

APPENDIX A GLOSSARY OF TERMS AND ACRONYMS

AB	Aid to the Blind
ABD	Aged, Blind and Disabled; references the SSA eligibility programs for these populations.
(Microsoft or MS) Access	PC-based database management system and application development language, made by Microsoft, that assists with the transfer of data into reports, invoices, etc.
Ad Hoc Report	A report produced for a particular purpose and not intended to become a permanent reporting requirement. Claim detail reporting in support of SURS is a part of normal SURS operations and is not included as an ad hoc report.
ADA	American Dental Association
Adjudicated Claim	A claim that has reached final disposition such that it is either to be paid or denied.
Adjustment	A transaction that changes any information on a claim that has been adjudicated.
AFDC	Aid to Families with Dependent Children
<u>AHCPR</u>	<u>Agency for Health Care Policy Research</u>
Allowed Amount	The amount payable or covered by the Oklahoma Medicaid Program.
<u>ALOS</u>	<u>Ambulatory Length of Stay</u>
ANSI	American National Standards Institute, an accepted standards-setting body for the computer industry.
APD	Advance Planning Document – a document utilized to request enhanced federal financial participation.
API	Application program interface
AR	Accounts Receivable
ASC	Ambulatory surgical center

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ASCII	American Standard Code for Information Interchange	Deleted: s
AVR(S)	Automated voice response eligibility verification (system)	
AWP	Average wholesale price	
BENDEX	Beneficiary data exchange system; a file containing data from HCFA regarding persons receiving benefits from the Social Security Administration.	
Bidder	The corporation, partnership, or joint venture (including any and all subcontractors proposed thereby) that submits a timely, complete, and correctly formatted technical and business proposal in response to this ITB.	
Bill	As refers to a bill for medical services, the submitted claim document, or EMC record; may contain one or more services performed.	
Business Days	Official hours of operation based on a five (5)-day workweek, excluding Saturdays, Sundays, and official State of Oklahoma holidays.	
Buy-In	A procedure whereby the State pays a monthly premium to the Federal government on behalf of eligible medical assistance clients to enroll them in the Medicare Part B program.	
Capitated Service	Any Medicaid-covered service for which the contractor receives capitation payment.	
Capitation	A contractual arrangement through which a health plan or other entity agrees to provide specified health care services to enrollees for a specified prospective payment per member, per month.	
Capitation Rate	The amount paid per member, per month for services provided at risk.	
CASE	Computer-aided software engineering	
Case Management	A health care method in which medical, social, and other services for a recipient are coordinated by one (1) entity.	
Case Manager	An individual who coordinates, monitors, and ensures that appropriate and timely care is provider to the recipient.	

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CASS	USPS form #3553
CD-ROM	Compact disk – read only memory
Certification	Refers to the process utilized by HCFA to determine that an MMIS meets minimum requirements to be eligible for federal financial participation.
CFR	Code of Federal Regulations
CICS	Customer Information Control System, a communication manager software used for on-line applications in an IBM mainframe environment.
Claim	A provider's request for reimbursement for health care service delivery, the definition for vendor reimbursement purposes is included in the body of the ITB.
Clean Claim	A claim which can be adjudicated without obtaining additional information from the provider of service or a third party; clean claims do not include claims from a provider that is under investigation for potential fraud and/or abuse or claims that routinely suspend even if due to billing errors by the provider.
CLIA	Clinical Laboratory Improvement Act of 1988; a federally mandated set of certification criteria and a data collection and monitoring system to ensure proper certification of clinical laboratories.
COBOL II	Common Object Business-Oriented Language, a programming language
Contract	Referring to the written, signed agreements resulting from the ITB, for the implementation and operation of an MMIS and fiscal agent services for the State of Alabama, unless context clearly requires otherwise.
Contract Amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract; it shall include bilateral actions, such as change

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	orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Contractor	Bidder with whom the State has successfully executed a contract under this ITB. Fiscal Agent may refer to contractor within this document.
Contract Administrator	The OHCA Deputy Administrator of Information Services Division Chief Information Officer or his/her designee; responsible for day-to-day contract monitoring during fiscal agent operations.
Cost Avoidance	The payment methodology of avoiding part or all of Medicaid's payment when a third party resource is available to pay a claim.
CPAS	Claims Processing Assessment System, an automated claims database used by the State for contractor quality control reviews.
CPHA	Committee on Professional and Hospital Activities, which submits update tapes to the states for ICD-9-CM.
CPT-4	Common Procedure Terminology, 4th Revision
CPU	Claims Processing Unit
DSMD	Data Systems Management Division
Days	A twenty-four (24) hour period between midnight and midnight; regardless of whether or not it occurs on a weekend or holiday; it is a calendar day unless otherwise specified.
DBMS	An integrated (object-oriented or relational) comprehensive database management system, including all data and all internal and linked databases.
DDI	Design, development, and implementation
<u>DDSD</u>	<u>Developmental Disability Services Division</u>
DEA	Drug Enforcement Agency
DEERS/CHAMPUS	Defense Enrollment Eligibility Reporting System/Civilian Health and Medical Plan of the Uniformed Services.

