 30 of the following calendar year.<br>See also: FY (fiscal year).   |
| <b>FIFO</b>            | first in, first out<br>An abstraction in ways of organizing and manipulation of data relative to time and prioritization. This expression describes the principle of a queue processing technique or servicing conflicting demands by ordering process by first-come, first-served (FCFS) behavior: what comes in first is handled first, what comes in next waits until the first is finished, and so on.  |
| <b>FileNet</b>         | The indexing portion of the Information Management subsystem.   |
| <b>Financial Payer</b> | Organization that is responsible for the funding of monies in order to pay a provider for services performed. In the case of Medicaid, the State is usually the only financial payer. Other financial payers can provide funding for services covered. For example, if the State pays benefits that are funded by state counties using county funds, then those counties must be set up in the system as financial payers. Benefit plans can only have one financial payer associated with the plan. The value of 'default' in the financial payer drop-down list indicates that the State is the financial payer for the plan. |



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| <b>financial payer coordination of benefits</b> | Defines the coordination of benefits (COB) when paying a claim. The payer coordination is set up by pairs considered payer COB groups. These groups work with the payer thread. Note the order of the pair is important. For example, if the coordination pair is set up as Payer1/Payer2 then a payer hierarchy thread with Payer1 followed by Payer2 must exist to coordinate. If the hierarchy thread is set up as Payer2/Payer1 the payers will <b>not</b> coordinate. If the first Payer in the pair does <b>not</b> pay, there will <b>not</b> be coordination. With the assumption that interChange is processing claims for both payers, the State may want to process payers in a specific order. For example, if the consumer has third party coverage (state counties using county funds) as well as Medicaid, the third party should pay first, with Medicaid being the payer of last resort. |
| <b>financial payer hierarchy</b>                | Maintains the HIPAA payer hierarchy threads that are used to control payer relationships and the order of claim adjudication at the payer level. Payer hierarchy threads are ordered sets of payers that may cover consumers concurrently. All financial payers must be in at least one hierarchy, even if there is only one financial payer in the hierarchy.  |
| <b>FIPS</b>                                     | Federal Information Processing Standard<br>Publicly announced standards developed by the United States Federal government for use by all non-military government agencies and by government contractors.  |
| <b>FLC</b>                                      | Foreign Labor Certification<br>An application process that employers follow to bring foreign workers into the United States for employment.   |
| <b>FLSA</b>                                     | Fair Labor Standards Act<br>A United States federal law that applies to employees engaged in interstate commerce or employed by an enterprise engaged in commerce or in the production of goods for commerce, unless the employer can claim an exemption from coverage. The FLSA established a national minimum wage, guaranteed <i>time and a half</i> for overtime in certain jobs, and prohibited most employment of minors in ‘oppressive child labor’, a term defined in the statute.  |
| <b>FMAP</b>                                     | Federal Medical Assistance Percentage<br>The percentage rates used to determine the amount of matching funds that are allocated annually to certain medical and social service programs in the United States of America.<br>Replaces FFP.   |
| <b>FOIA</b>                                     | Freedom of Information Act<br>A federal act that allows for the full or partial disclosure of previously unreleased information and documents controlled by the United States Government. The Act defines agency records subject to disclosure, outlines mandatory disclosure procedures and grants nine exemptions to the statute.   |



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| <b>Form ID</b>           | <p>An automated module which identifies an image based on three criteria: Dynamic: using data presence and trend analysis, Feature: using unique marks on an image, and Implicit: using a predefined sequence. Using any combination of these modes, raw images are identified as their correct form type in Captiva.</p> <p>Any images that are not identified by the automated process are routed to an operator for manual identification.</p> <p>See: MIQC (Manual Image Quality Control).</p> |
| <b>formulary</b>         | <p>A list of certain drugs and their proper dosages. In some health plans, doctors must order or use only drugs listed on the health plan's formulary.</p> <p>See also: PDL (Preferred Drug List).</p>   |
| <b>FormWare</b>          | <p>A software component that handles form processing as part of the Captiva Software package.</p>  |
| <b>FPL</b>               | <p>federal poverty level</p> <p>In January of each year, the federal government releases an official income level for poverty.</p>   |
| <b>FQHC</b>              | <p>Federal Qualified Health Center</p> <p>A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general supervision of a physician.</p>  |
| <b>FRAM</b>              | <p>Family Risk Assessment Model</p> <p>The model used to assess family risk situations.</p>  |
| <b>FPF</b>               | <p>franchise permit fee</p> <p>A quarterly per-bed fee assessed to nursing facilities and Intermediate Care Facilities for the Mentally Retarded used to generate funds that contribute to the operation of the Medicaid program.</p>  |
| <b>Freedom of Choice</b> | <p>In general, a state must ensure certain Medicaid consumers are free to obtain services from any qualified provider. Exceptions are possible through waivers of Medicaid regulations.</p>  |
| <b>FRS</b>               | <p>File Replication Service</p> <p>A Microsoft Windows Server service for distributing folders stored in the sysvol shared folder on domain controllers and distributed file system (DFS) shared folders</p>   |
| <b>FS</b>                | <p>food stamps</p> <p>A Federal program that provides food to low and no income people living in the United States. Benefits are distributed by the individual states, but the program is administered through the U.S. Department of Agriculture.</p> <p>See: SNAP (Supplemental Nutrition Assistance Program).</p>   |
| <b>FT/PT</b>             | <p>full time/part time</p>   |
| <b>FTE</b>               | <p>1. full time employee</p>   |



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| <b>FTE</b>  | <p>2. full time equivalent</p> <p>A way to measure a worker's involvement in a project, or a student's enrollment at an educational institution. An FTE of 1.0 means that the person is equivalent to a full-time worker; while an FTE of 0.5 signals that the worker is only half-time.</p> |
| <b>FTP</b>  | <p>File Transfer Protocol</p> <p>A network protocol used to transfer data from one computer to another computer over a TCP/IP network.</p>   |
| <b>FUL</b>  | <p>federal upper limit</p> <p>Used in Drug Rebate as the highest amount allowed by the federal government for the cost of a drug.</p>  |
| <b>FUTA</b> | <p>Federal Unemployment Tax Act</p> <p>A United States federal law that imposes a federal employer tax used to fund state workforce agencies. Employers report this tax by filing an annual Form 940 with the Internal Revenue Service.</p>  |
| <b>FY</b>   | <p>fiscal year</p> <p>Time measurement used by state governmental agencies, which extends from July 1 of one year, to June 30 of the following calendar year.</p> <p>See: FFY (federal fiscal year).</p>   |



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| <b>G</b>    |   |
| <b>GA</b>   | General Assembly<br>The lower house of the Ohio state legislature.  |
| <b>GAAP</b> | Generally Accepted Accounting Principles<br>The standard framework of guidelines for financial accounting. It includes the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.  |
| <b>GAAS</b> | Generally Accepted Auditing Standards<br>A set of systematic guidelines used by auditors when conducting audits on companies' finances, ensuring the accuracy, consistency and verifiability of auditors' actions and reports.  |
| <b>GB</b>   | gigabyte<br>A unit of information or computer storage meaning exactly 1 billion bytes or 1.07 billion bytes depending upon the context used.<br>There are 8 gigabits (gb) in 1 gigabyte (GB).   |
| <b>gbps</b> | gigabits per second<br>A measurement of data transfer. Represents 1,000 megabits per second.  |
| <b>GCN</b>  | generic code number<br>Designation for a generic drug code.   |
| <b>GED</b>  | General Equivalency Diploma<br>A group of five tests which (when passed) certifies that the taker has American or Canadian high school-level academic skills.   |
| <b>GIS</b>  | Geographic Information Systems<br>An information system for capturing, storing, analyzing, managing and presenting data which are spatially referenced.   |
| <b>GLS</b>  | Global Learning Solutions<br>GLS uses the EDS Standard Learning Development and Delivery Platform entitled Evolution Solution to develop training solutions. Evolution Solution is a learning content management system (LCMS) that enables GLS to author and deliver both Web-based and instructor-led training materials in the same tool, from the same content.   |
| <b>GPCI</b> | geographic practice cost index<br>Medicare's physician fee payment schedule adjusted to account for differences in the price of inputs used in furnishing physician services. There are three GPCIs, one corresponding to each component of the relative value scale: physician work, practice expense and professional liability insurance. The three GPCIs are computed and then applied to determine rates for each of 89 payment areas. |



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| <b>GPRA</b> | Government Performance and Results Act of 1993<br>The Government Performance and Results Act of 1993 seeks to shift the focus of government decision-making and accountability away from a preoccupation with the activities that are undertaken - such as grants dispensed or inspections made - to a focus on the results of those activities, such as real gains in employability, safety, responsiveness, or program quality. Under the Act, agencies are to develop multiyear strategic plans, annual performance plans and performance reports. |
| <b>GRF</b>  | General Revenue Fund<br>A general budgeted fund for State expenditures.   |
| <b>GS</b>   | Functional Group Header in ASC X 12 Nomenclature  |
| <b>GSN</b>  | generic sequence number<br>A numeric designation for generic drugs.   |
| <b>GUI</b>  | graphical user interface<br>A type of user interface which allows people to interact with a computer and computer controlled devices. A GUI presents graphical icons, visual indicators or special graphical elements called widgets to represent information and actions available to a user. Actions in a GUI are often performed through direct manipulation of the graphical elements.  |



| <b>H</b>           |   |
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| <b>HAS</b>         | Hysterectomy, Abortion, or Sterilization<br>A category of medical services for women which may or may not be covered by Medicaid.   |
| <b>HB</b>          | House Bill<br>Identifying prefix for legislation originating in the lower house of the Ohio state legislature.  |
| <b>HCAP</b>        | Hospital Care Assurance Program<br>The Ohio Department of Job and Family Services' mechanism for meeting the federal requirement to provide additional payments to hospitals which provide a disproportionate share of uncompensated services to the indigent and uninsured.  |
| <b>HCBS</b>        | Home and Community Based Service<br>See: HCBS Waiver.   |
| <b>HCBS Waiver</b> | A Home and Community Based Services Waiver allows a person to get services that are not normally covered under the state's Medicaid plan.   |
| <b>HCC</b>         | health care coordinator<br>A provider responsible for the coordination of services for a consumer.  |
| <b>HCDD</b>        | Home and Community Based Services – Developmentally Disabled<br>A waiver program for the developmentally disabled.  |
| <b>HCFA</b>        | Health Care Financing Administration<br>Replaced by CMS (Centers for Medicare and Medicaid Services). Used only in pre-existing program and job codes.  |
| <b>HCFA 1500</b>   | See: CMS 1500.  |
| <b>HCPCS</b>       | Health Common Procedure Coding System<br>A coding system designed by CMS that describes the physician and non-physician patient services covered by Medicaid and Medicare Programs and used primarily to report reimbursable services provided to patients.   |
| <b>HCUP</b>        | Health Cost and Utilization Project<br>HCUP is a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of State data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level health care data. Pronounced 'H-Cup'. |



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| <b>Healthchek</b>    | Ohio's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program to provide a group of services to children and teens (birth through age 20) which include: prevention, diagnosis and treatment. The purpose of Healthchek is to discover and treat health problems early.  |
| <b>Healthy Start</b> | The Ohio program for the federal State Children's Health Insurance Program (SCHIP). It is a Medicaid program available to: children (younger than age 19) in families with income up to 200% of the federal poverty level and pregnant women in families with income up to 200% of the federal poverty level.<br>It is a federally funded program designed to provide access to health services for the medically indigent; and to promote good health practices, health behaviors, and health attitudes among mothers and children.<br>Also referred to as CHIP (Children's Health Insurance Program).<br>Note: the preferred spelling is as two words. |
| <b>HEDIS</b>         | Health Plan Employer Data and Information Set<br>A widely used set of performance measures in the managed care industry developed and maintained by the National Committee for Quality Assurance. HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks. Although not originally intended for trending, HEDIS results are increasingly used to track year-to-year performance.  |
| <b>HF</b>            | Healthy Families<br>A Medicaid program available to families with income up to 90% of the federal poverty level. Families must include at least one child younger than age 19.   |
| <b>HHA</b>           | 1. home health agency<br>A provider of services in the home.   |
| <b>HHA</b>           | 2. home health aide<br>A person who renders services in the home on behalf of a home health agency.  |
| <b>HHS</b>           | Health and Human Services<br>U.S. Department of Health and Human Services.   |
| <b>HIC</b>           | 1. health insuring corporation<br>A health insuring corporation (HIC) licensed in the state of Ohio that enters into a provider agreement with ODJFS in the managed health care program pursuant to rule 5101:3-26-04 of the Administrative Code.  |
| <b>HIC</b>           | 2. hierarchical ingredient codes<br>A six-character smart identifier that represents an active ingredient and its specific therapeutic classification.   |
| <b>HIC3</b>          | Hierarchical Specific Therapeutic Class Code   |



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| <b>HICL</b>                  | Hierarchical Ingredient Code List   |
| <b>HID</b>                   | human interface device<br>A type of computer device that interacts directly with and most often takes input from humans and may deliver output to humans.   |
| <b>HIPAA</b>                 | Health Insurance Portability and Accountability Act of 1996<br>A federal law that includes requirements to protect patient privacy, to protect security of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify providers.  |
| <b>HIPAA IG</b>              | HIPAA Implementation Guide<br>A guide(s) to the administrative provisions and national standards established for electronic health care transactions contained within the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) published by the Federal Register on behalf of the Department of Health and Human Services.   |
| <b>HIPAA multi-payer</b>     | A system capable of administering and coordinating payments to providers of health services for multiple HIPAA payers.  |
| <b>HIPAA payer</b>           | An entity responsible for the administration of a benefit plan and reimbursement of providers. In the case of Medicaid, the State is usually the only HIPAA payer. However, as an example, if the Medicaid Management Information System (MMIS) also pays benefits on behalf of counties using county funds, then the counties may be HIPAA payers. A consumer may be concurrently eligible for benefit plans that are funded by different HIPAA Payers. A single benefit plan is funded by only one HIPAA Payer. |
| <b>HIPAA payer hierarchy</b> | Payer hierarchy threads are ordered sets of payers that may cover consumers concurrently. Payer threads are used to control payer relationships and the order of claim processing at the payer level.   |
| <b>HIPP</b>                  | Health Insurance Premium Payment<br>A Medicaid program that allows a Medicaid consumer to receive free private health insurance paid for entirely by their state's Medicaid program.  |
| <b>HL 7</b>                  | Health Level 7<br>An all-volunteer, not-for-profit organization involved in development of international healthcare standards. HL7 is also used to refer to some of the specific standards created by the organization.   |
| <b>HMIS</b>                  | Homelessness Management Information Systems<br>A centralized computer database that records the utilization of services by homeless individuals. The data maintained by an HMIS typically records the use of emergency shelters, transitional housing, and permanent supportive housing.  |



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| <b>HMO</b>                | <p>health management organization</p> <p>A type of group health care practice that provides basic and supplemental health maintenance and treatment services to voluntary enrollees who prepay a fixed periodic fee that is set without regard to the amount or kind of services received. In addition to diagnostic and treatment services, including hospitalization and surgery, an HMO often offers supplemental services, such as dental, mental, and eye care, and prescription drugs. Federal financial support for the establishment of HMOs was provided under Title XIII of the 1973 U.S. Public Health Service Act.</p> |
| <b>Home Health Agency</b> | A public or private agency that specializes in giving skilled nursing services, aide services and therapeutic services, such as physical therapy, in the home.   |
| <b>home health care</b>   | Skilled nursing services, aide services and therapeutic services provided in the home.   |
| <b>hospice</b>            | A Medicaid or Medicare benefit that provides palliative medical and social support services needed for the management of an individual's terminal illness. Hospice is provided in the home, in a nursing facility, in a free-standing facility, or in a hospital by a Medicare-certified and/or a Medicaid-contracted agency.  |
| <b>HPSA</b>               | <p>Health Personnel Shortage Area</p> <p>A geographic area (county, city, neighborhood or group of census tracts) in which residents have limited access to services due to an inadequate number of providers to serve the population and/or there are financial, geographic, and cultural or language barriers to accessing care.</p>   |
| <b>HR</b>                 | <p>human resources</p> <p>Organization or other human system describes the combination of traditionally administrative personnel functions with acquisition and application of skills, knowledge and experience, Employee Relations and resource planning at various levels.</p>   |
| <b>HS</b>                 | See: Healthy Start.  |
| <b>HSF</b>                | <p>home service facilitation or facilitator</p> <p>Designed to accommodate a variety of financial and time-commitment requirements.</p>  |
| <b>HSHF</b>               | <p>Healthy Start, Healthy Families</p> <p>Free and low cost health coverage for families, children (under 19) and pregnant women with limited income.</p>  |



