

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
ACID	Atomicity, Consistency, Isolation, and Durability
Activity	A collection of one or more tasks or other activities and tasks within a work breakdown structure.
ADA	American Dental Association (as in ADA claims)
ADAP	AIDS Drug Assistance Program
AMA	American Medical Association
ANSI	American National Standards Institute
APC	Ambulatory Payment Classification
APG	Ambulatory Patient Groups
API	Application Programming Interface
ASA	American Society of Anesthesiologists
ASC	Ambulatory Surgical Center
ASP	Average Sales Price
ASSIST	Assessment Case Management System
ATM	Asynchronous Transfer Mode
AVR or AVRS	Automated Voice Response System
AWP	Average Wholesale Price. Part of a calculation for one of the State's four pharmacy reimbursement methods.
BAFO	Best and Final Offer
Baseline	A specification or product that has been formally reviewed and agreed upon, thereafter serves as the basis for further development, and can be changed only through formal change control procedures.
Basic Care	Residential coverage for aged, blind, and disabled SSI recipients in North Dakota.
BCBSND	Blue Cross Blue Shield of North Dakota
BCCP	Business Continuity and Contingency Plan
BENDEX	Beneficiary & Earnings Data Exchange System
BLOBS	Binary Large Objects
Bug	See Defect
Build	A formally defined and approved set of requirements incorporated into a collection of system artifacts assembled into a working component for the purposes of verifying the work completed to date. See also "Super Build".
Build Schedule	A build strategy with approved delivery dates assigned to each build.
Build Strategy	A defined and approved sequence of builds, culminating in the delivery of all requirements embodied in system artifacts and resulting in a complete working system / product.

# North Dakota MMIS Systems Replacement Project Glossary

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Buy-In	See Medicare Buy-In
CCI	Correct Coding Initiative
CD	Compact Disc
CD ROM	Compact Disc Read-Only Memory
CDT	Current Dental Terminology
CFR	Code of Federal Regulations
CFS	Children and Family Services
CHAMPUS	Civilian Health and Medical Programs of the Uniformed Services (Now TRI-CARE)
Checkwrite	Weekly payment cycle conducted by the Department
CI	Configuration Item; a work product that is treated as a single entity and placed under configuration management. A CI has four common characteristics: Defined functionality Replaceable as an entity Unique specification Formal control of form, fit and functionality
CICS	Customer Information Control System
CLIA	Clinical Laboratory Improvement Amendments
CLOBS	Character Large Objects
CMS	Centers for Medicare and Medicaid Services (formerly HCFA)
CMS 64 Report	The CMS 64 Report provides the State's Medicaid Financial Statistics Tables to the Federal Government.
CMS-1500	Centers for Medicare and Medicaid Services, Form 1500. The CMS-1500 is the basic form prescribed by CMS for claims from physicians and suppliers, except for ambulance services.
CMSO	Center for Medicaid and State Operations
CNRA	Council on Naturopathic Registration and Accreditation
COB	Coordination of Benefits
COLD	Computer Output to Laser Disk
COLT	Computer Output Laser Technology
CON	Certificate of Need
Configuration Management	The process for establishing and maintaining consistency of a product's functional and physical attributes with its requirements, design and operational information throughout development of the product and the product's life.

# North Dakota MMIS Systems Replacement Project Glossary

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Contract Officer	The individual assigned by DHS to provide: 1.) Final approval on Contractor deliverables 2.) Signing authority to enter into contract with the Contractor 3.) Signing authority to modify the contract with the Contractor 4.) Signoff on substitution of subcontractors 5.) Signoff on substitution of Key Personnel
Coordinated Services Program (CSP), formerly Lock-In	A special program administered by DHS for Medicaid members who have "over-utilized" Medicaid services. These individuals are assigned to a select group of "Lock-In" providers to control claims.
COTS	Commercial Off-the-Shelf
CPT-4	Current Procedural Terminology, Version 4
Crossover Claims	Claims for recipients with both Medicare and Medicaid coverage.
CSSH	Children's Special Health Services - specialty care in North Dakota for children to treat an eligible diagnosed condition
CSP	Coordinated Services Program - A special program administered by DHS for Medicaid recipients who have "over-utilized" Medicaid services. These individuals are assigned to a select group of "Lock-In" providers to control claims.
CSR	Change Service Request
CSV	Comma Separated Value
CY	Calendar Year
DD	Developmentally Disabled
DDE	Direct Data Entry
DDI Phase	Design, Development, and Implementation Phase of Contract
DDS	Disability Determination Services
DEA	Drug Enforcement Agency
DED	Data Element Dictionary
DEERS	Defense Enrollment Eligibility Reporting System
Defect	A variance between an expected result and an actual result during the development of a product. See also "Failure"
Deliverable	The work product from a single task on the work breakdown structure
Demotion	The movement of a defective promotion from the project level in which the defect was identified to development for remediation
Deployment	A promotion of an approved CI to the operational or "production" environment
DESI	Drug Efficacy Study Implementation
DHS	North Dakota Department of Human Services
DME	Durable Medical Equipment