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DHS	State of Oklahoma Department of Human Services
Deliverable	A product of a task milestone or MMIS requirement
Denied Claim	A claim for which no payment is made because the claim is for non-covered services, is for an ineligible client, was performed by an ineligible provider, is a duplicate of a previously paid claim, or does not otherwise meet OCHA payment standards.
DESI	Drug-effectiveness source identifier
DHHS	US Department of Health and Human Services
DHS	Oklahoma Department of Human Services
DIS	Detailed Implementation Schedule
DME	Durable Medical Equipment
DMERC	Medicare durable medical equipment crossover file
DRS	Oklahoma Department of Rehabilitation Services
DSS	Decision Support System
DTL	Detail
DUR	Drug <u>Utilization Review</u>
DUR Board	The State's Drug Utilization Review Board, composed of physicians, pharmacists, and others experienced in drug therapy problems; the Board makes recommendations to the Oklahoma Medicaid Agency on DUR policies and procedures.
EAC	Estimated acquisition cost for drugs
EPSDT	Early and periodic screening, diagnosis, and treatment for medical, dental, vision, and hearing services.
ECM	Electronic claims management
ECS	Electronic claims submittal

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EDI	Electronic data interchange	
EFT	Electronic funds transfer	
EIS	Executive Information System	
Eligibility Files	The VSAM files which contain Medicaid recipient eligibility data. The Master Eligibility File (PS/2) is currently maintained by DHS on the State of Oklahoma mainframe and the files are transferred to the fiscal agent. The fiscal agent currently loads this file to create the Recipient Eligibility File for use in processing claims.	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: Oklahohma</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: .</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: nightly</div> <div style="border: 1px solid red; padding: 2px;">Deleted: by original Medicaid number</div>
EMC	Electronic media claims	
Encounter	A record of a medically related service (or visit) rendered to a Medicaid recipient who is enrolled in a participating health plan during the date of service; it includes (but is not limited to) all services for which the health plan incurred any financial responsibility.	<div style="border: 1px solid red; padding: 2px;">Deleted:</div>
Encounter Data Claim	A claim submitted by a coordinated care provider for the actual provider of service to plan enrollee. These claims go through full adjudication to determine payment, if any, which would have been made if the recipient had not been under the plan.	
Enhanced Funding	Refers to the “enhanced” federal financial participation rates available for a state’s certified MMIS; 75% for operations and 90% for development.	<div style="border: 1px solid red; padding: 2px;">Deleted: On the provider’s remittance advice these claims show as denied for plan coverage.¶</div>
Enrollee	A person who has enrolled in a managed care health plan	
EOB	Explanation of Benefits	
EOMB	Explanation of Medical Benefits	
EOP	Explanation of Payments	
EVS	Electronic Verification System for verifying eligibility	
<u>FACCT</u>	<u>Foundation for Accountability Conquest 2.0.</u>	
<u>FAF</u>	<u>Foundation for Accountability Fact</u>	
Fee-for-Service	A method of health care reimbursement based upon payment for specific services on a client’s behalf.	

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FEIN	Federal <u>Employee Identification Number</u>	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: employee</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: identification</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: number</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: financial</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px;">Deleted: participation</div>
FFP	Federal <u>Financial Participation</u> ; a percent of State expenditures to be reimbursed to the State by the Federal government for medical services and for administrative costs of the Medicaid program.	
FFS	Fee- <u>For-Service</u>	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: for</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px;">Deleted: service</div>
FIPS	Federal Information Processing Standards	
FIPS PUB	Federal Information Processing Standards Publication	
Financial Cycle	The processing of claims from adjudication to payment. A financial cycle includes the updating of financial history and the preparation of provider payments and remittance advices. Actual release of payments is not considered part of the financial cycle.	
First Data Bank	A private firm supplying drug prices and other information to the Oklahoma MMIS.	
Fiscal Year (Federal)	October 1 - September 30	
Fiscal Year (State)	July 1 - June 30	
FQHC	Federally <u>Qualified Health</u> center	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: qualified</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px;">Deleted: health</div>
FY	Fiscal year	
GIS	Geographic Information System software package (e.g. GEOACCESS). A software package that allows geographical information to be displayed using maps.	
GUI	Graphical <u>User Interface</u> . A graphical user interface is a "point and click" interface to a program, composed of menus, dialog windows, push-buttons, etc.	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; margin-bottom: 2px;">Deleted: user</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px;">Deleted: interface</div>
HCBS	Home and Community Based Services,	
HCFA	Health Care Financing Administration, responsible for the national administration of the Medicaid and Medicare programs.	