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| <b>HTML</b> | hyper text markup language<br>The predominant standardized computer language for displaying information in Web browser screens across various operating systems and platforms. It provides a means to describe the structure of text-based information in a document by denoting certain text as links, headings, paragraphs, lists, etc. and to supplement that text with interactive forms, embedded images, and other objects. HTML is written in the form of tags, surrounded by angle brackets. |
| <b>HTP</b>  | healthcare transaction processor<br>One who specializes in healthcare transactions.  |
| <b>HTTP</b> | Hypertext Transport Protocol<br>A communication protocol for the transfer of information on Intranets and the World Wide Web via TCP/IP.   |



| <b>I</b>         |  |
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| <b>IA Scan</b>   | A Captiva Scan Module. This module allows users to create a batch on the InputAccel server and add images through scanning or image import. It can be configured in conjunction with scanner drivers to provide such functionality as: brightness, contrast, image inversion, etc.   |
| <b>IADL</b>      | instrumental activities of daily living<br>Activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.   |
| <b>IAF</b>       | individual assessment form<br>A standardized form used to determine a consumer's status.   |
| <b>IAGB</b>      | interChange Architecture Governance Board  |
| <b>IBNR</b>      | incurred but not reported<br>A balancing item between the incurred claims and the ultimate claims. In pure terms, it only allows for claims that have occurred before the valuation date but have not yet been reported to the insurer either directly or through the broker. This pure usage is not used in practice. Common usage includes reserves for items such as reopened claims, future claims on exposures to be written within the projection period, salvage and subrogation. |
| <b>ICAP</b>      | informal corrective action plan  |
| <b>ICD</b>       | International Classification of Diseases<br>The International Statistical Classification of Diseases and Related Health Problems (most commonly known by the abbreviation ICD) provides codes (up to six characters long) to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease.  |
| <b>ICD-10-CM</b> | International Classification of Diseases – 10 <sup>th</sup> Revision – Clinical Modification<br>The ICD is revised periodically and is currently in its tenth edition.<br>See: ICD.  |
| <b>ICF</b>       | Internet Connection Firewall<br>A software firewall that is included with the Windows 2003 Operating System.   |
| <b>ICF-DD</b>    | Institutional Care Facility for the Developmentally Disabled<br>A Medicaid-funded residential facility that teaches living skills to help people live in less restrictive environments.  |
| <b>ICF-MR</b>    | Intermediate Care Facility for the Mentally Retarded<br>A Medicaid-funded residential facility that teaches living skills to help people live in less restrictive environments.  |



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| <b>ICMS</b> | Integrated Client Management System<br>See: eICMS (electronic Integrated Client Management System).   |
| <b>ICN</b>  | internal control number<br>A unique number assigned to a claim.   |
| <b>ICR</b>  | intelligent character recognition<br>Advanced recognition technology used to read hand-printed text from images.  |
| <b>ICS</b>  | Internet Connection Sharing<br>The name given by Microsoft to a feature of its Windows Operating System for sharing a single Internet connection on one computer between other computers on the same Local Area Network. ICS utilizes the Dynamic Host Control Protocol (DHCP) and Network Address Translation (NAT). |
| <b>ID</b>   | identification number<br>A unique number assigned to an individual. IDs are commonly given to providers and consumers. State staff who are authorized to use interChange are assigned a clerk ID.   |
| <b>IDC</b>  | Internet Data Connector<br>IDC allows the publishing of Open Database Connectivity (ODBC) compliant databases on the Internet/Intranet.   |
| <b>IDS</b>  | Information Delivery System   |
| <b>IEEE</b> | Institute of Electrical and Electronics Engineers, Inc. – this acronym is no longer used.<br>Now referred to by the letters I-E-E-E (pronounced Eye-triple-E).<br>The IEEE develops international standards for telecommunications, information technology, and power generation products and services.               |
| <b>IEVS</b> | Income and Eligibility Verification System<br>A database used to determine income and eligibility.  |
| <b>IIF</b>  | individual information form<br>A form which includes demographic and eligibility information on consumers.  |
| <b>IIS</b>  | Internet Information Services<br>Web server infrastructure that ships with the Microsoft Windows Operating System. Windows 2003 comes with IIS version 6.0.   |
| <b>IKE</b>  | Internet Key Exchange<br>Protocol used to setup up a security association (SA) in the IPsec protocol suite. IKE uses a Diffie-Hellman key exchange to set up a shared session secret from which the cryptographic keys are derived.   |



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| <b>IL</b>                        | <p>independent living</p> <p>The concept of independent living involves the belief that individuals with disabilities have the same rights and responsibilities as other people in society. Thus, services provided to the public should be accessible to persons with disabilities, and systems of support should be made available to help individuals with disabilities live within the community, and lead more independent lives.</p>  |
| <b>ILN</b>                       | <p>image locator number</p> <p>A unique number imprinted on each paper by high-speed EDMS scanners.</p>   |
| <b>image overlay</b>             | <p>An image that contains the structure (i.e. lines, static text, etc.) of a form that has its structure removed during the scanning process. Example: a red CMS1500 form loses its form structure during scanning due to red drop out technologies.</p> <p>Before exporting these images to a repository the overlay is merged with the scanned image to recreate the original document structure.</p> <p>A temporary overlay is placed on the image during Captiva Completion modules to aid operators in validating data extracted from these forms.</p> |
| <b>IMAPI</b>                     | <p>Image Mastering Application Programming Interface</p> <p>A component of the Microsoft Windows Operating System used for CD and DVD recording.</p>  |
| <b>IMIRS</b>                     | Incident Management, Investigation and Response System  |
| <b>IMS</b>                       | Issue Management System   |
| <b>implementation manager</b>    | EDS and ODJFS Managers with the authority to set direction and make decisions related to the project.   |
| <b>Individual Options Waiver</b> | An Ohio Medicaid waiver program that serves people who require an Intermediate Care Facility for the Mentally Retarded level of service. This waiver is administered by the Ohio Department of Mental Retardation/Developmental Disabilities (ODMR/DD).   |
| <b>inherited rule</b>            | A rule that is inherited from a higher level, also called a cascading rule. A rule that is entered at the group level will be inherited by all the specific codes listed under that group. For example, if all CPT office and outpatient evaluation and management procedures are reimbursed using the same pricing methodology, only one rule would be created at the benefit classification group level, Office Or Other Outpatient Services, rather than for each individual service code within that classification.                                    |
| <b>InputAccel</b>                | A software component that handles process flow as part of the Captiva Software package.   |
| <b>InScript2</b>                 | A data recognition engine that can extract marks from various sources including: machine printed, hand written texts and data presence.   |



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| <b>interChange</b>           | <p>The EDS proprietary claims administration platform which provides claims processing for health care providers, Medicaid eligibility verification services, and electronic health records for Medicaid recipients. It is a Web-based system that provides data analysis about health care trends and outcomes enabling assessment of needs and impacts of current programs. Additionally, the system identifies potential fraud and abuse. Multiple payers can utilize a single platform for program administration, and authorized users configure processing rules to match specific plan criteria. Utilizing an n-tier framework, interChange is closely aligned to the MITA initiative and uses industry standards to promote interoperability browser-based healthcare administration platform and integrated, streamlined system</p> <p>Always spelled with the lowercase ‘i’, including at the beginning of a sentence.</p> |
| <b>internal stakeholders</b> | All persons with a direct interest in the outcome of the project, including the EDS Implementation Team, State, and contractors.   |
| <b>IO Waiver</b>             | <p>Individual Options Waiver</p> <p>A home and community-based waiver to let people receive the services they need in their own homes.</p>   |
| <b>IP</b>                    | independent provider   |
| <b>IPC</b>                   | <p>inter-process communication</p> <p>A set of techniques for the exchange of data among two or more threads in one or more processes. Processes may be running on one or more computers connected by a network.</p>   |
| <b>IPP</b>                   | <p>image pre-processing</p> <p>A process used by Captiva to correct images to make them more readable including: Image Deskew: correcting an image that was scanned at a slight angle, cropping, noise removal etc.</p>  |
| <b>IPSec</b>                 | <p>Internet Protocol Security</p> <p>A suite of protocols for securing Internet Protocol communications by authenticating and/or encrypting each IP packet in a data stream.</p>   |
| <b>IQC</b>                   | <p>image quality control</p> <p>A process used by Captiva to automatically detect image quality issues such as: dog ears, image darkness, etc.</p>   |
| <b>IRS</b>                   | Internal Revenue Service   |
| <b>IS</b>                    | <p>Information Services</p> <p>IS delivers products and services to ODJFS state, county and business partners.</p> <p>1. IT Portfolio Management has six sections:</p> <ul style="list-style-type: none"> <li>• Health Plans Portfolio</li> </ul>  |



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|              | <ul style="list-style-type: none"> <li>• Employment Services Portfolio</li> <li>• Human Services Portfolio</li> <li>• Admin Portfolio</li> <li>• Enterprise Portfolio</li> <li>• Business Requirements</li> </ul> <p>A new area, Client Partners, consists of high-level IT professionals who understand IT and the business side of ODJFS. They interact with and focus on helping business partners enact change from an IT perspective.</p> <p>2. Architecture &amp; Engineering (A&amp;E) identifies, transfers, and integrates new technologies into the IS environment and has five sections:</p> <ul style="list-style-type: none"> <li>• Security &amp; Technology A&amp;E,</li> <li>• Solutions A&amp;E<br/>Networking A&amp;E,</li> <li>• Platform A&amp;E, and</li> <li>• Data &amp; Information A&amp;E.</li> </ul> <p>3. Application Development provides teams of skilled staff and processes necessary to estimate, develop, test, implement, and maintain all agency IS application software. It has six sections:</p> <ul style="list-style-type: none"> <li>• Enterprise Online Services &amp; Notices</li> <li>• Enterprise Legacy Solutions</li> <li>• Enterprise JAVA Application Solution</li> <li>• Enterprise Object-Oriented Solutions</li> <li>• Enterprise Web &amp; Business Solutions</li> <li>• Enterprise Systems Testing Center</li> </ul> <p>4. Production &amp; Operations (P&amp;O) is a 24 X 7 command center monitoring infrastructure, business systems and batch jobs and providing day-to-day ongoing support for five ODJFS areas:</p> <ul style="list-style-type: none"> <li>• Client Technology</li> <li>• Infrastructure</li> <li>• Provisioning &amp; Configuration</li> <li>• Incident Management &amp; Production Control</li> <li>• Information &amp; Application</li> </ul> <p>Formerly known as MIS (Management Information Services).</p> |
| <b>ISA</b>   | 1. Individual Support Agreement  |
| <b>ISA</b>   | 2. Interchange Control Header in ASC X 12 Nomenclature   |
| <b>ISAPI</b> | <p>Internet Server Application Programming Interface</p> <p>An N-tier Application Programming Interface (API) of Internet Information Services, Microsoft's collection of Windows-based Web server services.</p>   |



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| <b>ISLC</b>      | Instructional Systems Life Cycle<br>Methodology used as the foundation for planning, preparation, delivery, and post-session evaluation.   |
| <b>ISO</b>       | International Standards Organization<br>An international consortium that determines standards for a variety of industries.   |
| <b>ISP</b>       | individual service plan<br>Developed to identify specific services and supports needed and desired by an individual. The ISP describes all services and supports necessary, regardless of payer source, for a particular individual to maintain health and safety, and avoid institutionalization. The ISP should explain how each support service is intended to meet a need, as indicated in the most recent assessment of the individual's functioning levels.                      |
| <b>issue</b>     | An issue is something that needs resolution to avoid negative impact to scope, timing, requirements, cost, quality, resources, or progress according to the plan. It may be a point of debate or concern; a matter that is in dispute. An issue is often a question that needs to be answered. An issue requires special attention and effort to resolve.<br>Issues management includes identification, classification, logging and prioritizing, monitoring and control, and closing. |
| <b>ISTV</b>      | intra state transfer voucher<br>A voucher system to reimburse persons for eligible transportation.   |
| <b>IT</b>        | Information Technology<br>Any equipment, or interconnected system(s) or subsystem(s) or equipment, that is used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the Agency. IT includes computers, ancillary equipment, software, firmware, and similar procedures, services (including support services), and related resources.                            |
| <b>iteration</b> | An incremental development milestone that includes a pre-defined set of requirements all of which are verifiable within the iteration.   |
| <b>ITF</b>       | integrated test facility<br>A fictitious entity in a database to process test transactions simultaneously with live input. It can be used to incorporate test transactions into a normal production run of a system. Its advantage is that periodic testing does not require separate test processes. However, careful planning is necessary, and test data must be isolated from production data.   |
| <b>ITM</b>       | implementation team members  |
| <b>ITNA</b>      | individual training needs assessment<br>A tool used to assess the particular training a person requires to complete his or her job.  |



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| <b>iTRACE</b>   | information Tracking Repository and Collaboration Exchange<br>The online repository for implementation documentation. An EDS proprietary product formerly called Project Workbook.  |
| <b>ITS</b>      | 1. Internal Tracking System   |
| <b>ITS</b>      | 2. Intelligent Transportation Systems<br>A broad range of wireless and wire line communications-based information and electronics technologies.   |
| <b>IV-D</b>     | A federal program that requires states to track child support and is used as a generic term to represent the state’s child support system. Pronounced ‘four D’.   |
| <b>IV&amp;V</b> | Independent Validation and Verification (IV&V)<br>An independent contractor that performs assessments to: <ul style="list-style-type: none"> <li>• Provide management review of project, process and product risk;</li> <li>• Ensure early identification and mitigation of risks and issues;</li> <li>• Increase the likelihood of project and post-implementation success from the perspectives of: <ul style="list-style-type: none"> <li>○ Business transformation</li> <li>○ Organizational change</li> <li>○ Technological change</li> </ul> </li> <li>• Verify the MITS solution meets business and technical requirements; and assure overall quality.</li> </ul> |
| <b>IVR</b>      | interactive voice response<br>A phone technology that allows a computer to detect voice and touch tones using a normal phone call. The IVR system can respond with pre-recorded or dynamically generated audio to further direct callers on how to proceed. IVR systems can be used to control almost any function where the interface can be broken down into a series of simple menu choices.   |



| <b>J</b>          |   |
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| <b>JAD</b>        | <p>Joint Application Design</p> <p>A process used in the Systems Development Life Cycle to collect business requirements while developing new information systems for a company.</p>  |
| <b>JCAHO</b>      | <p>Joint Commission on Accreditation of Healthcare Organizations</p> <p>A private sector United States-based non-profit organization. It is the best known of a number of active healthcare accreditation groups in the United States.</p>  |
| <b>JCARR</b>      | <p>Joint Committee on Agency Rule Review</p> <p>Reviews administrative rules proposed by various rule-making bodies, including state agencies, departments, boards and commissions. The committee reviews rules to determine if they exceed the scope of the filing organization's legal authority, conflict with the intent of law, or conflict with another rule of the same agency or a different rule-making agency.</p>  |
| <b>JCODE</b>      | <p>A subset of the HCPCS Level II code set with a high-order value of 'J' that has been used to identify certain drugs and other items.</p>   |
| <b>JFS</b>        | <p>Job and Family Services</p> <p>Used as a shortened form of ODJFS – Ohio Department of Job and Family Services. ODJFS is the preferred form.</p>  |
| <b>JIL</b>        | <p>Job Instruction Language</p> <p>Used in Oracle programming.</p>  |
| <b>JS&amp;R</b>   | <p>Job Search and Readiness</p> <p>A week is defined as 20 hours for a single custodial parent with a child under 6, and 30 hours for all other work-eligible individuals. Limit applies to the preceding 12 month period. No longer need to be documented on a daily basis. Participation over 3-4 days can be deemed to meet the weekly requirement (one time per individual). Travel time between interviews can be counted as part of job search/job readiness, but not the travel time to the first interview or home from the last one.</p> |
| <b>Julian day</b> | <p>A three digit number representing a single day during a 365 (366 on leap years) calendar. (i.e. January 5<sup>th</sup> = Julian Day 005, December 31<sup>st</sup> = Julian Day 365 (non leap year))</p>  |



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| <b>K</b>   |  |
| <b>kb</b>  | <p>kilobit</p> <p>A unit of measure of information or computer storage equal to either 1000 bits or 1024 bits depending upon context. Eight kb equals 1 KB.</p>  |
| <b>KB</b>  | <p>kilobyte</p> <p>A unit of measure of information or computer storage equal to either 1000 bytes or 1024 bytes depending upon context. One KB equals 8 kb.</p>   |
| <b>KFI</b> | <p>key from image</p> <p>A process by which a data entry operator keys data from an image of an original document into a computerized form.</p>  |
| <b>KMT</b> | <p>Knowledge Management Tool</p> <p>A resource for planning knowledge management (KM) projects (i.e. projects that promote sharing and use of knowledge such as ideas, expertise, and best practices).</p> |
| <b>KS</b>  | <p>keystrokes</p> <p>A measurement of how many keys are pressed within a time frame.</p>   |
| <b>KSA</b> | <p>Knowledge, Skills and Attributes/Abilities</p>  |



