APPENDIX F – GLOSSARY OF TERMS AND ABBREVIATIONS

Term/Acronym	Definition
Affordable Care Act (ACA)	TBD
Accountable Care Collaborative (ACC)	A patient-centered approach to managing the care of Medicaid members administered to contracted services by the Department.
Access Channels	TBD
American Dental Association CDT Codes	TBD
APCD	All Payer Claims Database; Databases created to track health care delivery across carriers, facilities and providers, identifying important trends and tracking costs.
APD	Advanced Planning Document
AR	Accounts Receivable
ASO	Administrative Services Organization
AWP	Average Wholesale Price
BENDEX	Beneficiary Data Exchange System; A file containing data from HCFA regarding persons receiving benefits from the Social Security Administration.
BIDS	Colorado's Bid Information and Distribution System
BHO	Behavioral Health Organization; An organization that provides mental health services for a client where for a set fee per month (a managed care payment).
BME	Board of Medical Examiners; TBD

BPM	Business Process Model; The activity of representing business processes of an enterprise, so that the current process may be analyzed and improved.
"Break the Glass" functionality	The practice of enabling a licensed practitioner to view a patient's medical record, or a portion thereof, under emergency circumstances.
BUS	Benefits Utilization Services; The BUS is a Case Management system for Home and Community Based Long Term Care clients and Nursing Facilities developed by the Department.
Business Day	Any day in which the Department is open and conducting business, but shall not include weekend days or any day on which one of the Department's holidays are observed. The Department observes all holidays listed in C.R.S. 24-11-101(1).
Buy-In	A procedure whereby the Department pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance clients, enrolling them in the Medicare Part B program. Also buy in for part A on occasion should not be confused with HIBI, Health Insurance Buy-In.
CAP	Cost Allocation Plan; State's Medicaid Cost Allocation Plan. Also short term for managed care capitation payment.
Capitation	A payment arrangement for health care service providers, such as managed care entities. It pays an entity a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.
CASE	Computer-Aided Software Engineering
Case Management	Facilitation of treatment plans to assure the appropriate services are provided to clients.
CCD's	Continuity of Care Documents
CFR	Code of Federal Regulations

Change Management	A process that facilitates the organized planning, development, and execution of modifications and enhancements to the Core MMIS and Supporting Services that support the Medical Assistance program. This is different than scope management, which is the process used to manage changes to the scope of work.
Claim	A bill for services that is appropriate for the provider type and type of service(s), whether submitted as a paper claim or electronically, and identified by a unique Claim Control Number (CCN). A single claim is defined as a billing comprised of a single beneficiary with the same date of service (or range of dates for service), submitted by a single billing provider which may include one or more service(s) or document(s).
Closeout Period	TBD
CBMS	Colorado Benefits Management System; The State's integrated eligibility system used to support eligibility determination and benefit calculations for state benefit programs.
CHP+	Children's Health Plan Plus; A low-cost health insurance for Colorado's uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance.
CMAP Portal	Colorado Medical Assistance Program Web Portal
CMS	Centers for Medicare and Medicaid Services
COFRS - Colorado Financial Reporting System	A financial information system that maintains the official accounting records for the State of Colorado government. With nearly 3,000 users statewide, it handles approximately $9 billion in transactions per year. Most financial transactions for the State are processed directly in COFRS. All financial activity for the State is eventually recorded in COFRS, even if it was first processed in a specialized accounting system operated by a state agency.

COHBE	Colorado Health Benefits Exchange
COMMIT	Colorado Medicaid Management Innovation and Transformation Project
Configurable/Configuration	Modification of system functionality, which does not require development changes to the software. Configurable software is typically rules-based or parameter driven, and can be modified by non-technical staff.
Contract	The agreement that is entered into as a result of this procurement.
Contractor	The Offeror selected as a result of this procurement to complete the Work contained in the Contract.
Contract Amendment	Any written alteration in the specification, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It shall include bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Core MMIS	The MMIS component traditionally referred to as the claims payment engine, and defined as the system used to supply claims payment services the Department.
CORHIO	Colorado Regional Health Information Organization
COS	Category of Service
COTS - Commercial Off-The-Shelf	A product that is sold in substantial quantities in the commercial marketplace that does not require additional technical (software or hardware) development or customization for general use.
CPAS	Claims Processing Assessment System; an automated process within the MMIS to pull claims and related files for contractor quality control reviews.