# North Dakota MMIS Systems Replacement Project Glossary

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DMZ	Demilitarized Zone - a computer or small subnetwork that sits between a trusted internal network, such as a corporate private LAN, and an untrusted external network, such as the public Internet
DOB	Date of Birth
DOD	Department of Defense
DOH	North Dakota Department of Health
DoIT	North Dakota DHS Division of Information Technology
DOS	Date of Service
DOS	Disk Operating System
DPI	North Dakota's Department of Public Instruction
DRG	Diagnosis Related Groups
DSD	Detailed System Design
DSH	Disproportionate Share Hospital
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSS	Decision Support System
DUR	Drug Utilization Review or Drug Use Review. <i>See also ProDUR and RetroDUR.</i>
DW	Data Warehouse
EA	Enterprise Architecture
EAC	Estimated Acquisition Cost
EAI	Enterprise Application Integration
Earned Value	A tool that allows managers to have visibility into technical, cost, and schedule progress on their contracts. EV ensures that cost, schedule and technical aspects of a contract are truly integrated.
ECM	Enterprise Content Management
EDI	Electronic Data Interchange
EDMS	Electronic Document Management Systems
EDS	Electronic Data Systems
EFT	Electronic Funds Transfer
EMC	Electronic Media Claim
EOB	Explanation of Benefit. <i>See also REOMB.</i>
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment ( <i>Health Tracks</i> in North Dakota)
EQRO	External Quality Review Organization
ESB	Enterprise Service Bus
Failure	A variance from expected results that occurs in the use of a product, directly affecting business operations and the business' customers

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
FDA	Food and Drug Administration
FDB	First DataBank
FEIN	Federal Employer Identification Number
FFP	Federal Financial Participation
FFS	Fee For Service
FFY	Federal Fiscal Year
FMAP	Federal Medicaid Assistance Payment
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Centers
FTE	Full-Time Equivalent
FUL	Federal Upper Limits
GCN	Generic Code Number
GIF	Graphics Interchange Format
GIS	Geographic Information Systems
GPI	Generic Product Indicator
GSD	General Systems Design
GTE	GTE (General Telephone and Electric) Data Services, Inc.
GUI	Graphical User Interface
HCBS	Home and Community Based Services waivers. North Dakota has six HCBS waivers, which are for: the Aged and Disabled, Developmentally Disabled, and Traumatic Brain Injury.
HCFA-1500	See CMS-1500.
HCIDEA	Health Care Identifier that cross-references all DEA numbers for a provider.
HCPCS	Healthcare Common Procedure Coding System
HEDIS®	Health Plan Employer Data and Information Set. HEDIS is a set of standardized performance measures designed to ensure that purchasers and members have the information they need to reliably compare the performance of managed health care plans.
HHS	Department of Health and Human Services (Federal)
HID	Health Information Designs – Performs RetroDUR for North Dakota
HIPAA	Health Insurance Portability and Accountability Act of 1996.
HIPP	Health Insurance Premium Payment
HL7	Health Level Seven - Standards developing organizations (SDO) operating in the healthcare arena – standards for clinical and administrative data
HPSA	Health Professional Shortage Area
HRSA	Health Resource Services Administration