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| <b>L</b>                   |   |
| <b>LAN</b>                 | <p>local area network</p> <p>A computer network covering a small geographic area such as a home, office, or group of buildings in close proximity to each other. The defining characteristics of LANs in contrast to Wide Area Networks (WANs) include their much higher data transfer rates, smaller geographic range, and lack of a need for leased telecommunications lines.</p>   |
| <b>LCMS</b>                | <p>Learning Content Management System</p> <p>A multi-user environment where learning developers may create, store, reuse, manage, and deliver digital learning content from a central object repository. LCMS applications allow users to create and reuse small units or 'chunks' of digital learning content/assets, commonly referred to as learning objects. An LCMS manages the process of creating, editing, storing and delivering e-learning content.</p> |
| <b>LDAP</b>                | <p>Lightweight Directory Access Protocol</p> <p>An application protocol for querying and modifying a directory service such as Microsoft's Active Directory running over TCP/IP.</p>  |
| <b>LEAP</b>                | Learning, Earning and Parenting   |
| <b>LEIE</b>                | List of Excluded Individuals and Entities   |
| <b>Level Of Care Plans</b> | Includes the benefits usually provided under a long term care or waiver program agreement. The consumer is eligible to receive services at provider specific rates. Condition code assignment to an inpatient level of care, such as skilled, intermediate, or developmentally disabled, will allow payment to a provider at a per diem rate for inpatient claims submitted.  |
| <b>Level One Waiver</b>    | An Ohio Medicaid home and community based waiver program, which allows people who have care needs which require them to live in an Intermediate Care Facility for the Mentally Retarded, to live in the community. It is administered by the Ohio Department of Mental Retardation and Developmental Disabilities.  |
| <b>lexicon</b>             | A dictionary or group of stock terms used in a particular way. Performance of the InScript2 recognition can be enhanced by using dictionaries of words that are found in documents as well as any provision of lexical patterns (regular expressions) that are common in the documents. A Standard English lexicon is supplied with Captiva, and custom user lexicons can also be supplied if required.   |
| <b>LIF</b>                 | low-income families   |



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| <b>LIS</b>          | Legislative Information System<br>A non-partisan agency established to facilitate the legislative process that provides the very highest quality professional information technology services through robust, reliable, cost-effective systems that meet the needs of legislative agencies.   |
| <b>LM</b>           | LAN (Local Area Network) Manager<br>A network operating system from Microsoft developed in cooperation with 3Com. LAN Manager is based on OS/2 and uses the Server Message Block protocol atop the NetBIOS Frames protocol.   |
| <b>LMI</b>          | Labor Market Information<br>Economic data including unemployment and employment statistics.   |
| <b>LMS</b>          | Learning Management System<br>A set of software tools designed to manage user learning interventions.   |
| <b>LOC</b>          | level of care<br>A classification system in the Ohio Administrative Code (rules) used to determine the appropriate types of long-term care Medicaid will provide for consumers, either in an institutional setting or in the home and community through a waiver program.   |
| <b>lock-in</b>      | A status assigned to a Medicaid consumer that restricts a consumer to certain benefits from a single, identified source.<br>Lock-in is most used in Pharmacy Benefits Management to require a potentially abusive consumer to pick up prescriptions at a certain pharmacy only. Lock-in is used in managed care to require a consumer to receive care through a certain HMO or service network for a set period of time.<br>See: PACT (Primary Alternative Care and Treatment Program). |
| <b>Lock-in Plan</b> | A consumer must receive services from a specific provider or group, or must have a referral from a specific provider in order to have benefit coverage. For example, a consumer must receive a particular class of drugs, can only receive services from specific provider(s) for a designated timeframe, must obtain a referral to see a provider, or can only receive services for exact diagnoses.   |
| <b>LOINC</b>        | Logical Observation Identifiers Names and Codes<br>One of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information.  |
| <b>LPMD</b>         | local program management description  |
| <b>LPN</b>          | licensed practical nurse<br>A nursing certification that falls below Registered Nurse (RN).   |



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| <b>LSA</b>   | Local Security Authority<br>Formally referred to as Local Security Authority Subsystem Service (LSASS), is a process in Microsoft Windows Operating Systems that is responsible for enforcing the security policy on the system. It verifies users logging on to a Windows computer or server, handles password changes, and creates access tokens. |
| <b>LSC</b>   | Legislative Service Commission  |
| <b>LTC</b>   | long term care<br>Medical and non-medical care to people who have a chronic illness or disability which helps meet health or personal needs. Most long-term care is to assist people with support services such as daily living activities.   |
| <b>LTCF</b>  | long term care facility<br>A nursing home or an intermediate care facility for people who are unable to care for themselves.  |
| <b>LTCPP</b> | Long Term Care Partnership Program  |



| <b>M</b>    |  |
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| <b>MAC</b>  | 1. maximum allowable cost  |
| <b>MAC</b>  | 2. Medicaid administrative claiming  |
| <b>MACR</b> | MITA Alignment Compliance Review   |
| <b>MAR</b>  | <p>Management and Administrative Reporting</p> <p>The purpose of the Management and Administrative Reporting (MAR) subsystem is to provide financial and statistical reports (both scheduled and on-request) to assist the state and federal governments with fiscal planning, new program and policy development, and the monitoring and control of State Medical Assistance Programs.</p> <p>Also known as MARS (Management and Administrative Reporting System) when referring to the subsystem.</p>  |
| <b>mb</b>   | <p>(megabit) - a megabit has two different values depending on what the term is being used to describe. When used to describe data storage, a megabit (mb) is the equivalent of 220 or 1,048,576 bits. However, when used to describe data transfer rates, one mb equals 1,000,000 bits.</p> <p>8 mb equals one MB.</p>  |
| <b>MB</b>   | <p>(megabyte) – a unit for digital information storage or transmission and is equal to 106 (1,000,000) bytes.</p> <p>One megabyte (MB), when used to describe data storage, equals 220 or 1,048,576 bytes.</p> <p>One MB equals 8 mb.</p>  |
| <b>mbps</b> | <p>(megabits per second)</p> <p>A measurement of data transfer measured in megabits. Represents 1,000,000 bits per second.</p>   |
| <b>MBps</b> | <p>(megabytes per second)</p> <p>A measurement of data transfer measured in megabytes. When used to explain data transfer rates, one megabyte (MB) is 1,000,000 bytes (B), or 8,000,000 bits (b).</p>  |
| <b>MC</b>   | <p>Managed Care</p> <p>The Managed Care function is designed to assure consumer access to necessary medical care, while at the same time controlling medical assistance program costs. The two primary Managed Care assignment plans (programs) supported by the Ohio MITS system are Covered Families and Children (CFC) and Aged, Bind, or Disabled (ABD). Under such programs, the state develops a network of MCPs (Managed Care Plans) who contract with providers to provide medical services to Medicaid program consumers. Under these programs, consumers receive services covered under the specific capitated assignment plan from a provider contracted with that MCP for which they are enrolled.</p> |



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| <b>MCA</b>                  | Medicaid cash assistance  |
| <b>MCAC</b>                 | Medical Care Advisory Committee   |
| <b>MCEC</b>                 | <p>managed care enrollment center</p> <p>The organization or individual under contract with or designated by ODJFS to provide managed care information, provide assessment in-take services for managed care, and selection services to eligible individuals. A MCEC assists eligible individual or authorized representative of any eligible assistance group requesting help in selecting an MCP or other healthcare option.</p> <p>Formerly called a selection services center (SSC).</p>  |
| <b>MCN</b>                  | <p>Managed Care Network</p> <p>A panel of providers associated with a Managed Care Plan.</p>  |
| <b>MCO</b>                  | Managed Care Organization   |
| <b>MCP</b>                  | <p>Managed Care Plan</p> <p>A health insuring corporation licensed in the state of Ohio or an alternative qualified entity that enters into a provider agreement with ODJFS in the managed health care program (defined also in OAC rules). A MCP must ensure that members have access to all medically-necessary services covered by Medicaid. It must ensure that services are sufficient in amount, duration and scope reasonably expected to achieve the purpose for which the services are furnished, not arbitrarily denied or reduced solely because of the diagnosis, type of illness or condition.</p> |
| <b>MCPN</b>                 | Managed Care Provider Network   |
| <b>MCTL</b>                 | Managed Care Transmittal Letter   |
| <b>MD5</b>                  | <p>Message Digest algorithm 5</p> <p>A widely used cryptographic hash functions with a 128-bit hash value. Based on RFC (Request for Comments) 1321, MD5 is used in a variety of security applications and often used for checking file integrity.</p>  |
| <b>MDAC</b>                 | <p>Microsoft Data Access Components</p> <p>A framework of interrelated Microsoft technologies that allows programmers a uniform and comprehensive method of developing applications that can access almost any data store. MDAC components include Active-X Data Objects (ADO), Object Linking and Embedding Database (OLE DB), and Open Database Connectivity (ODBC).</p>  |
| <b>MDS</b>                  | minimum data sets   |
| <b>MDW</b>                  | Medicaid Data Warehouse   |
| <b>Medicaid</b>             | The federal medical assistance program as described in Title XIX of the Social Security Act   |
| <b>Medicaid case number</b> | This is a ten-digit, permanent identification number assigned by ODJFS to an individual's file.   |



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| <b>Medicaid match</b>        | The federal government requires that the state/local government match federal government funds for Medicaid reimbursement services. In Ohio, this is about 60 percent federal and 40 percent state match.  |
| <b>Medicare</b>              | The federal health care program as described in Title XVIII of the Social Security Act. Part A covers hospitalization and Part B covers medical insurance.   |
| <b>Medicare Cost Sharing</b> | <p>State Medicaid agencies are required to assist low-income Medicare beneficiaries (who may or may not be eligible for regular Medicaid) to pay Medicare cost sharing, defined as premiums, deductibles, and coinsurance:</p> <ul style="list-style-type: none"> <li>• All cost sharing for those below the Federal poverty level (FPL) and otherwise qualifying;</li> <li>• Part B premiums for persons with incomes 100-120 percent of FPL;</li> <li>• All or a portion Part B premiums for persons 120-175 percent of FPL, limited by funding availability;</li> <li>• Part A premiums for persons with disabilities who have worked their way off Social Security and whose incomes are below 200 percent of FPL.</li> </ul> <p>States also have the option to extend additional protections or to cover additional Medicare beneficiaries beyond what is mandated by federal law. See: MPAP (Medicare Premium Assistance Program).</p> |
| <b>MEDTAPP</b>               | <p>Medical Technical Assistance and Policy Project</p> <p>An interagency agreement between the Ohio Department of Job and Family Services (ODJFS) and the Ohio Board of Regents (OBOR) to promote health services research related to the Ohio Medicaid Program at Ohio's institutions of higher education.</p>  |
| <b>MEG</b>                   | 1. Medicaid Eligibility Group  |
| <b>MEG</b>                   | 2. Medstat Episode Grouper   |
| <b>MEI</b>                   | Medicare Economic Index  |
| <b>MEM</b>                   | <p>Medicaid Eligibility Manual</p> <p>An all-encompassing rule manual regarding Medicaid eligibility that is used by county caseworkers and OHP staff.</p> <p>Replaces Public Assistance Manual (PAM).</p>   |
| <b>member ID</b>             | The identification number of an individual provider who is part of a Managed Care Network  |
| <b>mental retardation</b>    | Significantly sub-average general intellectual functioning existing concurrently with deficiencies in adaptive behavior and manifested during the developmental period.  |
| <b>MEPL</b>                  | <p>Medicaid Eligibility Procedure Letter</p> <p>A yearly letter setting the level of income and other standards for a consumer.</p>  |



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| <b>MEQC</b>            | Medicaid Eligibility Quality Control   |
| <b>metadata</b>        | Information (indexes, keywords, etc.) that describes the content, condition, origin, and other characteristics of other pieces of information. The predefined criteria (names, dates, document types, IDs etc.) that allow content retrieval and classification inside an EDMS system.   |
| <b>MFCU</b>            | Medicaid Fraud Control Unit  |
| <b>MFP</b>             | Money Follows the Person<br>Ohio was one of 17 states to receive funding for the “Money Follows the Person” demonstration project enacted by Congress as part of the Federal Deficit Reduction Act of 2005. These funds are to be used to relocate approximately 2,200 seniors and persons with disabilities from institutions to home and community based settings, and to help Ohio balance the long term service and support structure. |
| <b>MH</b>              | mental health<br>A term used to describe either a level of cognitive or emotional wellbeing or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.  |
| <b>MIA</b>             | Monthly Income Allowance   |
| <b>MIG</b>             | Medicaid Integrity Group   |
| <b>Milestone</b>       | The measuring point used to review and approve progress, to authorize continuation of work, and, depending on the terms of the contract, to pay for work completed.  |
| <b>Milliman</b>        | Contracted actuary with OHP.   |
| <b>MIME</b>            | Multipurpose Internet Mail Extensions<br>An Internet standard that extends the format of email to support: text in character sets other than ASCII; non-text attachments; message bodies with multiple parts; and header information in non-ASCII character sets.  |
| <b>MIQC</b>            | Manual Image Quality Control<br>A Captiva module that allows an operator to identify images that were not automatically identified by the Form ID process. It also allows operators to reject and reroute poor images to be rescanned.   |
| <b>MIS</b>             | Management Information Services<br>Effective October 1, 2008, MIS became Information Services (IS).  |
| <b>MITA</b>            | Medicaid Information Technology Architecture<br>National framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise.  |
| <b>mitigation plan</b> | Action taken to reduce or eliminate the probability and impact of an identified risk before it occurs.   |



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| <b>MITS</b>         | Medicaid Information Technology System<br>Medicaid claims processing and information system.  |
| <b>MMA</b>          | Medicare Modernization Act<br>A law of the United States enacted in 2003 that introduced entitlement benefit for prescription drugs, through tax breaks and subsidies.  |
| <b>MMC</b>          | Microsoft Management Console<br>A graphical user interface framework that provides a unified and consistent console view for managing the Windows operating environment via various tools also referred to as snap-ins. Examples of snap-ins include Active Directory Users and Tools, Certificate Server, and DNS Manager.   |
| <b>MMDCS</b>        | Medicaid Managed Care Data Collection System  |
| <b>MMIS</b>         | Medicaid Management Information System<br>Legacy Medicaid claims processing and information system.   |
| <b>MMMNA</b>        | Minimum Monthly Maintenance Needs Allowance   |
| <b>MMNL</b>         | Medicaid Matters Newsletter<br>A newsletter for county caseworkers to help them spot problems, remind them of rules, and offer tips for evaluating cases.   |
| <b>modification</b> | Routine system changes that are identified throughout the life of the contract, documented on the Customer Service Request (CSR) form, and submitted to the contractor for design, programming, and implementation.   |
| <b>MOS</b>          | Medical Operations Section<br>A unit within ODJFS.  |
| <b>MOU</b>          | Memorandum of Understanding<br>A document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It most often is used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforcement agreement. |
| <b>MPAP</b>         | Medicare Premium Assistance Program<br>This program helps people eligible for Medicare who have limited income and assets get help in paying the cost of Medicare premiums, deductions, and coinsurance.<br>See: Medicare Cost Sharing.   |
| <b>MPR</b>          | Mathematica Policy Research, Inc.   |
| <b>MR/DD</b>        | mental retardation/developmental disabilities   |
| <b>MR/MH</b>        | mental retardation/mental health  |
| <b>MSIS</b>         | Medicaid Statistical Information System   |



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| <b>MSMQ</b>        | Microsoft Message Queuing<br>A Message Queue implementation developed by Microsoft and deployed in Windows Server Operating Systems since Windows NT 4. MSMQ is a messaging protocol that allows applications running on disparate servers to communicate in a failsafe manner.         |
| <b>MTA</b>         | 1. medical technical advisor<br>Title of contracted physician who may be called to review enrollment appeals and hearings if necessary  |
| <b>MTA</b>         | 2. Metro Transit Authority<br>Akron public transportation authority.  |
| <b>MTL</b>         | manual transmittal letter<br>Used to communicate updated State policy to the public.  |
| <b>MUI</b>         | Major Unusual Incident<br>(data from Sister Agencies)   |
| <b>Multi-payer</b> | In a Multi-payer environment, budgets and financial reporting separate out who is responsible to pay for each service. A single remittance advice (RA) is generated to the provider, but the financial system keeps the appropriate payers identified and provides financial balancing. |
| <b>MultiVBA</b>    | A process used by Captiva to validate a sequence of images within a document and perform document manipulations like: deleting document dividers, separating documents, etc.  |
| <b>MVFS</b>        | multi-version file system<br>Used with ClearCase.   |