CPT Guidelines	American Medical Association Current Procedural Terminology; including CPT modifiers.
Customization	Any modification, alteration, or extension to Software requiring changes to the existing source code for such Software to achieve new or modified functionality. Customization requires dedicated technical staff.
DDI - Design, Development, Implementation	A combination of project phases that occurs after planning but before Operations and Maintenance that includes collaboration between the Department and the Contractor to identify, design, develop and implement technical or business services.
Deliverables	Items identified in the Contract to be delivered by the Contractor to the Department, including project work products throughout the term of the project/Contract that may or may not be tied to a payment.
Department	The Colorado Department of Health Care Policy and Financing; A department of the government of the State of Colorado.
Designee	A duly authorized representative of a person holding a superior position.
DHCPF	Colorado Department of Health Care Policy and Financing; See also "Department".
DHHS	U.S. Department of Health and Human Services
DHS	Colorado Department of Human Services
Diagnosis Codes - NUBC	TBD
DME	Durable Medical Equipment, or Daily Medical Extract (client and case files)
DSS	Decision Support System.
DUR	Drug Utilization Review; Prospective review known as Pro-DUR, retrospective review known as RetroDUR.

DW	Data Warehouse; A DW is a database used for reporting and analysis. The data stored in the warehouse are uploaded from the operational systems.
EAI	Enterprise Application Integration; The collection of technologies and services that enable integration of systems and applications across the enterprise.
EDMS	Electronic Document Management System; TBD
EOB	Explanation of Benefits
EOMB	Explanation of Medical Benefits
EPSDT	Early Periodic Screening, Diagnosis, and Treatment; Federal Medicaid requirement that the State's Medicaid agency cover services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary health care to correct or improve a defect, physical, or mental illness, or a condition (health problem) identified through a screening examination (which includes any evaluation by a physician or other licensed clinician).
Effective Date	TBD
Encounter	A claim submitted by a Managed Care Entity for reporting purposes only. Encounters are not Billable Claims, but may create a financial transaction for the managed care plan.
FA	Fiscal Agent; The Organization that takes responsibility for the fiscal and operational duties of the MMIS for the Department.
FADS	Fraud and Abuse Detection System; TBD
FEIN	Federal Employer Identification Number
FFP	Federal Financial Participation; TBD
FFS	Fee-For-Service
EFT	Electronic Funds Transfer, also known as direct deposit
FMAP	Federal Medical Assistance Program

Encounter Data	Data collected to track use of provider services by managed care health plan enrollees that is used to develop cost profiles of a particular group of enrollees and then to guide decisions about or provide justification for the maintenance or adjustment of premiums.
Evaluation Committee	TBD
FY	Fiscal Year
GIS	Geographic Information System
HCBS	Home and Community Based Services; The federal designation for 1915 (C) waiver for alternatives to institutionalization waiver programs, administered by DHCPF.
HCPF	Health Care Policy and Financing. See also DHCPF, "the Department".
HIBI	Health Insurance Buy-In
HIE	Health Information Exchange
HIPAA	The Health Insurance Portability and Accountability Act of 1996
HIT	Health Information Technology
HMO	Health Maintenance Organization; TBD
HCPCS/CPT	Health Care Common Procedure Coding System (including HCPCS/CPT modifiers); TBD
IADL	Instrumental Activities of Daily Living
ICD-10	International Classification of Diseases, 10th Revision; TBD
ICF/ID	TBD
IIHI	Individually Identifiable Health Information; Data or information that is a subset of health information, including demographic information collected from an individual.

Interoperability	The ability to exchange and use information (usually in a large heterogeneous network made up of several local area networks). Interoperable systems reflect the ability of software and hardware on multiple machines from multiple vendors to communicate.
IVR - Interactive Voice Response	A technology that allows a computer to interact with humans through the use of voice and DTMF tones input via keypad.
IV&V - Independent Verification & Validation	Processes and products to ensure adherence to Contract requirements and sound engineering practices to meet the Department objectives, specifically to produce a product on schedule and at budget.
Laws	All laws, (including those under common law) statutes, codes, rules, regulations, reporting or licensing requirements, ordinances, and other pronouncements having the effect of law of the United States or any state, county, city, or other political subdivision, including those promulgated, interpreted or enforced by any government or regulatory authority, presently or hereinafter in effect.
Legacy System	The old method, technology, computer system or application that will be converted into a new method, technology, system or application.
LMS - Learning Management System	TBD
LOC	Level of Care
LTC	Long-Term Care
Managed Care Entity	A federally qualified HMO or a public/private entity that meets advance directive requirements and makes the services it provides to Medical Assistance clients as accessible as those services are to non-HMO Medical Assistance clients.
MARS	Management and Administrative Reporting Subsystem
MCO	Managed Care Organization
MECT	Medicaid Enterprise Certification Toolkit; TBD