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HCFA-1500	HCFA-approved claim form used to bill professional services.	
HCPCS	HCFA Common Procedure Coding System; a uniform health care procedural coding system approved for use by HCFA, describing the physician and non-physician services covered by the Medicaid and Medicare programs and used primarily to report reimbursable services provided to patients.	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: patient</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted:</div>
HHS	Health and Human Services. Refers to the U.S. Department of Health and Human Services.	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted:</div>
HDR	Header	
HEDIS	Health Plan Employer Data and Information Sheet	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: plan</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: employer</div>
HIPAA	Health Information Portability and Accountability Act – in general usage in this document the reference is to the Administrative Simplification provisions of this act.	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: data</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: information</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: sheet</div>
HMOs	Health Maintenance Organizations	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: maintenance</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: organizations</div>
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification.	
ICF	Intermediate Care Facility	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: care</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: facility</div>
ICF-MR	Intermediate Care Facilities for the Mentally Retarded ; services are covered for those who are mentally retarded or who have related conditions.	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: care</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: facilities</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: mentally</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: retarded</div>
ITB	Invitation to Bid	
ITF	Integrated Test Facility ; allows the State and contractor to monitor the accuracy of the MMIS and to test proposed changes to the system by processing test claims and other transactions through the system without affecting normal operations.	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: test</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: facility</div>
JAD	Joint Application Design	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: application</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: design</div>
JCL	Job Control Language	<div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: control</div> <div style="border: 1px solid red; border-radius: 5px; padding: 2px; width: fit-content;">Deleted: language</div>
<u>JCAHO</u>	<u>Joint Commission for the Accreditation of Healthcare Organizations</u>	

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Key Date	A specified date which, if not met, may jeopardize the operations start date.	
LAN	Local Area Network	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: area</div> <div style="border: 1px solid red; padding: 2px;">Deleted: network</div>
Lock-In	A recipient who has been identified as abusing the Medicaid program may be restricted, or "locked-in," to a specified physician and/or pharmacy. The recipient's eligibility record will indicate that the recipient is restricted. Only claims from the specified providers shall be paid, except as otherwise authorized by Medicaid.	
LTC	Long-Term Care, used to describe institutional-based services such as nursing facility and ICF/MR facility care.	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: . ¶</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: term</div> <div style="border: 1px solid red; padding: 2px;">Deleted: care</div>
MAC	Medical Advisory Committee. Also refers to the state and federal Maximum Allowed Charge for drugs, depending upon context.	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: allowable</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: charge</div> <div style="border: 1px solid red; padding: 2px;">Deleted: or medical assistance card</div>
Managed Care	A comprehensive approach to the provision of health care that combines clinical services and administrative procedures with an integrated, coordinated system to provide timely access to cost-effective primary care and other medically necessary services.	
<u>MCE</u>	<u>Managed Care Entity</u>	
MARS	Management and Administrative Reporting System of the MMIS	
MCDATA	HCFA-proposed managed care universal data element	
Manual Check	A check issued by the state which is not generated by the system during a financial cycle.	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: fiscal agent</div> <div style="border: 1px solid red; padding: 2px;">Deleted: routinely</div>
Medicaid	A federal/state medical assistance program authorized by Title XIX of the Social Security; it provides medical benefits for low-income persons and is jointly administered by the Federal and State governments.	
Medicare Buy-In	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance clients to enroll them in the Medicare Part B program.	