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| <b>N</b>     |  |
| <b>NA</b>    | nurse aide<br>Lowest level of nursing certification.   |
| <b>NABP</b>  | National Association of Boards of Pharmacy<br>An association of state boards of pharmacy. The NABP identification number has 7 digits.   |
| <b>NAIC</b>  | National Association of Insurance Carriers<br>An organization of insurance regulators from the 50 states, the District of Columbia, and the five U.S. territories. The NAIC provides a forum for the development of uniform policy when uniformity is appropriate.   |
| <b>NASHP</b> | National Academy for State Health Policy<br>The National Academy for State Health Policy is an independent, non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice that works together with state health policymakers to identify emerging issues, develop policy solutions, and improve state health policy and practice.   |
| <b>NAT</b>   | Network Address Translation<br>A technique of transceiving network traffic through a router that involves rewriting the source and/or destination IP addresses and usually also the TCP (Transport Control Protocol)/UDP (User Datagram Protocol) port numbers of IP packets as they pass through. Many systems use NAT to enable multiple hosts on a private network to access the Internet using a single public IP address. |
| <b>NCCI</b>  | National Correct Coding Information<br>A database, obtained from NTIS (National Technical Information Service), which consists of several procedure code edit pairs (comprehensive/greater codes and component/lesser codes).  |
| <b>NCPDP</b> | National Council of Prescription Drug Programs<br>NCPDP creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry.   |
| <b>NCQA</b>  | National Committee for Quality Assurance<br>A private, 501(c) (3) not-for-profit organization dedicated to improving health care quality.  |



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| <b>NDC</b>     | <p>national drug code</p> <p>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. (See Section 510 of the Federal Food, Drug, and Cosmetic Act (Act) (21 U.S.C. § 360)). Drug products are identified and reported using a unique, three-segment number, called the National Drug Code (NDC), which is a universal product identifier for human drugs.</p> |
| <b>NET</b>     | <p>non-emergency transportation</p> <p>Non-emergency transportation services are transportation services used in non-emergency situations. They include air transportation, non-emergent medical vehicles, taxi, public transportation, non-profit transportation, and multi-load private transportation.</p>   |
| <b>NetBEUI</b> | <p>NetBIOS Extended User Interface</p> <p>A new extended version of NetBIOS which formalizes the frame format that was not specified as part of NetBIOS. NetBEUI was developed by IBM for its LAN Manager product and has been adopted by Microsoft for its Windows NT, LAN Manager, and Windows for Workgroups products.</p>   |
| <b>NetBIOS</b> | <p>Network Basic Input Output System</p> <p>The NetBIOS Application Programming Interface (API) allows applications on separate computers to communicate over a Local Area Network. In modern networks, NetBIOS typically runs over TCP/IP, giving each computer in the network both a NetBIOS name and an IP address and a host name.</p>  |
| <b>NetBT</b>   | <p>NetBIOS over TCP/IP</p> <p>Networking protocol that allows legacy computer applications relying on the NetBIOS Application Programming Interface (API) to be used on modern TCP/IP networks.</p>   |
| <b>NetDDE</b>  | <p>Network Dynamic Data Exchange</p> <p>Originally developed by Wonderware as an extension to Dynamic Data Exchange (DDE) that could be used to initiate and maintain the network connections needed for DDE conversations between DDE-aware applications running on different computers in a network and transparently exchange data.</p>  |
| <b>NF</b>      | <p>nursing facility</p> <p>A residential facility that is established pursuant to section 1919 (a) - (d) of the Social Security Act, to provide Medicaid-funded services.</p>   |
| <b>NH</b>      | <p>nursing home</p> <p>A residential nursing facility includes skilled nursing facilities and nursing facilities.</p>   |



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| <b>NHIS</b> | <p>National Health Interview Survey</p> <p>NHIS is a multi-purpose survey conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. NHIS has been conducted continuously since 1957.</p>  |
| <b>NHIT</b> | <p>National Health Information Technology</p> <p>A consistent federal framework for efficiency, standardization, reliability and availability to improve the exchange of comprehensive health information solutions, including health care delivery; and, to provide appropriate patient access to improved health data.</p>  |
| <b>NIST</b> | <p>National Institute of Standards and Technology</p> <p>A non-regulatory federal agency within the U.S. Department of Commerce that promotes U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology.</p>   |
| <b>NLA</b>  | <p>Network Location Awareness</p> <p>The Network Location Awareness service provider enables Windows Sockets 2 applications to identify the logical network to which a Windows computer is attached. NLA also enables Windows Sockets applications to identify which physical network interface a given application has saved specific information.</p>   |
| <b>NMES</b> | <p>National Medical Expenditure Survey</p> <p>The NMES series provides information on health expenditures by or on behalf of families and individuals, the financing of these expenditures, and each person's use of services.</p>  |
| <b>NNTP</b> | <p>Network News Transport Protocol</p> <p>An Internet application protocol used primarily for reading and posting Usenet articles as well as transferring news among news servers.</p>  |
| <b>NOD</b>  | <p>Notice of Operational Deficiency</p> <p>If there is an allegation that a rule (Ohio Administrative Code rules associated with the Ohio Home Care program) has been violated, the Ohio Department of Job and Family Services (ODJFS) has a system to advise Medicaid providers of all alleged rule violations.</p> <p>ODJFS sends this notice to a provider to make them aware of an alleged violation after a preliminary investigation. The NOD will indicate which Ohio Administrative Code rule was violated and a brief statement of what happened. A copy of the rule will be included with the notice.</p> <p>One of the purposes of the NOD is to correct an action or event. The NOD also teaches and/or informs the provider of an infraction that has occurred and been reported regarding their provision or lack of provision of services.</p> |



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| <b>Notification</b> | The terms alert and notification are used interchangeably to indicate a signal or message sent from one program or person to another to indicate a status change, a need for action, or to pass information. The method for alerting will vary, depending on the business process and the nature of the alert/notification.  |
| <b>NPDB</b>         | <p>National Practitioner Data Bank</p> <p>NPDB was established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (the Act), as amended. Final regulations governing the NPDB are codified at 45 CFR Part 60. Responsibility for NPDB implementation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (HHS).</p> <p>The intent of Title IV of P.L. 99-660 is to improve the quality of health care by encouraging State licensing boards, hospitals and other health care entities, and professional societies to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosure or discovery of previous medical malpractice payment and adverse action history.</p> |
| <b>NPI</b>          | <p>national provider identifier</p> <p>The National Provider Identifier (NPI) is a HIPAA Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. Beginning May 23, 2007 (May 23, 2008, for small health plans), the NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.</p>  |
| <b>NPDES</b>        | <p>National Plan and Provider Enumeration System</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) developed the National Plan and Provider Enumeration System (NPDES) to assign NPI, unique identifiers, to covered health care providers and health plans.</p>   |
| <b>NPS</b>          | <p>National Provider System</p> <p>The administrative system envisioned for supporting a national provider registry.</p>   |



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| <b>NTFS</b>   | <p>New Technology File System</p> <p>NTFS was first introduced with the Windows NT Operating System and offers numerous benefits over the older File Allocation Table based file systems. NTFS provides enhanced reliability via journal logging, enhanced security by allowing permissions to be set at the individual file level, and improved performance by tracking file clusters via a B-tree directory scheme.</p> |
| <b>NTIS</b>   | <p>National Technical Information Service</p> <p>Supports the Department of Commerce mission to promote the nation's economic growth by providing access to information that stimulates innovation and discovery and serves as the largest central resource for government-funded scientific, technical, engineering, and business-related information available covering over 350 subject areas.</p>                     |
| <b>NTLM</b>   | <p>NT LAN Manager (New Technology Local Area Network Manager)</p> <p>A Microsoft authentication protocol used with the SMB (Server Message Block) protocol. NTLM uses a challenge-response sequence for establishing authentication.</p>  |
| <b>NTLMv2</b> | <p>New Technology Local Area Network Manager version 2</p> <p>First introduced in Windows NT 4.0 Service Pack 4, is a challenge-response authentication protocol. It is intended as a cryptographically strengthened replacement for NTLMv1.</p>  |
| <b>NTP</b>    | <p>Network Time Protocol</p> <p>A protocol for synchronizing the clocks of computer systems over packet-switched, variable latency data networks.</p>   |
| <b>NWLink</b> | <p>Netware Link</p> <p>Microsoft's implementation of Novell's IPX (Internetwork Packet Exchange)/SPX (Sequenced Packet Exchange). NWLink includes an implementation of NetBIOS atop IPX/SPX. NWLink packages data to be compatible with client/server services on NetWare networks. In order to access NetWare File and Print Services, the Client Service for NetWare must be installed.</p>                             |



| <b>O</b>        |   |
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| <b>OAC</b>      | Ohio Administrative Code<br>The Administrative Code contains the full text of, or a reference to, every rule that has been adopted by the agencies of state government. A rule is a formal, written communication of the law that has been established by an agency under a statute that authorizes the agency to adopt rules.  |
| <b>OAGA</b>     | Organizational Assessment and Gap Analysis<br>A process by which an entity is analyzed to determine its present structure and performance ('As Is') and compared to the desired outcome of proposed changes ('To Be') with a description of the differences between the two states.   |
| <b>OACBMRDD</b> | Ohio Association of County Boards of Mental Retardation and Developmental Disabilities  |
| <b>OAKS</b>     | Ohio Administrative Knowledge System<br>A PeopleSoft administrative software system used as a financial and human resources system across Ohio.   |
| <b>OAPL</b>     | Ohio Adoption Photo Listing<br>A part of the AdoptOhio program to promote adoption in Ohio.   |
| <b>OASIS</b>    | Outcome and Assessment Information Set<br>A group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement (OBQI). This assessment is performed on every patient receiving services of Home Health agencies that are approved to participate in the Medicare and/or Medicaid programs. |
| <b>OBES</b>     | Ohio Bureau of Employment Services<br>Now Ohio Department of Job and Family Services (ODJFS)  |
| <b>OBM</b>      | Office of Budget and Management<br>A cabinet-level agency within the executive branch of the Ohio state government. OBM coordinates, develops, and monitors agency operating and capital budgets, and reviews, processes, and reports financial transactions made by state agencies.  |
| <b>OBOR</b>     | Ohio Board of Regents<br>A nine-member advisory board to the Chancellor with two ex-officio representatives from the State Legislature, created in 1963 by the General Assembly.  |
| <b>OBRA</b>     | Omnibus Budget Reconciliation Act (of 1987)<br>Federal legislation which allows states to offer - under a waiver - a variety of home and community-based services that a person uses to avoid living in an institution.   |



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| <b>OBRA'90</b> | Omnibus Budget Reconciliation Act of 1990<br>Created the Medicaid Drug Rebate Program  |
| <b>OCA</b>     | Office of Contracts and Acquisitions<br>Develops all ODJFS personal services contracts, grant agreements, inter-agency and inter-branch agreements, and any other contractual type documents.  |
| <b>OCDA</b>    | Ohio CSEA Directors' Association<br>Established in 1990, the Ohio CSEA Directors' Association (OCDA) is a statewide professional organization representing county child support enforcement agencies (CSEAs) and dedicated to strengthening Ohio's child support program.  |
| <b>OCI</b>     | Office of the Chief Inspector<br>Monitors the application of the inmate grievance procedure in the institutions ensuring that inmate concerns and problems are being appropriately addressed. Each institution has an Inspector of Institutional Services who is physically located at the institution. The Office of the Chief Inspector provides assistance to institutional investigators and inspectors as well as conducts internal administrative investigations for the department. |
| <b>OCM</b>     | Organizational Change Management   |
| <b>OCR</b>     | optical character recognition<br>The mechanical or electronic translation of images of handwritten, typewritten or printed text (usually captured by a scanner) into machine-editable text.  |
| <b>OCRA</b>    | An older, commonly used machine print font that is OCR friendly. OCRA is a widely used on bank checks, serial tracking labels, credit card imprints, cash registers, and US postal mail.   |
| <b>OCRB</b>    | An older, commonly used machine print font that is OCR friendly. OCRB is a also widely used on bank checks, serial tracking labels, credit card imprints, cash registers, and US postal mail.  |
| <b>OCTF</b>    | Ohio Children's Trust Fund<br>The Ohio Children's Trust Fund was created in Ohio law in 1984 and funds primary and secondary prevention strategies that are conducted at the local level; in addition to activities and projects of statewide significance designed to strengthen families and prevent child abuse and neglect.  |
| <b>OCWTP</b>   | Ohio Child Welfare Training Program<br>The mission of the Ohio Child Welfare Training Program (OCWTP) is to promote the delivery of high quality, family-centered child welfare services to abused and neglected children and their families by assuring staff in the child welfare system are properly trained.   |



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| <b>ODADAS</b>  | Ohio Department of Alcohol and Drug Addiction Services<br>ODADAS plans, initiates and coordinates an extensive system of services designed to prevent substance abuse and treat Ohio’s addicted populations. The Department, by statute (Am. Sub. H.B. 317), coordinates the alcohol and other drug services of state departments, the criminal justice system, law enforcement, the legislature, local programs and treatment/prevention professionals. |
| <b>ODE</b>     | Ohio Department of Education<br>The State department responsible for Ohio’s education system as well as teaching certification and testing standards.  |
| <b>ODA</b>     | Ohio Department of Aging<br>To provide leadership for the delivery of services and supports that improve and promote quality of life and personal choice for older Ohioans, adults with disabilities, their families and their caregivers.   |
| <b>ODBC</b>    | open database connectivity<br>ODBC provides a standard software API method for using database management systems (DBMS). It is designed to make it independent of programming languages, database systems, and operating systems.  |
| <b>ODC</b>     | Orlando Data Center<br>EDS data facility used by multiple accounts.  |
| <b>ODH</b>     | Ohio Department of Health<br>State department which partners with local health departments and the members of the medical and health communities (e.g. immunization efforts, local well child and family services, Women, Infant and Children (WIC) supplemental nutritional services, and dental sealant programs).   |
| <b>ODHS</b>    | Ohio Department of Human Services (see ODJFS)  |
| <b>ODI</b>     | Ohio Department of Insurance<br>The mission of the Ohio Department of Insurance is to provide consumer protection through education and fair but vigilant regulation while promoting a stable and competitive environment for insurers.  |
| <b>ODJFS</b>   | Ohio Department of Job and Family Services<br>State department which includes all agencies responsible for employment and job training, public assistance programs, children’s services agencies. ODJFS is the single Medicaid agency for Ohio.  |
| <b>ODJFSDA</b> | Ohio Job and Family Services Directors’ Association  |
| <b>ODM</b>     | Office of Document Management<br>EDMS Group that receives, scans, and processes documents.   |



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| <b>ODMH</b>                        | Ohio Department of Mental Health<br>Works to assure access to quality mental health services for Ohioans at all levels of need and life stages; promotes and establishes mental health as a cornerstone of health and wellness for individuals, families and communities throughout Ohio.   |
| <b>ODMRDD</b>                      | Ohio Department of Mental Retardation and Developmental Disabilities.   |
| <b>ODOT</b>                        | Ohio Department of Transportation<br>To seamlessly link Ohio’s highways, railways, transit, aviation and port facilities, ODOT will promote a world-class, integrated multi-modal transportation system that is efficient, cost-effective and reliable for all of the state’s citizens, businesses and travelers.   |
| <b>Office of Ohio Health Plans</b> | An office of the Ohio Department of Job and Family Services responsible for administering Ohio’s Medicaid program.  |
| <b>OFIS</b>                        | OAKS Financial Interface System   |
| <b>OFS</b>                         | Office of Fiscal Services<br>OFS provides fiscal oversight of all ODJFS offices and is accountable for financial reporting for ODJFS. It includes the following bureaus: <ul style="list-style-type: none"> <li>• Bureau of Accounting</li> <li>• Bureau of Budget, Management and Analysis</li> <li>• Bureau of Cash and Cost Reporting Services</li> <li>• Bureau of County Finance and Technical Assistance</li> </ul>   |
| <b>OHCW</b>                        | Ohio Home Care Waiver<br>ODJFS-administered HCBS Waiver that serves eligible consumers with an intermediate or skilled level of care.<br>See: Waiver.   |
| <b>OHP</b>                         | Ohio Health Plans (previously Medicaid)<br>OHP manages Ohio’s Title XIX Medicaid/Healthy Start, Title XXI State Children’s Health Insurance Program, Disability Assistance Medical programs, and Money Follows the Person (MFP) Grant. The office also has the overall responsibility and authority for implementation of the Health Insurance Portability and Accountability Act (HIPAA). To administer these programs, OHP works with health care providers; patients; other health insurers; state, county and federal agencies involved in the administration of Title XIX and XXI programs; other ODJFS offices; professional associations; and advocacy groups. |
| <b>OHSTS</b>                       | Ohio Human Services Training System<br>(formerly the Ohio Adult Services Training Program)  |
| <b>OI</b>                          | other insurance<br>Refers to private or public insurance that a consumer might have beyond Medicaid or Medicare.  |