Medical Assistance Program	Provides access to Colorado residents who meet enrollment criteria for health care through a network of established providers. All references to the Medical Assistance program include Medicaid, CHP+, and State-only health care programs.
Milestone	A significant point, event, or achievement that reflects progress toward completion of a process, phase, or project.
Modern System	A flexible, responsive, and automated claims and transaction processing system and a modular information management and retrieval system that enhances the State's program management, claims processing, and reporting capabilities.
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
Notices	TBD
OIT	Office of Information Technology; TBD
OCR	Optical Character Recognition
Offeror	Any individual or entity that submits a proposal, or intends to submit a proposal, in response to this procurement.
Operational Start Date	Date that the Department authorizes the Contractor to begin fulfilling its operations and maintenance obligations under the Contract.
Other Personnel	Individuals and Subcontractors, in addition to key personnel, assigned to positions to complete tasks associated with the work outlined in this procurement.
PA	Prior Authorization.
PACE	TBD
PACS	Program for All-inclusive Care for the Elderly
PAHP	Prepaid Ambulatory Health Plan
PAR	Prior Authorization Request

PCCM - Primary Care Case Management	A physician, physician group practice or an entity that employs or arranges with physicians to provide primary care case management services. A PCCM program is a system under which a Primary Care Physician (PCP) contracts with the Department to provide case management services which includes location, coordination and monitoring of primary health care services.
PCP/PCPP	Primary Care Physician; Primary Care Physician Program
PDCS	Prescription Drug Claim System
PDL	Preferred Drug List
PERM	Payment Error Rate Measurement; The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review.
PHI	Protected Health Information; Under HIPAA, PHI includes any individually identifiable health information. Identifiable refers not only to data that is explicitly linked to a particular individual (that's identified information). It also includes health information with data items, which reasonably could be expected to allow individual identification.
PHP	Prepaid Health Plan
PHR	Personal Health Records
POAM	Plan of Action with Milestones
POS	Pharmacy Point-of-Sale
Prime Contractor	The individual or entity solely responsible for completion of all Work to be performed as a result of this procurement, regardless of whether Subcontractors are used.
Procurement	The act of procuring a service and the process (RFP planning, development or evaluation) or planning activities for an upcoming solicitation.

Pro-DUR	Prospective Drug Utilization Review
Proprietary Contractor Material	TBD
Retro-DUR	Retrospective Drug Utilization Review
RFP	Request for Proposal
SDAC	Statewide Data Analytics Contractor; The Department's current Medical Assistance program data analytics and data warehouse contractor used to support Medicaid Accountable Care Collaborative (ACC) Program.
SDLC	System Development Life Cycle
Services	Services to be delivered by Contractor pursuant to the Contract Documents.
Shall	Indicates a mandatory requirement or condition to be met.
SMHP	State Medicaid HIT Plan
SOA	Service Oriented Architecture; Represents software architecture comprised of interoperable, discoverable, and potentially reusable services.
Software	A computer program that comprises a series of instructions, rules, routines, or statements, regardless of the media in which recorded, that allow or cause a computer to perform a specific operation or series of operations; and/or recorded information comprising source code listings, design details, algorithms, processes, flow charts, formulas, and related material that would enable the computer program to be produced, created, or compiled. Software includes all software documentation such as owner's manuals, user's manuals, installation instructions, operating instructions, and other similar items, regardless of storage medium, that explain the capabilities of the computer software or provide instructions for using the software.
SOO	Statement Of Objectives; States the overall explanation of objectives for this procurement.

SOW	Statement of Work; The tasks and activities the Contractor is required to perform to fulfill its obligations under the Contract, including the performance of any services and delivery of any goods. See "Work."
Specification(s)	A detailed, exact statement of particulars such as a statement prescribing materials, dimensions, and quality of work.
SS-A	State Self-Assessment; TBD
SS-O	Single Sign-on; TBD
Start-Up Period	The period from the Effective Date of the Contract up to the start of DDI.
SFY	State Fiscal Year; The twelve (12) month period beginning on July 1st of a year and ending on June 30th of the following year.
Subcontractor	Any person or entity undertaking part of the work under the terms of the Master Contract, by virtue of agreement with the Prime Contractor. The Department must approve all subcontractors, in writing, prior to any agreement(s) with the Prime Contractor.
Supporting Services	Activities or functions required for successful completion of the project.
SURS	Surveillance and Utilization Review System
System	Refers to the collection of functions within the MMIS.
Systems	Computer operation area for the Fiscal Agent.
System Integrator	TBD
Technical Proposal	The competitive bid document in which an Offeror proposes how its system will meet the processing requirements for Colorado programs and agencies.
TPL	Third Party Liability; TBD
Vendor	Qualified organization/individual who could potentially submit a proposal in response to the RFP. See "Contractor."

Web Portal	A secure Internet website that contains forms and other information specific to the system and provides the Medical Assistance program enterprise a consistent look and feel for the various applications. This RFP specifically refers to the Provider Web Portal.
Will	Used to state an occurrence but does not indicate a mandatory, contractual requirement; is not interchangeable with "Shall".
Work	The tasks and activities the Contractor is required to perform to fulfill its obligations under the Contract, including the performance of any services and delivery of any goods. See "Statement of Work".