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MEQC	Medicaid <u>Eligibility Quality Control</u>	Deleted: eligibility
MH	Mental Health	Deleted: quality
Milestone	Completion of a task or a set of many tasks	Deleted: control
MMIS	Oklahoma's federally-certified Medicaid Management Information System.	
MR	Mentally <u>Retarded</u>	Deleted: retarded
MSIS	Medicaid Statistical Information System (electronic 2082)	
MTS	Medicare Transaction System	
Must	Indicates a mandatory requirement or condition to be met; see "shall" and "will".	
NCPDP	National Council for Prescription Drug Programs (current standard is 3.2.C).	
NDC	National Drug Code; a generally accepted system for the identification of prescription and non-prescription drugs available in the U.S.	
NPI	National Provider Identification	
NDM	Network Data Mover	
NF	Nursing <u>Facility</u> ; a long-term care facility licensed under State law and certified by Medicare to provide skilled and intermediate levels of care.	Deleted: facility
Objection	An unwillingness to accept or acknowledge a mandatory requirement.	
OBDC	Open Database Connectivity	
OBRA	Omnibus Budget Reconciliation Act	
<u>OFMQ</u>	<u>Oklahoma Foundation for Medical Quality</u>	
OHCA	Oklahoma Health Care Authority, the Designated Single State Agency for administration of the Oklahoma Title XIX Medicaid <u>Program</u> .	Deleted: program

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OIG	Office of the Inspector General	
OKMMIS	The State of Oklahoma fiscal agent operated Medicaid Management Information System.	
On-Line	Use of a computer workstation with visual display to immediately access computer files.	
<u>ORYX</u>	<u>Name of the JCAHO hospital utilization data base.</u>	
OSCAR File	Online Survey Certification And Reporting; CLIA file and updates from HCFA	Deleted: file
OSI	Open Systems Interconnection	
PA	Prior Authorization	Deleted: authorization
PASARR	Pre- Admission Screening and Resident Review	Deleted: admission Deleted: screening
Pass-through Expenses	Those expenses of <u>a</u> Contractor which are to be reimbursed at cost by Medicaid .	Deleted: annual resident Deleted: review
Patient Liability	Monthly income of a recipient in a long-term care or inpatient setting for more than thirty (30) days which must be applied to cost of care before Medicaid payment is made.	
PETI	Post Eligibility Treatment of Income	
PCCM	Primary Care Case Management	Deleted: care Deleted: case
PCP	Primary Care Provider	Deleted: management Deleted: care
PHP	Prepaid Health Plan	Deleted: provider
PF	Program Function keys	Deleted: function
PMF	Provider Master File	Deleted: file
PMMIS	Pre-paid Medicaid Management Information System; refers to the system used to capture and process data related to the Oklahoma managed care program.	
POS	Point- Of-Service (also place of service on claims)	Deleted: of Deleted: service

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<u>PQAS</u>	<u>Prior Quarter Adjustment Statement</u>	
Prime Contractor	The vendor with whom the State will contract for the services outlined in this ITB.	
PRO	Peer Review Organization	
Processed Refund	The correction of claim history performed in accordance with the instructions attached to a provider refund check.	Deleted: .
Pro-DUR	Prospective Drug Utilization Review	Deleted: drug Deleted: utilization Deleted: review
Protest	A complaint about a governmental action or decision brought by a prospective bidder to the appropriate administrative section with the intention of achieving a remedial result.	
PS/2	The eligibility system operated by the Oklahoma Department of Human Services; it is used to determine eligibility for AFDC, Medicaid, Food Stamps, etc. This system interfaces with the OKMMIS in order to provide information about client eligibility.	
QA	Quality Assurance	Deleted: assurance
QARI	Quality Assurance Reporting Initiative	
QC	Quality Control	
<u>QISM</u>	<u>Quality Improvement System for Managed Care</u>	
QMBs	Qualified Medicare Beneficiaries; Medicare Part A beneficiaries whose income is under one hundred percent (100%) of the poverty level but whose income or assets are too high to qualify for other regular Medicaid benefits.	
QWDI	Qualified Working Disabled Individual	Deleted: working Deleted: disabled Deleted: individual
RA	Remittance Advice	
RDBMS	Relational Data Base Management System	Deleted: data Deleted: base Deleted: management Deleted: system
RDD	Requirements Definition Document	
RDT	Requirements Definition Task	

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Refund A repayment made by a provider, usually needed because of an error in billing, receipt of a late insurance payment or a duplicate payment which resulted in an overpayment by Medicaid for services rendered.

Returned Claim A claim which is returned to the provider prior to entry into the system due to lack of clean claim data or a claim which is returned after deletion.

REVS Recipient Eligibility Verification System, under the MMIS/Fiscal agent contract, the REVS consists of a voice response system accessed by a touch-tone telephone and an electronic communication system that can be accessed by a PC with a modem or point-of-sale device with a plastic swipe ID card.

RHC Rural ~~Health Clinic~~

ROSI ~~Reconciliation of State Invoices~~

RSD Requirement Specifications Document

Shadow Claims Encounter claims equivalent to a regular claim

Shall Indicates a mandatory requirement or condition to be met; see "must" and "will".

SDX State Data Exchange System; the Social Security Administration's method of transferring SSI entitlement information to the State.