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| <b>OIAGB</b>  | Ohio interChange Architecture Governance Board<br>A joint committee made up of interested parties from ODJFS and the vendor, EDS, that reviews and approves or rejects proposed changes to the interChange architecture.  |
| <b>OIG</b>    | Office of the Inspector General<br>The Office of Inspector General investigates allegations of wrongdoing by state agencies and officials in the executive branch of state government. The office reports findings to the Office of the Governor and the state agency involved. It may make administrative recommendations to the agency aimed at improving state government and, when appropriate, a report of investigation may also be forwarded to a prosecutor for review to determine whether the underlying facts give rise to a criminal prosecution. |
| <b>OIT</b>    | Ohio Office of Information Technology<br>The Ohio Office of Information Technology was formed as an asset to state agencies to lead the state in making the best enterprise decisions and mitigating investment risk in technology efforts. To that end, OIT specializes in sound IT investment practices, IT project oversight and IT policy development specific to the requirements of state government.   |
| <b>OJI</b>    | Ohio Job Insurance  |
| <b>OJT</b>    | On the Job Training   |
| <b>OLE</b>    | Object Linking and Embedding<br>A technology that allows embedding and linking to documents and other objects, developed by Microsoft and founded on the Component Object Model (COM).  |
| <b>OLS</b>    | Office of Legal Services<br>The mission of this office to provide quality and timely legal advice to ODJFS, and perform research and analysis for the program and policy areas of the agency, and also administer the hearings and rule promulgation functions for the agency.  |
| <b>OMAGB</b>  | Ohio MITS Architecture Governance Board   |
| <b>OMR</b>    | optical mark recognition<br>A process by which scanned images are checked for data presence within a defined area. Examples include: check boxes, bubble sheet, etc.  |
| <b>online</b> | Interaction between a user operating a cathode ray tube, personal computer, or point of sale (POS) device to send and receive information on a video display via a telecommunications network to a central computer processing unit (CPU).  |
| <b>OOL</b>    | Office of Legislation   |
| <b>OOP</b>    | out-of-pocket<br>The cost to a consumer for services or products not covered by insurance.  |



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| <b>ORAA</b>                      | Office of Research, Assessment, and Accountability   |
| <b>ORC</b>                       | Ohio Revised Code<br>Statutes established through the Ohio Legislature, passed by the General Assembly, and filed with the Secretary of State.   |
| <b>ORF</b>                       | Occurrence Report Form   |
| <b>ORT</b>                       | Operational Readiness Test<br>Used in the MITS implementation.   |
| <b>OS</b>                        | Operating System<br>Software that manages computer resources and provides programmers and users with an interface to access those resources. An Operating System processes system data and user input, and responds by allocating and managing tasks and internal system resources as a service to users and programs of the system.   |
| <b>OSCAR</b>                     | Online Survey Certification and Reporting<br>The federal file which contains CLIA certified providers and their classifications. The interface loads and verifies the CLIA provider number, status and specialties for which a provider is approved and can deny claims based upon CLIA specialties and subspecialties found on the OSCAR file.  |
| <b>OSETC</b>                     | One-Stop Employment and Training Center  |
| <b>OTAP</b>                      | Ohio Transitional Assistance Program   |
| <b>OTC</b>                       | over the counter<br>Drugs that are purchased without a prescription.   |
| <b>other insurance (OI) plan</b> | Other insurance (third party liability) plans might cover some of the services that Medicaid covers. If a consumer has an OI plan, that plan should be billed before Medicaid pays for the service. The OI plan is used to maintain the list of services covered by the other carrier's insurance plan. When a consumer has a Third Party Liability policy by one of these carriers, the system compares the services billed to the services covered by the other insurance plan. If the other insurance plan covers the service, but did not make a payment, then those services are denied for TPL. If the other insurance carrier has indicated that they do not cover the service, then the claim continues on to be processed without setting the TPL edit. |
| <b>OTTC</b>                      | Ohio Training Tax Credit   |
| <b>OWD</b>                       | Office of Workforce Development  |
| <b>OWF</b>                       | Ohio Works First<br>A part of Ohio's welfare reform program, previously known as Aid to Dependent Children (ADC).  |



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| <b>P1I1</b>    | Preliminary Project Start-up (P) Production Release 1 (1) Inception phase (I) Iteration 1 (1). This is for all the project start-up tasks and the deliverables to set up the foundation for the implementation team including tools, hardware and software environments, initial glossary, and process plans.  |
| <b>P4P</b>     | Pay for Performance<br>A financial incentive system for managed care plans to encourage performance improvement in key program areas important to Medicaid consumers.  |
| <b>PA</b>      | prior authorization<br>A formal process requiring a provider to obtain approval to perform a particular service or procedure before it is effected. Sometimes referred to as ‘prior auth’.   |
| <b>PACE</b>    | Program for All-inclusive Care of the Elderly<br>A managed care model. PACE sites receive full capitation from both Medicare and Medicaid. PACE sites also provide the participants with all of their needed health care, medical care, and ancillary services in acute, sub acute, institutional, and community settings.<br>Ohio has two PACE sites: TriHealth SeniorLink located in Cincinnati and Concordia Care located in Cleveland Heights. |
| <b>PACT</b>    | Primary Alternative Care and Treatment Program<br>PACT is a subset of the Medicaid program in which consumers who utilize medical services without medical necessity are restricted to a designated physician and pharmacy in order to oversee their overall utilization.  |
| <b>PAM</b>     | Public Assistance Manual<br>Replaced by MEM.<br>See: MEM (Medicaid Eligibility Manual).  |
| <b>PAMSS</b>   | Premium Administration and Membership Services Section<br>A section within BMHC responsible for oversight of managed care enrollment center premium administration, and resolution of membership issues.   |
| <b>PAN</b>     | prior authorization number<br>A number used to track a pre-approved service throughout the MITS system.  |
| <b>PAO</b>     | proposed adjudication order  |
| <b>PAPATS</b>  | Prior Authorization Processing and Tracking System   |
| <b>PAR</b>     | prior authorization request  |
| <b>Paradox</b> | A database that supports technical assistance to providers   |



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| <b>PASRR</b>                             | Pre-Admission Screening Resident Review<br>The system used to determine eligibility for nursing facility placement and/or specialized services.   |
| <b>PASSPORT</b>                          | Pre-Admission Screening System Providing Options and Resources Today<br>The PASSPORT Waiver program benefit package consists of adult day health programs, environmental accessibility adaptations, home-delivered meals, personal emergency response systems, specialized medical equipment and supplies, chore assistance, independent living assistance, nutritional consultation, personal care services, social work and counseling, and transportation.   |
| <b>patient liability</b>                 | The amount that the consumer owes, per month, toward his/her care. This amount is determined by the ODJFS on an individual basis, and is related to a consumer's income.  |
| <b>PAWS</b>                              | Payment Authorization for Waiver Services<br>The PAWS system edits waiver services authorized by the County Board through the ISP process to assure that these services are within the parameters of the reimbursement methodology specified for the Level One Waiver. Any authorization for payment that falls outside of what is allowable within the waiver is resolved through interaction with the county board prior to approval through the PAWS system. |
| <b>payer</b>                             | Organization that is responsible for the funding of monies in order to pay a provider for services performed.<br>Note: do not use 'payor'.  |
| <b>payer of last resort</b>              | In most cases, Medicaid is the last payer after other forms of coverage have been applied to a bill, such as Medicare and private health insurance.   |
| <b>PBM</b>                               | Pharmacy Benefits Management<br>A subsystem within Medicaid for drugs.  |
| <b>PBX</b>                               | private branch exchange<br>A telephone switchboard system.  |
| <b>PC</b>                                | personal computer   |
| <b>PCC</b>                               | 1. Primary Care Clinic  |
| <b>PCC</b>                               | 2. Provider Call Center   |
| <b>PCCM</b>                              | primary care case management (or manager)<br>The person designated for a consumer to manage the consumer's use of Medicaid services.  |
| <b>Primary Care Case Management Plan</b> | PCCM Plan<br>The consumer must go through a gatekeeper provider to receive benefits. Some services, such as emergency, may be exempt from this requirement.   |



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| <b>PCP</b>   | primary care provider<br>A physician chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services.  |
| <b>PCP</b>   | primary care physician<br>A physician chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services.   |
| <b>PCP</b>   | 3. Person Centered Planning emphasizes the needs and choices of the individual when planning services.   |
| <b>PCSA</b>  | Public Children Services Agency<br>The agency in each Ohio county responsible for services to children in that county.   |
| <b>PCSAO</b> | Public Children Services Association of Ohio<br>A coalition of public children services agencies that promotes child safety, family stability, and community strength.   |
| <b>PDA</b>   | 1. programmable digital assistant  |
| <b>PDA</b>   | 2. portable desk aids  |
| <b>PDD</b>   | Procedure, Diagnosis and Drug (File)   |
| <b>PDF</b>   | portable document format<br>PDF is a fixed-layout format developed by Adobe used for representing two-dimensional documents in a manner independent of the application software, hardware, and operating system.   |
| <b>PDH</b>   | Performance Data Helper<br>A Microsoft Windows component that consists of a Dynamic Linked Library (DLL) which simplifies the collection of performance data from real-time data sources or performance counter logs.  |
| <b>PDL</b>   | Preferred Drug List<br>A formulary of drugs that are approved for use based upon cost and efficacy.  |
| <b>PDN</b>   | private duty nursing<br>The planning of care and care of clients by nurses, whether an RN (Registered Nurse) or LPN (Licensed Practical Nurse).<br>Most nurses who provide private duty care are working one-on-one with individual clients. Sometimes such care is provided in the client's home, or an institution, such as a hospital, nursing home or other such facility. |



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| <b>PDP</b>                       | Prescription Drug Plan (Medicare)<br>Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug coverage provides protection for people who have very high drug costs or from unexpected prescription drug bills in the future. Anyone eligible for Medicare, regardless of income, health status, or prescription drugs used, can get prescription drug coverage |
| <b>PDQS</b>                      | Professional Development Quality Systems  |
| <b>PE</b>                        | 1. Provider Enrollment<br>The process through which a provider is accepted and certified to perform services and receive reimbursement for said services.   |
| <b>PE</b>                        | 2. See: process engine.   |
| <b>pend</b>                      | Term used to indicate that the processing of a claim has been suspended until approved or denied by an adjudication clerk. A contraction of the word 'suspend'.   |
| <b>Peregrine</b>                 | Database into which provider information is entered.  |
| <b>PERM</b>                      | Payment Error Rate Measurement  |
| <b>Permedion</b>                 | Fee-for-service inpatient pre-certification vendor.   |
| <b>PERSEUS</b>                   | Stand-alone database used to establish and maintain rates for long term care.   |
| <b>personal care</b>             | An optional Medicaid benefit that allows a state to provide attendant services to assist functionally impaired individuals with performing normal activities of daily living for their age group (e.g., bathing, dressing, feeding and grooming). Ohio does not cover personal care as an optional benefit, but does cover it for Home and Community-Based Services Waiver consumers.   |
| <b>PES</b>                       | Participant Experience Survey   |
| <b>PEU</b>                       | Provider Enrollment Unit  |
| <b>PFR</b>                       | Putative Father Registry  |
| <b>phase</b>                     | This may be used in several ways. There are 2 production release phases defined in the OH MITS RFP. Each has a set of functional and technical requirements. There are also SLC phases to the development lifecycle.  |
| <b>phase, iteration</b>          | Each iteration will have an associated iteration phase which tells the relative amount of time spent in each of the SLC Phases, or "workflow" areas.  |
| <b>phase, production release</b> | The OH MITS RFP defined 2 phases of production releases. Each production release phase has specific business functionality and technical requirements associated with it. Each Production Release phase is comprised of multiple iterations.  |



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| <b>phase, SLC</b> | The EDS System Life Cycle development methodology includes the following phases: Define, Design, Produce, Optimize, and Implement.   |
| <b>PHI</b>        | protected health information<br>Refers to a consumer’s identifying data. Individually identifiable health information transmitted or maintained in any form or medium, which is held by a covered entity or its business associate.<br>Identifies the individual or offers a reasonable basis for identification. Is created or received by a covered entity or an employer Relates to a past, present, or future physical or mental condition, provision of health care or payment for health care. |
| <b>PHN</b>        | Public Hearing Notice  |
| <b>PI</b>         | provider interface   |
| <b>PIC</b>        | Private Industry Council   |
| <b>PICMS</b>      | Performance Improvement and Care Management Section  |
| <b>PIMS</b>       | PASSPORT Information Management System   |
| <b>PIP</b>        | Performance Improvement Project  |
| <b>PIR</b>        | production issue resolution  |
| <b>PITR</b>       | point-in-time recovery<br>Describes the ability to retrieve and restore data from a database at a particular day and time.   |
| <b>PKI</b>        | public key infrastructure<br>In cryptography, a public key infrastructure is an arrangement that binds public keys with respective user identities by means of a certificate authority (CA). The user identity must be unique for each CA. The binding is established through the registration and issuance process, which, depending on the level of assurance the binding has, may be carried out by software at a CA, or under human supervision.   |
| <b>PLA</b>        | patient liability amount<br>The amount not covered by insurance which a consumer must pay.   |
| <b>PM</b>         | project manager  |
| <b>PMBOK®</b>     | Project Management Body of Knowledge<br>A library of project management skills, tools and standards used by the Project Management Institute to measure and certify Project Management Professionals. Use the trademark (®) on first usage in a document in superscript.   |
| <b>PMI</b>        | Project Management Institute<br>A non-profit organization which publishes a number of standards related to project management, and manages several levels of project management certification.   |



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| <b>PMO</b>     | Project Management Office<br>Project governance body that is responsible for project oversight, deliverable review and approval.   |
| <b>PMP</b>     | Primary Managed Care Provider<br>The provider assigned to consumers who are enrolled in a managed care program.  |
| <b>PMPM</b>    | per member per month   |
| <b>POC</b>     | point of contact<br>Refers to participants in the change order review process.   |
| <b>POMS</b>    | Program Operations Manual System   |
| <b>POS</b>     | 1. place of service<br>Refers to the place at which a service was provided to a consumer.  |
| <b>POS</b>     | 2. point of sale<br>Used with Pharmacy to refer to the location where a purchase was made. POS devices are used by pharmacies to check eligibility and submit claims.  |
| <b>POS</b>     | 3. Purchase of Services<br>Refers to a contractual arrangement between the ODMRDD and a person, agency, or governmental entity to provide community-based residential services to individuals determined to be eligible to receive these services.   |
| <b>POSIX</b>   | Portable Operating System Interface<br>Collective name for the family of related standards specified by the IEEE to define the Application Programming Interface (API), along with the shell and utilities interfaces for software compatible with variants of the UNIX Operating System.  |
| <b>Poverty</b> | See: FPL (Federal Poverty Level).  |
| <b>PPD</b>     | participant performance data   |
| <b>PPO</b>     | Preferred Provider Organizations<br>A managed care organization of medical doctors, hospitals, and other health care providers who have covenanted with an insurer or a third-party administrator to provide health care at reduced rates to the insurer's or administrator's clients. The idea of a preferred provider organization is that the providers will provide the insured members of the group a substantial discount below their regularly-charged rates. |
| <b>PPS</b>     | Prospective Payment System   |
| <b>PPTP</b>    | Point to Point Tunneling Protocol<br>PPTP is a method for implementing Virtual Private.  |
| <b>PQAS</b>    | Prior Quarter Adjustment Summary   |
| <b>PR1</b>     | Production Release 1. This is what the OH MITS RFP calls Phase 1.  |