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
HSC	Human Service Center
HTML	Hypertext Markup Language
ICD-9-CM	International Classification of Diseases 9 <sup>th</sup> Edition Clinical Modification
ICF	Intermediate Care Facilities
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ICN	Internal Control Number. The internal control number is used to uniquely identify claims documents.
ID	Identification (number)
IDEA	Individual Disabilities Education Act
IEEE	Institute of Electrical and Electronics Engineers, Inc.
IEP	Individual Education Program
IHS	Indian Health Services
IP	Internet Protocol (as in TCP/IP)
IRS	Internal Revenue Service
ISLA	Individual Supported Living Arrangement
ISP	Individual Service Plan
IT	Information Technology
ITD	North Dakota Information Technology Department
ITF	Integrated Test Facility
ITS	North Dakota DHS Information Technology Services division (as of July 1, 2005)
IV&V	Independent Verification and Validation
J2EE	Java 2 Platform, Enterprise Edition
JAD	Joint Application Development
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JDBC	Java Database Connectivity
JPEG	Joint Photographic Experts Group
LAN	Local Area Network
LOS	Length of Stay
LTC	Long Term Care
LTCF	Long Term Care Facility
MAC	Maximum Allowable Cost; e.g., Federal MAC or State MAC
MAPD	Medicaid Assistance and Prescription Drug
MAR or MARS	Management and Administrative Reporting (MAR) Subsystem
MCO	Managed Care Organization. North Dakota has one MCO, administered by Noridian Mutual Health Insurance Company.
MD	Doctor of Medicine

# North Dakota MMIS Systems Replacement Project Glossary

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MDS	Minimum Data Set
Medically Needy	The Medically Needy program provides medical assistance to individuals who meet the categorical but not the financial criteria for Medicaid eligibility. Medically Needy eligibles may be responsible for a portion of their medical expenses. This is referred to as "recipient liability".
Medicare Buy-In	Premium Payments made by DHS to CMS on behalf of North Dakota Medicaid members that are determined to be Medicare eligible.
Medicare Part A	Medicare hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.
Medicare Part B	Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A.
Medicare Part D	Medicare's prescription drug benefit
MER	Medical Evidence of Record
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MOM	Message-Oriented Middleware
MPP	Massively Parallel Processing
MR	Mentally Retarded (developmentally disabled)
MSIS	Medicaid Statistical Information System
NABP	National Association of Boards of Pharmacy
NCPDP	National Council for Prescription Drug Programs
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDC	National Drug Code
NDM	Network Data Mover
Nebo Systems	Provider Enrollment accesses this site for UPIN look-up
NF	Nursing Facility (See also SNF)
NHII	National Health Information Infrastructure
NPI	National Provider Identifier number
NPPES	National Plan and Provider Enumeration System
NPS	National Provider System
NPV	Net Present Value
NSF	National Standard Format
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee

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OB/GYN	Obstetrician/Gynecologist
OCR	Optical Character Recognition
ODBC	Open Database Connectivity
OIG	Office of the Inspector General - the Federal authority for identifying and investigating instances of fraud and abuse for State Medicaid programs and all Federal programs.
OLTP	On-line Transaction Processing
OMB	Office of Management and Budget
On-line	Accessible via a computer system or computer network
OP	Outpatient
Operations Phase	If applicable, the Operations Phase of the contract refers to the contract phase in which the Contractors awarded contracts by this RFP will assume and maintain live operation of a Medicaid function from a current contractor or the State. In the event that a current contractor is awarded a contract whose function they are already providing, the Operations Phase then refers to the point where newly implemented enhancements, services, or features begin operation.
OSCAR	On-line Survey Certification and Reporting
P&T	Pharmacy and Therapeutics
PA	Prior Authorization
Pay and Chase	Pay and Chase is the term used by North Dakota Medicaid to identify the portion of funds paid to a provider for member services that are recoverable from liable third parties.
PBM	Pharmaceutical Benefits Manager
PC	Personal Computer
PC-ACE	The software that Noridian Mutual Insurance Company (Noridian) supplies to their providers to submit claims. It is a PC-based software system that creates and transmits 837 Professional and Institutional claims transactions to Noridian. Noridian validates the transaction, and if there are no HIPAA validation errors, transmits the file to the MMIS.
PCCM	Primary Care Case Management
PCP	Primary Care Provider
PDF	Portable Document Format
PDL	Preferred Drug List
PDMP	Prescription Drug Monitoring Program
PDP	Prescription Drug Plan
PHI	Protected Health Information
PO	Project Office, a project function that provides support to the Project Manager in coordinating and directing specific project tasks and



# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
	functions under the direction of the Project Manager.
PONC	Price of Non-Conformance (formerly Cost of Failure), one of Philip Crosby's 3 Costs of Quality in which the effects of delivering defective products or services to our clients/customers is measured or assessed.
POS	Point-of-Sale
PPS	Prospective Payment System
PQAS	Prior Quarter Adjustment Summaries (Drug Rebate)
PRO	Peer Review Organization
Procurement Officer	The individual assigned by DHS to manage the procurement of this contract.
ProDUR	Prospective Drug Utilization Review
Project Directors	The individuals assigned by DHS to manage this project after contract award.
Project Manager	The individuals assigned by the Contractor and the State to manage their respective activities for this project after contract award.
Promotion	The approved movement of a CI from one project level to another, <i>e.g.</i> from development to IV&V.
PSA	Prostate Specific Antigen
QA	Quality Assurance, the process that endeavors to keep defects from occurring
QA/UR	Quality Assurance/Utilization Review
QC	Quality Control, the process that actively searches for defects in a delivered product
QMB	Qualified Medicare Beneficiary
QSP	Qualified Service Provider
Quality	Meets requirements; better as "meets requirements the first time".
RA	Remittance Advice
RBRVS	Resource-Based Relative Value Scale
RDBMS	Relational Database Management System
REOMB	Recipient Explanation Of Medical Benefit. See also EOB.
Requirement	A condition, feature or attribute that must exist in a product or service for that product or service to satisfy a contract, standard specification or expectation.
RetroDUR	Retrospective Drug Utilization Review
RFP	Request for Proposal
RHC	Rural Health Clinic
RHIO	Regional Health Information Organization

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
RL	Recipient Liability; Relevant for medically needy individuals who have a specific amount of income that must be spent down in order to qualify. This becomes the recipient's share of cost.
ROAP	Regional Office Automation Program
ROSI	Reconciliation of State Invoice
RPC	Remote Procedure Call
RR	Recipient Responsibility – the Recipient's share of cost in the Basic Care program
RSD	Requirements Specifications Document
RUG	Resource Utilization Group
RVS	Relative Value Scale (or Schedule)
RVU	Relative Value Unit
Rx	Medical Prescription
RxHCC	Medical Prescription Hierarchical Condition Category – a means to assess risk adjustment as a part of the Part D Model for MA/PDP Plan
SAMS	Information system used by the Aging Services Division
Schedule	A Work Breakdown Structure (WBS) expanded with the inclusion of task deliverables, interdependencies, durations, resources, resource effort estimates, and start/end dates for each task.
SCHIP	State Children's Health Insurance Program (" <i>Healthy Steps</i> " in North Dakota)
SDX	State Data Exchange
SFY	State Fiscal Year
SKFI	Scan and Key from Image
SLMB	Specified Low-income Medicare Beneficiary
SMP	Symmetric Multi-Processing
SNF	Skilled Nursing Facility
SOA	Service-Oriented Architecture
SOAP	Simple Object Access Protocol
SPED	Service Payments for the Elderly and Disabled – in-home and community based services for older or physically disabled persons in North Dakota
SPOC	Single Plan Of Care
SQL	Structured (or System) Query Language
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
Super Build	A collection of one or more builds that are assembled for validation of the results in user acceptance testing. See also "Build".
SUR or SURS	Surveillance and Utilization Review (SUR) Subsystem
TAD	Turnaround Document. The paper TAD is used to bill for non-medical services rendered by Qualified Services Providers (QSP), Basic Care, and DD (non- ICF/MR) providers.
TANF	Temporary Assistance to Needy Families
Task	The lowest level of effort within a work breakdown structure. Tasks are transformed into work packages during the creation of a schedule by the inclusion of a specific deliverable, resource(s) to create that deliverable, labor cost estimates in hours for each resource, start date, duration, inter-dependencies, assumptions and risks associated with that work package.
TBD	To Be Determined
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TCP	Transmission Control Protocol (as in TCP/IP)
TECS	Technical Eligibility Computer Systems
Testing	A verification or quality control process used to find defects in a delivered product.
TIN	Tax Identification Number
Title XIX	Social Security Act, Title XIX (Title 19). This Act established Medicaid medical assistance programs.
Title XVIII	Social Security Act, Title XVIII (Title 18). Title 18 of the Act, which is entitled Health Insurance for the Aged and Disabled, established Medicare health insurance.
Title XXI	Social Security Act, Title XXI (Title 21). This act provides funds to States, enabling them to initiate and expand the provision of child health assistance to uninsured, low-income children.
TP	Transaction Processing
TPA	Trading Partner Agreement
TPL	Third Party Liability
UAT	User Acceptance Test
UB-92	Universal Billing, Form 92.
UPIN	Universal Provider Identification Number
UPL	Upper Payment Limit
UR	Utilization Review
URA	Unit Rebate Amount (Drug Rebate)
Usual & Customary	One of Four Reimbursement Methods for Pharmacy. This refers to the amount that a provider typically bills for a particular drug.