SLIMB Specified ~~Low-Income~~ Medicare ~~Beneficiary~~; Medicare Part A beneficiaries under one hundred twenty percent (120%) of the Federal poverty level who have income or assets that are too high to qualify for regular Medicaid benefits.

SNF Skilled ~~Nursing Facility~~; an institution (nursing facility) licensed under State law and certified by Medicare to provide skilled nursing and rehabilitative services.

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<u>SoonerCare</u>	The managed health care program through which the State of Oklahoma serves various populations, including the AFDC, Title XXI and the ABD client populations.	Formatted Deleted: soon
Spenddown	A periodic, usually six- (6-) month, “deductible” amount that must be incurred by medically needy recipients in order to reduce their income to Medicaid-eligibility levels through payments to providers.	
SQL	Structured <u>Query Language</u> for the definition, organization, and retrieval of data in a database management system (DBMS), including the tools for transaction, management, data integrity, and data administration.	Deleted: query Deleted: language
SSA	Social Security Administration of the Federal government	
SSI	Supplemental Security Income	
State Plan	The State Plan for Medical Assistance of the State of Oklahoma as approved by HHS for federal financial participation under Title XIX of the Social Security Act, as amended.	
State	The State of Oklahoma; refers to policies, decisions, procedures, receipt of data, and the like that are defined by Oklahoma State agencies.	
<u>SUL</u>	<u>State Upper Limit</u>	
Subcontractor	Any and all corporations, partnerships, agents, and/or individuals retained by the contractor (with prior written approval from the State) to perform services under this ITB, regardless of the amount, duration, or scope of the services provided and regardless of whether identified in the contractor’s proposal in response to this ITB or subsequently retained during the contract term.	
SURS	Surveillance and Utilization Review Subsystem; a federally-mandated MMIS subsystem that builds a statistical base for health care delivery and utilization pattern profiles for both providers and recipients and generates a listing of potential abusers for review by the Oklahoma Medicaid Agency.	

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TAD	Turnaround Billing Document, usually refers to the LTC reimbursement document.	
TCN	Transaction Control Number used to uniquely identify the MMIS health care claims.	
Time Slice	The set of software and data files provided to the Contractor for system testing. The time slice shall include MMIS source and object modules, JCL, copy members, run-time input parameters, production files listed below, and a copy of actual claim input data, all created at the initial step of a full adjudication/financial cycle. Immediately prior to the running of a financial cycle, all files accessed in the complete adjudication and payment of a claim will be copied to tape by the current Contractor. These files/data and the MMIS software provided should allow Contractor to duplicate the actual production run for the same cycle.	Deleted: ¶
Title IV-E	The title of the Social Security Act which is an entitlement program whereby there is Federal financial participation in the costs of foster care maintenance and adoption assistance payments.	
Title XIX	Of the Social Security Act enacted Medicaid in 1965; synonymous with Medicaid.	
Title XVIII	Of the Social Security Act (Medicare).	
Title XXI	Of the Social Security Act. Establish the child health care programs for the uninsured.	
TPL	Third- Party Liability ; also refers to the TPL subsystem of the MMIS.	Deleted: party Deleted: liability
TPR	Third- Party Resource	Deleted: party
TQM	Total Quality Management	Deleted: resource Deleted: quality Deleted: management
Turnover	Refers to the period of time for the transition from the current vendor to a replacement vendor either at the fulfillment of the contract or in the event of contract termination during the term of the contract.	

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UB-92	Standard claim form used to bill hospital inpatient, outpatient, nursing facility, and other State-defined services.	
UPIN	Universal <u>Provider Identification Number</u>	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: provider</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: identification</div> <div style="border: 1px solid red; padding: 2px;">Deleted: number</div>
USPS	United States Postal Service	
Utilization Review	A review performed to determine the quality, quantity, appropriateness, and cost of care and services provided and to compare the findings against established norms.	
VAN's	Value Added Networks	
<u>WAC</u>	<u>Wholesale Average Cost</u>	
WAN	Wide <u>Area Network</u>	<div style="border: 1px solid red; padding: 2px; margin-bottom: 2px;">Deleted: area</div> <div style="border: 1px solid red; padding: 2px;">Deleted: network</div>
WIC	Women, Infants, and Children's program	
Will	Indicates a mandatory requirement or condition to be met; see "must" and "shall".	
Working Days	Official hours of operation based on a five (5)-day workweek, excluding Saturdays, Sundays, and official state holidays.	
Workshops	General statewide training sessions conducted by Contractor to educate providers regarding proper billing procedures.	
YTD	Year-to-date	