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| <b>PR2</b>                           | Production Release 2. This is what the OH MITS RFP calls Phase 2.  |
| <b>PRBSS</b>                         | Performance Review and Business Support Section  |
| <b>PRC</b>                           | prevention, retention, and contingency<br>A sub-program established as part of Ohio’s Temporary Assistance to Needy Families program to help families overcome immediate barriers to self-sufficiency.   |
| <b>premium assistance plan</b>       | Medicaid pays the premium to the other insurance carrier for a consumer. The consumer does not receive any other benefits from Medicaid.   |
| <b>Primary Managed Care Provider</b> | See: PMP (Primary Managed Care Provider).  |
| <b>prioritized risk</b>              | Risk that has been evaluated for probability of occurrence, potential impact, and risk exposure calculated leading to assigning a priority based on risk exposure.   |
| <b>process engine</b>                | (PE) - An automation of tasks and application integration tools used by FileNet. The Process Engine features include distributed process execution, individual and group work management, timer and deadline events, email notifications, event logging for process analysis and optimization, milestones and checkpoints. Process engine flows can be initiated based on events published by the content engine, component integrator, or third party EAI middleware. |
| <b>processed claim</b>               | A claim from a Medicaid provider submitted for reimbursement. The claim has been either denied, paid, or adjusted and no decisions are pending by the Medicaid agency.   |
| <b>project leaders</b>               | Leaders with decision-making authority who participate in the project.   |
| <b>project level risk</b>            | A risk that can have a global impact on the project.   |
| <b>project manager</b>               | Individuals with the Project Manager (PM) title are responsible for organizing, controlling, and monitoring project activities, progress, and results.   |
| <b>protocol</b>                      | A documented and uniform process, which is followed to identify services, paid for by a waiver, which are necessary to meet the health and safety needs of individuals, and avoid their institutionalization.  |
| <b>provider</b>                      | A person, organization or institution that provides health care related services and is enrolled in the Ohio Medicaid program.   |
| <b>provider agreement</b>            | An umbrella contract between ODJFS and a provider of Medicaid services in which the provider agrees to comply with the terms of the provider agreement, ODJFS, state, and administrative code. A provider may have multiple contracts under a single provider agreement.   |



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| <b>provider contract</b>           | A list of benefits that a Provider can perform and/or bill for under the State Medicaid program. Provider contracts are assigned to a provider on the Contracts panel in the Provider subsystem. A provider may be enrolled in multiple provider contracts.   |
| <b>provider pool</b>               | A listing of ODMRDD-certified waiver/supported living providers who have expressed an interest to a specific County Board of MRDD, or responded to an RFP, to provide waiver/supported living services within the county.   |
| <b>provider type and specialty</b> | Description of a provider and services provided. For instance, ‘physician’ is a provider type and ‘cardiologist’ is a specialty.  |
| <b>PRS</b>                         | 1. pregnancy-related services<br>Medical services provided to a woman while pregnant to support the life and health of the fetus.   |
| <b>PRS</b>                         | 2. Planning Research Section<br>A section within the Bureau of Long Term Care Facility.   |
| <b>PT</b>                          | physical therapy<br>Provides services to individuals and populations to develop, maintain, and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Functional movement is central to what it means to be healthy. |
| <b>PUB</b>                         | publication   |
| <b>Public Assistance</b>           | Financial assistance provided under various public programs (e.g., food stamps and Ohio Works First).   |
| <b>PVOB</b>                        | project versioned object base<br>Used with ClearQuest.  |
| <b>PVS</b>                         | Provider Verification System<br>A database system that processes and maintains information on the status of all MCP- submitted providers.   |
| <b>PWB</b>                         | Project Workbook<br>Used synonymously with iTRACE, this is the legacy name for the project repository.  |
| <b>PWE</b>                         | principal wage earner<br>The person in a household earning the highest steady wage.   |



| <b>Q</b>              |   |
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| <b>QA</b>             | <p>quality audit</p> <p>The process of systematic examination of a quality system carried out by an internal or external quality auditor or an audit team. It is an important part of organization's quality management system and is a key element in the ISO quality system standard, ISO 9001.</p> <p>Quality audits are typically performed at predefined time intervals and ensure that the institution has clearly-defined internal quality monitoring procedures linked to effective action. This can help determine if the organization complies with the defined quality system processes and can involve procedural or results-based assessment criteria.</p> |
| <b>QA</b>             | <p>Quality Assurance</p> <p>A structured method of measuring and documenting quality of services.</p>   |
| <b>QAPI</b>           | <p>Quality Assessment and Performance Improvement</p> <p>An evaluation tool used by managed care plans to monitor performance improvement, under- and over-utilization, and special health care needs of participating consumers. Required by federal regulation, 42 CFR 438.240.</p>   |
| <b>QC</b>             | <p>quality control</p> <p>A process for maintaining proper standards in manufacturing and services.</p>   |
| <b>QFPP</b>           | <p>Qualified Family Planning Provider</p> <p>A type of managed care plan.</p>   |
| <b>QI</b>             | <p>qualified individual</p> <p>A beneficiary-only benefits plan.</p>  |
| <b>QIO</b>            | <p>Quality Improvement Organization</p> <p>A vendor used to monitor State contracts with other vendors.</p>   |
| <b>QMB</b>            | <p>Qualified Medicare Beneficiary</p> <p>A state program, similar to medical assistance, for people who need help paying for Medicare services. It pays the consumer's Medicare Part A and B deductibles, co-payments, and premiums. The consumer must be eligible for Medicare Part A (even if not currently enrolled) but not financially eligible for medical assistance and have limited income and assets.</p> <p>Pronounced 'quimby'.</p>   |
| <b>QMRP</b>           | <p>qualified mental retardation professional</p> <p>A provider with a level of training and certification to render services to the mentally retarded.</p>  |
| <b>qualified risk</b> | <p>A priority of high or medium risk requiring a Risk Response Plan.</p>  |



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| <b>R</b>     |   |
| <b>RA</b>    | remittance advice<br>A paper or electronic format (835 transaction) report for explaining the payments of health care claims.   |
| <b>RACS</b>  | Resident Assessment Classification System<br>An assessment tool used to evaluate Intermediate Care Facility for Mentally Retarded (ICF-MR) residents.   |
| <b>RAI</b>   | Request for Additional Information<br>A term used by CMS to stop a waiver amendment's 90-day review period before approving amendments to HCBS waivers or Ohio's State Plan. Once an RAI is issued, Ohio must answer the questions CMS has raised, and then a new 90-day review period can begin.   |
| <b>RAID</b>  | redundant array of inexpensive disks<br>A technology that employs the simultaneous use of two or more hard disk drives to achieve greater levels of performance, reliability, and/or larger data volume sizes.  |
| <b>RAM</b>   | random access memory<br>A type of computer data storage in the form of integrated circuits that allow the stored data to be accessed in any order.  |
| <b>RAS</b>   | Rule Authoring Software or Rule Authoring System<br>Owned, controlled, and used by the Legislative Service Commission (LSC) to create and edit rules.   |
| <b>RBRVS</b> | resource-based relative value scale<br>RBRVS is a schema used to determine how much money medical providers should be paid.<br>RBRVS assigns procedures performed by a physician or other medical provider a relative value which is adjusted by geographic region (so a procedure performed in Manhattan is worth more than a procedure performed in El Paso). This value is then multiplied by a fixed conversion factor, which changes annually, to determine the amount of payment. |
| <b>RC</b>    | 1. requirement configuration<br>The system design which satisfies requirements specified in a request for proposals (RFP).  |
| <b>RC</b>    | 2. release coordinator<br>The staff position responsible for the commencement of a new or revised system configuration.   |
| <b>RCC</b>   | revenue center codes<br>A type of billing code used by institutions.  |



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| <b>RDBMS</b>                      | relational database management system<br>A DBMS in which data is stored in the form of tables and the relationship among the data is also stored in the form of tables.  |
| <b>recipient</b>                  | interChange, the Ohio MITS, uses ‘recipient’ in place of ‘consumer’ for field names and descriptions.<br>See: consumer.  |
| <b>recipient number</b>           | The nine-digit Medicaid number assigned to each individual Medicaid consumer within interChange, the Ohio MITS. (This is not the same as the Medicaid billing number.)   |
| <b>recipient plan</b>             | See: consumer plan.  |
| <b>recipient plan classes</b>     | See: consumer plan classes.  |
| <b>redet</b>                      | redetermination<br>A process of reassessment of an individual's continued eligibility for waiver services.   |
| <b>registration</b>               | The process by which a scanned image is aligned to an internal template within Captiva. This takes place during enhancement and before OCR.<br>See: Enhancement.   |
| <b>reimbursement agreement</b>    | Describes the conditions of how the State will pay the benefit. For example, the State may pay two different amounts for a benefit (service code) based on the age of the consumer. Services are reimbursed based on the State’s established reimbursement methods. Reimbursement agreements are separate from benefit plan and provider contract rules.   |
| <b>repository</b>                 | A location where objects can be deposited, stored, and retrieved, a storehouse.  |
| <b>resident number</b>            | Assigned by ODMRDD Information Systems for identification. The majority of the numbers have seven digits and a few are six digits. Twice yearly, each County Board reports on the individual information form (IIF) what services, if any, each eligible person residing in that county has received. On the IIF form this number is called, 'client number'. Waiver services are not directly related to this number. |
| <b>Residential Advisory Group</b> | A statutorily mandated component of supported living administration, which requires a County Board of MRDD to convene a group of individuals to provide input and discuss issues relative to the operation of supported living in the county. At a minimum, this group must be comprised of an individual receiving supports, a County Board of MRDD representative, and a residential service provider.               |
| <b>residual risk</b>              | Risk remaining after a risk mitigation action has been implemented.  |



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| <b>respite care</b>                   | A service designed to provide temporary residence for a person with a disability who ordinarily lives with family or friends, or to assume temporary responsibility for care of the person in his or her own home. This service provides back-up support, and in some cases relief, to people responsible for care of an ill or disabled person who ordinarily lives in their household.  |
| <b>Retro DUR</b>                      | Retrospective Drug Utilization Review<br>The intervention and review process promotes cost effectiveness in the use of drug prescription services, eliminates unnecessary and/or inappropriate use of drugs, identifies possible inappropriate drug therapy patterns, develops therapeutic class criteria to reduce the incidence of drug therapy failure and induced illness, establishes and maintains drug history profiles, and educates physician and pharmacy providers on the latest standard of care and how their own practice patterns compare to those of their peers. |
| <b>RFA</b>                            | request for applications<br>A document used by the State of Ohio to identify qualified providers to render health care services.  |
| <b>RFC</b>                            | request for comments<br>In computer network engineering, a RFC is a memorandum published by the Internet Engineering Task Force describing methods, behaviors, research, or innovations applicable to the working of the Internet and Internet-connected systems.   |
| <b>RFP</b>                            | request for proposals<br>The document that describes to prospective vendors the requirements of the fiscal agent, ODJFS, terms and conditions and technical information.  |
| <b>RFP Requirements (RFPR)</b>        | These are the requirements from the OH MITS Request for Proposals.  |
| <b>RFW</b>                            | Residential Facilities Waiver<br>This is a home and community-based services waiver for people who live in group homes licensed by the ODMRDD.  |
| <b>RHC</b>                            | Rural Health Clinic/Rural Health Center<br>A medical facility located in a rural (i.e., low population) area.   |
| <b>right side vs. right-hand side</b> | Always use “right side” instead of “right-hand side” to eliminate unnecessary wordiness.  |
| <b>risk</b>                           | A risk is an uncertain event or condition that, if it occurs, could have a positive or negative effect on the project objective.  |
| <b>risk management</b>                | Includes identification, analysis, response planning, and monitoring and control. The purpose is to increase the probability and impact of positive events, and to decrease the likelihood and impact of negative events on the project.  |



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| <b>Risk Management Tool</b> | Centralized repository for documenting and tracking project risks.   |
| <b>RMAN</b>                 | recovery manager<br>Staff position responsible for executing data recovery and restoration.  |
| <b>RMF</b>                  | recipient master file<br>The interChange MITS database containing all recipient (that is, consumer) data.  |
| <b>RMP</b>                  | Risk Management Plan<br>A document prepared by a project manager to foresee risks, to estimate the effectiveness, and to create response plans to mitigate them. It also consists of the risk assessment matrix. A risk is defined as "an uncertain event or condition that, if it occurs, has a positive or negative effect on a project's objectives." [1] Risk is inherent with any project, and project managers should assess risks continually and develop plans to address them.<br>The risk management plan contains an analysis of likely risks with both high and low impact, as well as mitigation strategies to help the project avoid being derailed should common problems arise. Risk management plans should be periodically reviewed by the project team in order to avoid having the analysis become stale and not reflective of actual potential project risks. |
| <b>RMS</b>                  | random moment sampling   |
| <b>RN</b>                   | registered nurse<br>Basic certification for college trained nurse. Generally has a bachelor or masters degree depending on State requirements.   |
| <b>ROSI</b>                 | Reconciliation of State Invoices<br>Drug manufacturers submit a ROSI to the State that details the current quarter's payment by NDC. Used with Drug Rebate.  |
| <b>RPC</b>                  | remote procedure call<br>A technology that allows a computer program to cause a subroutine or procedure to execute in another address space (commonly on another computer on a shared network) without the programmer explicitly coding the details for this remote interaction.   |
| <b>RRT</b>                  | Readiness Review Tools<br>An assessment tool used by managed care plans to determine the status of a consumer.   |



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| <b>RSDI</b> | <p>Retirement Survivors Disability Insurance</p> <p>A program operated by the Social Security Administration that makes payments to: retired persons who meet age requirements, people who become disabled for an extended period of time, dependents of a wage earner who has died. The term is synonymous with Social Security Disability Insurance and Title II Benefits.</p>  |
| <b>RSFA</b> | <p>rule summary and fiscal analysis</p> <p>A rule summary and fiscal analysis of a proposed rule that provides the information required by division (B) of section 127.18 of the Revised Code (Ohio), and that has been prepared in the form prescribed by the joint committee on agency rule review under division (E) of that section.</p>  |
| <b>RSI</b>  | <p>Residential Services Indicator</p> <p>One of the assessment tools which was authorized to be used as a functional assessment in the OBRA Waiver.</p>   |
| <b>RUG</b>  | <p>resource utilization group</p> <p>Any of a number of groups into which a nursing home resident is categorized, based on functional status and anticipated use of services and resources.</p>   |
| <b>RV</b>   | <p>requirements verification</p> <p>Process to determine that specific RFP requirements are valid and met by a particular solution.</p>   |
| <b>RVU</b>  | <p>relative value unit</p> <p>Relative value unit (RVU) cost accounting uses the resource-based relative value scale (RBRVS). It can be used to determine the cost to produce given services and determine appropriate provider fees. The calculations derived from RVU costing have additional applications, such as analyzing fee schedules, evaluating the profitability of third-party payer reimbursement, calculating a floor capitation rate, and allocating capitation payments within the group.</p> |



| <b>S</b>      |   |
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| <b>SA</b>     | <p>1. security association<br/>The establishment of shared security information between two network entities to support secure communication. An SA is a logical group of security parameters, that ease the sharing of information to another entity. An SA may include cryptographic keys, initialization vectors, or digital certificates.</p> |
| <b>SA</b>     | <p>2. service authorization<br/>Not used in Ohio.<br/>See: PA (prior authorization).</p>  |
| <b>SA</b>     | <p>3. sister agency(ies)<br/>Refers to other entities of Ohio state government.</p>   |
| <b>SAA</b>    | <p>State Administering Agency<br/>The State agency that administers the PACE program and signs the third party program agreements with CMS and the PACE sites.</p>  |
| <b>SAC</b>    | <p>1. spending authority code<br/>System that identifies the correct program under which payment may be made for services rendered.</p>   |
| <b>SAC</b>    | <p>2. special administration console<br/>Facility of the Windows 2003 Operating System that allows remote management tasks to be performed when the Operating System stops responding.</p>  |
| <b>SACL</b>   | <p>system access control list<br/>An access control list that controls the generation of audit messages for attempts to access a securable object. The ability to get or set an object SACL is controlled by a privilege typically held only by system administrators.</p>  |
| <b>SACWIS</b> | <p>Statewide Automated Child Welfare Information System<br/>A case management system that automates the collection of information about children and families being assisted by Ohio's state and local child welfare agencies.</p>  |
| <b>SAK</b>    | <p>system assigned key</p>  |
| <b>SAM</b>    | <p>Security Accounts Manager<br/>A database stored as a registry file on Windows NT and later versions of Windows. SAM stores users' passwords in a hashed format to provide a level of security to the storage of user account passwords.</p>  |
| <b>SAS</b>    | <p>Statistical Analysis Software</p>  |