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
V&V	Verification and Validation (See also IV&V)
Validation	A process used to determine that a delivered product meets the true business needs.
Verification	A process used to determine that a delivered product meets the specified requirements for that product.
VERSA	Disability Determination Services (DDS) payment system
VISION	Automated eligibility system, housing a portion of North Dakota's Medicaid eligibility information
VPN	Virtual Private Network
VR	Vocational Rehabilitation
VRIS	Vocational Rehabilitation Information System
VSAM	Virtual Storage Access Method
WAC	Wholesaler Acquisition Cost
Waiver Programs	See HCBS.
WAN	Wide Area Network
WAP	Wireless Application Protocol
WML	Wireless Markup Language
Women's Way	North Dakota's program for women who are not Medicaid eligible and who have been diagnosed with breast or cervical cancer.
Work Breakdown Structure (WBS)	A list of phases, activities and tasks required to complete a project
Work Package	Detailed tasks identified to accomplish work required completing a contract. A work package has the following characteristics: It represents units of work at levels where work is performed; it is clearly distinguished from all other work packages; it is assigned to a single organizational element; it has scheduled start and completion dates and, as applicable, interim milestones which are representative of physical accomplishment; it has a budget or assigned value expressed in terms of dollars, work-hours, or other measurable units; its duration is limited to a relatively short span of time, or it is subdivided by discrete value milestones to facilitate the objective measurement of work performed, or it is level of effort; it is integrated with detailed engineering, manufacturing, or other schedules.
Work Plan	An alternate name for Schedule, includes Phases, Activities, Tasks and Subtasks; Work Package Duration, Resources, Milestones/Deliverables, and Target Dates for Milestones/Deliverables.
WSI	Workforce Safety and Insurance (formerly Worker's Compensation)
X12 270/271	ANSI ASC X12 270/271 Transaction. Refers to HIPAA Healthcare Eligibility Benefit Inquiry and Response Transactions.

# North Dakota MMIS Systems Replacement Project Glossary

Acronym or Term	Definition
X12 275	ANSI ASC X12 275 Transaction. Refers to HIPAA Claims Attachment Transaction (yet to be finalized and incorporated).
X12 276/277	ANSI ASC X12 276/277 Transaction. Refers to HIPAA Healthcare Claims Status Request and Response Transactions.
X12 278	ANSI ASC X12 278 Transaction. Refers to HIPAA Referral Certification and Prior Authorization Requests Transaction.
X12 820	ANSI ASC X12 820 Transaction. Refers to HIPAA Premium Payment Transaction.
X12 834	ANSI ASC X12 834 Transaction. Refers to HIPAA MCO and SCHIP Enrollment and Disenrollment Transaction.
X12 835	ANSI ASC X12 835 Transaction. HIPAA Claims Payment and Remittance Advice Transaction.
X12 837	ANSI ASC X12 837 Transaction. Refers to HIPAA Healthcare Claim or Encounter Transaction.
X12 841	ANSI ASC X12 841 Transaction. Refers to HIPAA related code lists. Provides standardized data requirements and content for the purpose of loading a database with the code sets adopted under HIPAA.
X12 997	ANSI ASC X12 997 Transaction. Refers to the HIPAA Functional Acknowledgement Transaction.
X12N 270/271	ANSI ASC X12 270/271 Transaction. Refers to HIPAA Healthcare Eligibility Benefit Inquiry and Response Transactions.
X12N 275	ANSI ASC X12 275 Transaction. Refers to HIPAA Claims Attachment Transaction (yet to be finalized and incorporated).
X12N 276/277	ANSI ASC X12 276/277 Transaction. Refers to HIPAA Healthcare Claims Status Request and Response Transactions.
X12N 278	ANSI ASC X12 278 Transaction. Refers to HIPAA Referral Certification and Prior Authorization Requests Transaction.
X12N 820	ANSI ASC X12 820 Transaction. Refers to HIPAA Premium Payment Transaction.
X12N 834	ANSI ASC X12 834 Transaction. Refers to HIPAA MCO and SCHIP Enrollment and Disenrollment Transaction.
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Acronym or Term	Definition
XML	eXtensible Markup Language
YCC	North Dakota's Youth Correctional Center
YTD	Year to Date