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| <b>SB</b>           | <p>Senate Bill</p> <p>A proposed new law introduced within a legislature that has not been ratified, adopted, or received assent. Once a bill has become law, it is thereafter an act; but in popular usage (or even in moments of scholarly imprecision) the two terms are often treated interchangeably. Bills have a sponsor and sometimes cosponsors.</p>  |
| <b>SBS</b>          | <p>School Based Services</p> <p>Medicaid services provided in a school setting.</p>  |
| <b>SCCS</b>         | <p>Source Code Control System</p> <p>The first source code revision control system. It was originally developed at Bell Labs in 1972 by Marc J. Rochkind for an IBM System/370 computer running OS/MVT. It was later rewritten for UNIX, then running on a PDP-11. Subsequently, SCCS was included in several UNIX distributions. The SCCS command set is now part of the Single UNIX Specification.</p> |
| <b>SCHIP</b>        | <p>State Children’s Health Insurance Program</p> <p>See: Healthy Start.</p>  |
| <b>SCM</b>          | <p>Software Change Management</p> <p>Software Configuration Management</p> <p>Source Code Management</p> <p>Used synonymously and defined as the practice and methodologies used to manage and control software products and environments.</p>   |
| <b>SCMP</b>         | <p>Software Change Management Practice</p> <p>The methodology, process and procedures associated with establishing capabilities for compliance with formal SCM criteria.</p>   |
| <b>scope change</b> | <p>Any change to the project requirements that affect the cost, schedule, contract, or use of Modification Pool Hours for the project.</p>   |
| <b>SCOTI</b>        | <p>Sharing Career Opportunities and Training Information</p> <p>A tool used by Ohio's Workforce Information Center.</p>  |
| <b>SDLC</b>         | <p>System Development Life Cycle</p> <p>The process of designing, developing, testing and implementing software.</p>   |
| <b>SDK</b>          | <p>Software Development Kit</p> <p>A set of programming tools that allows software engineers to create applications under a certain (often proprietary) software package.</p>  |



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| <b>SE</b>                   | <p>systems engineer</p> <p>An interdisciplinary field of engineering, that focuses on how complex engineering projects should be designed and managed. Issues such as logistics, the coordination of different teams and automatic control of machinery becomes harder when we deal with large and complex projects, for instance the design and running of the international space station. Systems engineering deals with work-processes and tools to handle this and overlap with both technical fields like control engineering and with project management.</p>   |
| <b>SEP</b>                  | <p>Subsidized Employment Program</p> <p>The Ohio program in which individuals work with pay at job sites in public, private non-profit, or private-for-profit organizations in order to gain specific occupational training. As part of the on-the job training a subsidy is provided to the employer for a specified period of time.</p>  |
| <b>service/service code</b> | <p>Diagnosis, Drug, DRG, HCPCS Procedure, ICD-10-CM Procedure, Revenue, and other codes that identify benefits if needed. In order for the system to pay a provider for a service given to a consumer, a corresponding benefit plan, provider contract and reimbursement agreement must exist for the service and time period of the service. Even if there are no benefit limitations on the service, a business rule must exist in order for the claim to be processed. For example, the service code must have a rule with “Open Coverage, No Restrictions” on the Benefit Plan, Provider Contract, and Reimbursement Agreement panels.</p> |
| <b>SETS</b>                 | <p>Support Enforcement Tracking System</p> <p>A State of Ohio program to effectively manage the Child Support Enforcement Program in order to meet the requirements mandated by the Family Support Act of 1988 (and other mandated or revised requirements implemented since 1987).</p>  |
| <b>SFTP</b>                 | Secured File Transfer Protocol   |
| <b>SFY</b>                  | <p>state fiscal year</p> <p>From July 1 to June 30 of a year.</p>  |
| <b>SID</b>                  | <p>security identifier</p> <p>A unique name (an alphanumeric character string) assigned by a Windows Domain Controller or a standalone server during the logon process that is used to identify an object such as a user or a group of users on a Windows computer network.</p>  |
| <b>SIIS</b>                 | <p>Statewide Immunization Information System</p> <p>Also synonymous with Immunization Registry and Immunization Data Base.</p>   |



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| <b>Single-State Agency</b> | The term CMS uses to describe the Ohio Dept. of Job and Family Services. CMS specifies one agency per state as the agency through which all Medicaid activities are coordinated. CMS does allow the Single-State Agency to delegate certain responsibilities (if the Single-State Agency chooses to do so) to other agencies such as the Ohio Dept. of MRDD, through inter-agency agreements.   |
| <b>SL</b>                  | supported living<br>Defined as assistance directed toward individuals with disabilities, which enables them to live as independently as possible in their own communities, with supports as they choose.  |
| <b>SLA</b>                 | service level agreement<br>A formally negotiated agreement between two parties. It is a contract that exists between customers and their service provider, client or between service providers. It records the common understanding about services, priorities, responsibilities, guarantee, and such — collectively, the level of service. For example, it may specify the levels of availability, serviceability, performance, operation, or other attributes of the service like billing and even penalties in the case of violation of the SLA. |
| <b>SLC 3</b>               | System Life Cycle 3<br>The EDS iterative approach to system development. Also referred to SLC.  |
| <b>SLMB</b>                | Specified Low-Income Medicare Beneficiaries<br>A Medicaid program that pays for Medicare Part B premiums for individuals who have Medicare Part A, a low monthly income, and limited resources.   |
| <b>SMAC</b>                | state maximum allowable cost<br>The maximum amount the State will reimburse providers for services or products.   |
| <b>SMB</b>                 | Server Message Block<br>SMB operates as an application level network protocol mainly used to provide shared access to files, printers, serial ports, and miscellaneous communications between nodes on a network. SMB also provides an authenticated inter-process communication mechanism. SMB is most widely used by computers running Microsoft Windows Operating Systems.   |
| <b>SME</b>                 | subject matter expert<br>Person with deep experience and knowledge related to a specific business process or processes.   |



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| <b>SMIME</b> | Secure Multipurpose Internet Mail Extensions<br>A standard for public key encryption and signing of email encapsulated in Multipurpose Internet Mail Extensions (MIME). SMIME was originally developed by RSA Data Security Inc. SMIME provides authentication, message integrity, non- repudiation of origin, and privacy and data security using encryption.  |
| <b>SMTP</b>  | Simple Mail Transfer Protocol<br>The de facto standard for email transmissions across the Internet and defined in Request for Comments (RFC) 821.   |
| <b>SN</b>    | skilled nursing<br>A level of nursing requiring specific training and certification.  |
| <b>SNAP</b>  | Supplemental Nutrition Assistance Program<br>The Food and Nutrition Act of 2008 enacted by Congress renames the food stamp program the Supplemental Nutrition Assistance Program (SNAP), effective October 1, 2008.   |
| <b>SNF</b>   | skilled nursing facility<br>A medical facility that provides services at a level consistent with the training and certification for skilled nursing.  |
| <b>SOA</b>   | Service Oriented Architecture<br>In computing, SOA provides methods for systems development and integration where systems package functionality as interoperable services. A SOA infrastructure allows different applications to exchange data with one another.<br>Service orientation aims at a loose coupling of services with operating systems, programming languages, and other technologies that underlie applications. SOA separates functions into distinct units, or services, which developers make accessible over a network in order that users can combine and reuse them in the production of applications. These services communicate with each other by passing data from one service to another, or by coordinating an activity between two or more services. |
| <b>SOAP</b>  | simple object access protocol<br>A protocol specification for exchanging structured information in the implementation of Web Services in computer networks.   |
| <b>SODA</b>  | simple object database access<br>A minimal set of conventions for invoking code using XML over HTTP.  |
| <b>SOI</b>   | spell of illness<br>Illness for two days or more.   |



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| <b>SOLQ</b>      | <p>State On-Line Query</p> <p>A method of verifying Title II (RSDI) and Title XVI (SSI) benefits for applicants and consumers of public assistance. When a request is keyed by a caseworker, it is immediately transmitted via a telephone line to the Social Security Administration (SSA), and the response is returned immediately. SOLQ may only be used in determining eligibility for a public assistance benefit (e.g., Medicaid, Temporary Assistance for Needy Families (TANF), Special Assistance, Child Care, and Food and Nutrition Services).</p> |
| <b>SORTA</b>     | Southwest Ohio Regional Transit Authority – Cincinnati   |
| <b>SP</b>        | <p>service pack</p> <p>A Microsoft operating system service pack consists of a collection of patches and also can include additional operating system features and functionality.</p>  |
| <b>SPA</b>       | <p>State Plan Amendment</p> <p>An amendment to a state's Medicaid Plan as submitted to CMS.</p>  |
| <b>Spenddown</b> | <p>The Medically Needy program requires that an individual incur medical expenses equal to his/her share of cost amount, a.k.a. spenddown amount, in order to become eligible for Medicaid. Medicaid is federally prohibited from reimbursing providers any portion of a consumer's spenddown amount; however share of the cost information and medical expenses are currently tracked on the state's welfare eligibility system. Spenddown is the amount that a consumer pays before Medicaid will start reimbursing for the claims/services.</p>             |
| <b>SPLIMPA</b>   | <p>Single Premium Lifetime Immediate Monthly Payment Annuity</p> <p>An annuity which provides monthly payments for the annuitant's lifetime only.</p>  |
| <b>SQL</b>       | <p>Structured Query Language</p> <p>A database computer language designed for the retrieval and management of data in a relational database management system (RDBMS), database schema creation and modification, and database object access control management.</p>   |
| <b>SSA</b>       | <p>1. Social Security Administration</p> <p>An independent agency of the United States federal government that administers Social Security, a social insurance program consisting of retirement, disability, and survivors' benefits. To qualify for these benefits, most American workers pay Social Security taxes on their earnings; future benefits are based on the employees' contributions.</p>   |
| <b>SSA</b>       | <p>2. Service and Support Administrator</p> <p>This person links the individual with appropriate service providers, and monitors progress. Also called a Case Manager.</p>   |



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| <b>SSC</b>   | 1. selection services contractor/center<br>No longer used. See: MCEC.   |
| <b>SSC</b>   | 2. self sufficiency contract  |
| <b>SSDI</b>  | 1. Social Security Disability Insurance<br>The plan pays monthly benefits to disabled workers and their dependents. The plan is funded by Social Security. Participants must have accrued sufficient quarter-years of employment and payment into the system to qualify for benefits.   |
| <b>SSDI</b>  | 2. Social Security Death Index<br>A database of death records created from the United States Social Security Administration's Death Master File Extract. Most persons who have died since 1963 who had a Social Security Number (SSN) and whose death has been reported to the Social Security Administration are listed in the SSDI. It contains the records of over 82 million people   |
| <b>S-SEP</b> | Special-Subsidized Employment Program<br>A Ohio subsidized employment program, under which private and government employers receive payments from appropriations to ODJFS for a portion of the costs of salaries, wages, and benefits those employers pay to or on behalf of employees who are participants of the subsidized employment program at the time of employment.   |
| <b>SSI</b>   | 1. Supplemental Security Income<br>A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the United States Government. The program is administered by the Social Security Administration. Payments are made from the US Treasury general funds, not the Social Security trust funds. The payments are generally paid on the 1st of the month, for the current month (as opposed to social security benefits which are paid for the prior month). The program was created in 1974 to replace various state-administered programs which served the same purpose, as a way to standardize in the level of benefits through the addition of Title XVI (Title 16) of the Social Security Act. |
| <b>SSI</b>   | 2. Server Side Includes<br>SSI is a simple server-side scripting language used almost exclusively for the web. As its name implies, its primary use is including the contents of one file into another one dynamically when the latter is served by a Web server.   |
| <b>SSL</b>   | Secure Sockets Layer<br>A cryptographic protocol that provides secure communications on the Internet for Web browsing, email, instant messaging, and other data transfers.  |



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| <b>SSN</b>                   | <p>Social Security number</p> <p>A 9-digit number issued to citizens, permanent residents, and temporary (working) residents under section 205(c)(2) of the Social Security Act, codified as 42 U.S.C. § 405(c)(2). The number is issued to an individual by the Social Security Administration, an agency of the U.S. Federal Government. Its primary purpose is to track individuals for taxation purposes. In recent years the SSN has become a de facto national identification number.</p> |
| <b>SSO</b>                   | <p>single sign-on</p> <p>A method of access control that enables a user to log in once and gain access to the resources of multiple software systems without being prompted to log in again. <b>Single sign-off</b> is the reverse process whereby a single action of signing out terminates access to multiple software systems.</p>   |
| <b>SSP</b>                   | <p>1. supplemental specifications</p> <p>These are the non-functional requirements for MITS which are not captured in the Use Case.</p>   |
| <b>SSP</b>                   | <p>2. Security Support Provider</p> <p>A Microsoft Windows service which uses a binary message format to authenticate clients that use NTLM authentication protocol to logon or access network resources.</p>   |
| <b>ST</b>                    | <p>1. speech therapy</p> <p>Treatment to regain and strengthen speech skills.</p>   |
| <b>ST</b>                    | <p>2. step therapy</p> <p>In managed medical care, step therapy is an approach to prescription intended to control the costs and risks posed by prescription drugs. The practice begins medication for a medical condition with the most cost-effective and safest drug therapy and progresses to other more costly or risky therapies only if necessary. Also called step protocol, a fail first requirement, or a prior authorization requirement.</p>  |
| <b>State Medicaid Office</b> | <p>State office responsible for administering the Medicaid program. In Ohio, the Office of Ohio Health Plans, an office of the Ohio Department of Job and Family Services serves as the State Medicaid Office. Also known as Single State Agency.</p>   |
| <b>State Plan</b>            | <p>A term used to describe the services available in Ohio through the Medicaid card.</p>  |
| <b>statewideness</b>         | <p>In general, a state must offer the same benefits to all eligible consumers throughout the state. Exceptions to this requirement are possible through Medicaid waiver programs and special contracting options.</p>   |
| <b>STELLAR</b>               | <p>Statewide Tracking of Elevated Lead Levels And Remediation</p> <p>A database used to monitor lead levels in Ohio citizens.</p>   |



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| <b>STFD</b>                       | Secured File Transfer Protocol   |
| <b>STG</b>                        | step therapy group<br>A step therapy group is a group of drugs, both preferred and non-preferred, having a particular therapeutic effect.  |
| <b>STL</b>                        | step therapy level<br>The drugs in a step therapy group (STG) are classified into at least two preference levels, which are called step therapy levels (STLs).   |
| <b>STM</b>                        | step therapy member<br>Step therapy members are the individual drugs in a step therapy level (STL).  |
| <b>subcontractor</b>              | Any entity contracting with the Prime Contractor to perform services or to fulfill any of the requirements requested in this RFP or any entity that is a subsidiary of the Prime Contractor that performs the services or fulfills the requirements requested        |
| <b>submitted risk</b>             | A team member or stakeholder has suggested that a possible risk be considered, but the Risk Management Committee has not yet accepted it as a risk item.   |
| <b>sub-recipient state agency</b> | A State agency, other than ODJFS, that receives Federal funds through ODJFS.   |
| <b>subsystem</b>                  | A subsystem refers to a component of a data-driven application that contains the primary functional design elements of a data processing task. A subsystem can be contained, or it can interact with other subsystems to perform its data processing tasks.          |
| <b>supplemental income plan</b>   | The Federal or State program issues supplemental payments to consumers below a certain income level. These consumers are automatically eligible for Medicaid.  |
| <b>supported employment</b>       | Paid employment in community settings for persons with severe disabilities who need on-going support to perform their work. Support can include on-the-job training, transportation or supervision.  |
| <b>supported living</b>           | Supported Living is a service model based on principles that emphasize a person's choice, self-determination and community integration.  |
| <b>SUR</b>                        | Surveillance and Utilization Review<br>A program to guard against fraud and abuse by providers. It identifies aberrant billing practices, sanctions those who have abused Medicaid, recovers overpayments, and assists in criminal investigations where appropriate. |
| <b>SURS</b>                       | Surveillance and Utilization Review System   |



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| <b>SUS</b>                  | <p>Server Update Services</p> <p>Also referred to as Windows Server Update Services, provides a software update service for Microsoft Windows Operating Systems and other Microsoft software. By using Windows Server Update Services, administrators can manage the distribution of Microsoft hotfixes and updates released through Automatic Updates to computers in a corporate environment.</p> |
| <b>SWEBOK®</b>              | <p>Guide to the Software Engineering Body of Knowledge®</p> <p>A testing methodology presented in the Guide to the Software Engineering Body of Knowledge® as adopted by the IEEE Computer Society Board of Governors in February 2004.</p> <p>Registered trademark - ® - symbol used on first usage with font set as superscript.</p>  |
| <b>system documentation</b> | <p>Documents that contain the technical description of the configuration, components, and operation of the MITS.</p>  |
| <b>sysvol</b>               | <p>system volume</p> <p>A shared directory that stores the server copy of the domain's public files that must be shared for common access and replication throughout a domain.</p>  |



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| <b>T</b>            |  |
| <b>TA</b>           | technical assistance   |
| <b>TAA</b>          | Trade Adjustment Assistance<br>A program of the United States Department of Labor that provides a variety of reemployment services and benefits to workers who have lost their jobs or suffered a reduction of hours and wages as a result of increased imports or shifts in production outside the United States. The TAA program aims to help program participants obtain new jobs, ensuring they retain employment and earn wages comparable to their prior employment. |
| <b>TAM</b>          | total access method  |
| <b>TANF</b>         | Temporary Assistance for Needy Families<br>The United States of America's federal assistance program, commonly known as 'welfare'. It began on July 1, 1997, and succeeded the Aid to Families with Dependent Children program, providing cash assistance to indigent American families with dependent children through the United States Department of Health and Human Services.   |
| <b>TANF E&amp;T</b> | Temporary Assistance for Needy Families Employment and Training  |
| <b>TAPI</b>         | Telephony Application Programming Interface<br>A Microsoft Windows Application Programming Interface (API) which provides computer telephony integration and enables computers running Microsoft Windows to use telephony services.  |
| <b>TBI</b>          | traumatic brain injury   |
| <b>TBR</b>          | to be refilled<br>Status in the rule-development process.  |
| <b>TCM</b>          | Targeted Case Management<br>The coordination of specialized services for an individual that helps them get the needed services, evaluates if the services are appropriate, and monitors them.  |
| <b>TCN</b>          | transaction control number<br>An internal control number assigned to each claim as the fiscal agent for processing receives it.  |
| <b>TCP/IP</b>       | Transmission Control Protocol/Internet Protocol<br>A set of communication protocols that implement the protocol stack on which the Internet and most commercial networks run.  |
| <b>TDD</b>          | Telecommunications Device for the Deaf<br>An electronic device for text communication via a telephone line, used when one or more of the parties has hearing or speech difficulties.   |
| <b>TEFAP</b>        | The Emergency Food Assistance Program  |



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| <b>TFAL</b>        | technical functional area lead  |
| <b>thread</b>      | A predefined order that dictates the hierarchy in which to process multiple consumer plans (both benefit and assignment) and multiple payers.   |
| <b>TIBCO</b>       | An infrastructure software development company. TIBCO, The Power of Now, and TIBCO Software are trademarks or registered trademarks of TIBCO Software Inc.  |
| <b>TIFF</b>        | tagged image file format<br>An industry standard image format that is widely accepted across platforms and software.  |
| <b>TIM</b>         | Technical Instruction Manual  |
| <b>Title XVII</b>  | The Medicare Modernization Act of 2003 was enacted under the Social Security Act.   |
| <b>Title XVIII</b> | The federal health care program as described in Title XVIII of the Social Security Act. Part A covers hospitalization and Part B covers medical insurance.  |
| <b>Title XIX</b>   | The Medicaid program was enacted in 1965 under Title XIX of the Social Security Act.  |
| <b>Title XXI</b>   | The State Children’s Health Insurance Program (SCHIP) was enacted in 1997 under the Social Security Act.  |
| <b>TN</b>          | transmittal number  |
| <b>TOPS</b>        | Training Opportunities for Program Staff  |
| <b>TPA</b>         | third party administrator<br>An organization that processes insurance claims for a separate entity. This can be viewed as ‘outsourcing’ the administration of the claims processing, since the TPA is performing a task traditionally handled by the company providing the insurance. Often, a TPA handles the claims processing for an employer that self-insures its employees. Thus, the employer is acting as an insurance company and underwrites the risk. The risk of loss remains with the employer, and not with the TPA. The employer may also contract with a reinsurer to pay amounts in excess of a certain threshold, in order to share the risk for potential catastrophic claims. |
| <b>TPL</b>         | Third Party Liability<br>A situation in which a claim submitted as a result of an accident or injury where another individual or organization may be responsible for payment or in which a consumer has health insurance resources other than Medicaid or Medicare which are responsible for at least partial payment of a claim. The TPL Subsystem identifies claims where liability potentially exists. TPL includes private healthcare carriers, Medicare, and other third party resources of Medicaid consumers, and ensures that Medicaid is the payer of last resort.   |



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| <b>TPP</b>                          | Term Payment Plan<br>A plan to pay on a term-basis.   |
| <b>TPR</b>                          | Third Party Recovery  |
| <b>trading partner</b>              | External entity with which business is conducted, i.e. customer. This relationship can be formalized via a trading partner agreement. (Note: a trading partner of an entity for some purposes may be a business associate of that same entity for other purposes.)  |
| <b>trading partner agreement</b>    | Providers must enroll as a trading partner in order to submit HIPAA compliant transactions to Medicaid  |
| <b>trading partner number</b>       | From a pre-selected, reserved range of provider numbers from the provider master file in MITS   |
| <b>trading partner profile</b>      | A form completed by providers as a part of the trading partner enrollment process. Available online at <a href="http://hipaa.ohio.gov/ODJFS">hipaa.ohio.gov/ODJFS</a> .   |
| <b>Transitions MR/DD Waiver</b>     | An Ohio Medicaid waiver only open to individuals who need care in an intermediate care facility for people with mental retardation (ICF-MR), are on the Ohio Home Care Waiver, were enrolled Core Plus before it closed, or were on an ODMR/DD waiver before July 2006. This waiver is administered by ODJFS. |
| <b>Transitions Carve Out Waiver</b> | An Ohio Medicaid waiver administered by ODJFS that limits eligibility to individuals who are age 60 or older and have an intermediate or skilled level of care.   |
| <b>Transportation</b>               | A Medicaid program that provides non-ambulance transportation to and/or from Medicaid-allowable medical services, and is available to eligible Medicaid consumers who have no other means of transportation.  |
| <b>TRC</b>                          | Telephone Registration Centers  |
| <b>trigger</b>                      | A symptom or warning sign indicating that a risk has occurred or is about to occur - some triggers may be more serious or indicative than others. (PMI definition)  |
| <b>TRICARE</b>                      | The US Government program that provides insurance to military dependents and retirees. Although this appears to be an acronym, it is not. (Previously known as CHAMPUS.)  |
| <b>tuple</b>                        | A variable that may occur multiple times in the transaction such as procedure modifier.   |
| <b>TWL</b>                          | temporary work level  |
| <b>TXX</b>                          | Title XX Social Services Block Grant  |



| <b>U</b>                |   |
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| <b>UAT</b>              | User Acceptance Testing   |
| <b>UATE</b>             | User Acceptance Test Environment  |
| <b>UB</b>               | Uniform Bill  |
| <b>UB04 and UB92</b>    | UB92 is the old billing form for institutions (hospitals, nursing homes, hospices) and is replaced by UB04. UB (universal billing) is never spelled out since this is that title of the billing form  |
| <b>UC</b>               | unemployment compensation<br>Payments made by governments to unemployed people.   |
| <b>UCF</b>              | universal claim form<br>The NCPDP standard paper claim form for pharmacy claims.  |
| <b>UCFE</b>             | Unemployment Compensation for Federal Civilian Employees  |
| <b>UCM</b>              | unified change management<br>A consistent, activity-based process for managing change that teams can apply to a development project that sits upon Base ClearCase. Used with ClearCase.   |
| <b>UCR</b>              | 1. usual, customary and reasonable<br>Refers to allowable billing costs, which should be average in the service area and at a realistic level.  |
| <b>UCR</b>              | 2. Uniform Cost Report<br>Contains audited expenditures from prior periods that will be trended forward to develop rates for each procedure code identified by the provider.  |
| <b>UCS</b>              | use case specifications<br>Use cases, documented in Rational Requisite Pro for all new components and major revisions of existing components. For existing components, a proxy use case may be created in Requisite Pro which is not a fully developed use case   |
| <b>UCX</b>              | Unemployment Compensation for Ex-Military Personnel   |
| <b>UNIX<sup>®</sup></b> | A well-known computer operating system, originally developed by AT&T. Use the symbol (®) on first usage in a document in superscript.   |
| <b>UR</b>               | utilization review<br>Most commonly known as utilization management. Inherent in utilization management is the responsibility to assure that the patient receives the quantity and quality of services at the appropriate time in the appropriate setting to be consistent with their medical care needs. |
| <b>UPIN</b>             | Unique Physician Identification Number<br>Replaced by NPI (National Provider Identifier).   |



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| <b>UPL</b>  | <p>upper payment limit</p> <p>Federal law gives states considerable flexibility regarding payments to health care providers, but it stipulates that, in general, Medicaid payments can be no higher than the amount that Medicare would pay for the same service.</p>   |
| <b>UPS</b>  | <p>uninterruptible power supply</p> <p>A device which maintains a continuous supply of electric power to connected equipment by supplying power from a separate source when utility power is not available (e.g., a backup generator).</p>  |
| <b>URI</b>  | <p>uniform resource identifier</p> <p>Used to describe an electronic address in cyberspace, containing specific identifying elements; a Web page address. Also referred to as a URL.</p>  |
| <b>URL</b>  | <p>uniform resource locator</p> <p>Used to describe an electronic address in cyberspace, containing specific identifying elements; a Web page address. Also referred to as a URI.</p>   |
| <b>USDA</b> | <p>United States Department of Agriculture</p> <p>A United States Federal Executive Department (or <i>Cabinet</i> Department). Its purpose is to develop and execute policy on farming, agriculture, and food. It aims to meet the needs of farmers and ranchers, promote agricultural trade and production, work to assure food safety, protect natural resources, foster rural communities and end hunger, in America and abroad.</p> |
| <b>user</b> | <p>Any individual or a group identified by the state as the persons authorized to use all or parts of ODJFS functions.</p>  |
| <b>UTF8</b> | <p>Unicode Transformation Format 8-bit</p> <p>A variable length character encoding for Unicode. UTF-8 encodes each character in one to four octets and is backwards compatible with ASCII.</p>  |



| <b>V</b>                |  |
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| <b>Value Purchasing</b> | Ohio Medicaid's management strategy that focuses on consumers, performance and information by balancing improvements in access, quality and cost.  |
| <b>VBA</b>              | Visual Basic for Applications<br>A software development kit that is embedded in the Captiva product used for adding customized functionality where out of the box functionality does not meet business needs.  |
| <b>VCTL</b>             | version control<br>Process by which changes can be tracked and managed.  |
| <b>VDS</b>              | Virtual Disk Service<br>Introduced in Microsoft Windows Server 2003, VDS is a set of Application Programming Interfaces (APIs) that provide a single interface for managing disks. VDS provides an end-to-end solution for managing storage hardware and disks, and for creating volumes on those disks. |
| <b>VFC</b>              | vaccine for children   |
| <b>VOB</b>              | versioned object base<br>A repository that stores versions of file elements, directory elements, derived objects, and metadata associated with these objects. Used with ClearCase version control tool.  |
| <b>VPN</b>              | virtual private network<br>A computer network in which some of the links between nodes are carried by open connections or virtual circuits in some larger network such as the Internet. VPNs typically utilize content encryption to secure the link.  |



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| <b>W</b>           |   |
| <b>W3C</b>         | World Wide Web Consortium<br>The main international standards organization for the World Wide Web.  |
| <b>WA</b>          | work activities<br>Standard activities that are classified as work.   |
| <b>WAC</b>         | wholesale acquisition cost  |
| <b>waiver</b>      | Waiver is usually used in reference to the Home and Community-Based Waiver program where a state has applied for and received permission to use Medicaid funds to assist and keep people with disabilities in the community. Many of the restrictive requirements of using Medicaid monies are usually waived in these programs.  |
| <b>waiver span</b> | A consecutive 365 days, during which an individual's waiver is expected to be authorized. Ordinarily, the first day of an individual's span would be the same date of the year in which that individual first received waiver funding. In a Leap Year, a waiver span is 366 days.   |
| <b>WAN</b>         | Wide Area Network<br>Connection between two or more LANs (Local Area Networks) that usually span a longer distance than LAN (i.e. between cities, states, etc.)   |
| <b>WARN</b>        | Worker Adjustment and Retraining Notification Act<br>A United States labor law which protects employees, their families, and communities by requiring most employers with 100 or more employees to provide sixty- (60) calendar-day advance notification of plant closings and mass layoffs of employees. It was enacted in 1989. |
| <b>WBS</b>         | Work Breakdown Structure<br>A detailed plan used to complete and track a project. The WBS identifies every task in the project, estimates time and resource requirements, identifies predecessor and successor tasks, identifies the critical path, and is used to compare to actual project performance.                         |
| <b>Web</b>         | Colloquialism for the World Wide Web. <b>Note:</b> always capitalized.  |
| <b>WebDAV</b>      | Web-based Distributed Authoring and Versioning<br>WebDAV is a set of extensions to the Hypertext Transfer Protocol (HTTP) which allows users to collaboratively edit and manage files on remote World Wide Web servers.   |



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| <b>WEP</b>  | <p>Work Experience Program</p> <p>The Ohio program in which individuals work without pay at a job site in a public, private-non-profit or private-for-profit organization in order to gain work experience and training. It may also include activities ensuring that participants become familiar with workplace expectations and exhibit work behavior and attitudes necessary to compete successfully in the labor market.</p>  |
| <b>WHQL</b> | <p>Windows Hardware Quality Labs</p> <p>A testing process which involves running a series of tests on third- party (i.e. non Microsoft) hardware or software and then submitting the log files from the tests to Microsoft for review.</p>   |
| <b>WIA</b>  | <p>1. Workforce Investment Act</p> <p>Law enacted to replace the Job Training Partnership Act and certain other Federal job training law with new workforce investment systems. Enacted during Bill Clinton's second term by a Republican Congress, it represented an attempt to induce business to participate in the local delivery of Workforce Development Services. The principal vehicle for this was Workforce Investment Boards (WIBs) which were to be chaired by private sector members of the local community. A majority of Board members were also required to represent business interests.</p>                  |
| <b>WIA</b>  | <p>2. Windows Image Acquisition</p> <p>WIA is a driver model and Application Programming Interface (API) for modern Microsoft Windows Operating Systems that enables graphics software to communicate with imaging hardware such as scanners, digital cameras, and digital video equipment.</p>  |
| <b>WIC</b>  | <p>Women, Infant &amp; Children Program</p> <p>A Federal assistance program of the Food and Nutrition Service of the United States Department of Agriculture for healthcare and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of five. The eligibility requirement is a family income below 185% of the U.S. Poverty Income Guidelines. If a person participates in other benefit programs, or has family members participate in the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families, they automatically meet the eligibility requirements.</p> |
| <b>WINS</b> | <p>Windows Internet Naming Service</p> <p>Microsoft's implementation of a directory for NetBIOS that maps host names to NetBIOS network addresses. The WINS server stores the NetBIOS to hostname mappings in an encoded Jet Database. WINS is considered a legacy implementation as most modern Windows server infrastructures now use DNS since the introduction of Active Directory in Windows 2000 Server.</p>   |



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| <b>WIP</b>        | work in progress<br>Used to signify a work item that has not been completed but is in process.   |
| <b>WMI</b>        | Windows Management Instrumentation<br>WMI is a set of extensions to the Windows Driver Model that provides an operating system interface through which instrumented components provide information and notification. WMI is Microsoft's implementation of the Web-Based Enterprise Management and Common Information Model standards from the Distributed Management Task Force. |
| <b>workday</b>    | A day scheduled for regular State of Ohio employees to work; Monday through Friday except holidays observed by regular State of Ohio employees. Timeframes in the RFP requiring completion within a number of workdays shall mean by 5:00 p.m. Eastern time on the last workday.   |
| <b>Workstream</b> | A set of associated activities, focused around a particular scope, which follow a path from initiation to completion.  |
| <b>WOTC</b>       | Work Opportunity Tax Credit<br>Part of a diverse mix of flexible strategies designed to help move people from welfare into gainful employment and obtain on-the-job experience.  |
| <b>WPAD</b>       | Web Proxy Autodiscovery Protocol<br>Methods used by clients to locate a proxy auto configuration file automatically and use this to configure the browser's Web proxy settings.  |
| <b>WPR</b>        | work product review<br>Review method used by EDS to edit and finalize documentation before delivery to the State.  |



| <b>X</b>   |  |
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| <b>XML</b> | <p><b>Extensible Mark-up Language</b></p> <p>A general purpose specification for creating custom markup languages. Its primary purpose is to facilitate the sharing of structured data across different information systems. It is used both to encode documents and to serialize data. Designed to improve the functionality of the Web by providing more flexible and adaptable information identification. XML is actually a meta language-a language for describing other languages-which allows users to design their own customized markup languages for limitless different types of documents.</p> |



| <b>Y</b>   |  |
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| <b>YTD</b> | <p>year-to-date</p> <p>A period starting January 1 of the current year and ending today. Year-to-date is used in many contexts, mainly for recording results of an activity in the time between today's date and the beginning of either the calendar or fiscal year.</p> <p>In the context of finance, YTD is often provided in financial statements detailing the performance of a business entity. Providing current YTD results, as well as YTD results for one or more past years as of the same date, allows owners, managers, investors, and other stakeholders to compare the company's current performance to that of past periods.</p> <p>YTD describes the return so far this year.</p> |

