NEW MEXICO
HUMAN SERVICES DEPARTMENT

Medicaid Management Information System Replacement (MMISR) Project

PROPOSAL ADDENDUM 8 (Eight)
ADDENDUM TITLE: HHS 2020 Terms and Definitions

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Revision History

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Terms and Definitions

The chart below represents the known data, as of June 19, 2019, for common terms and definitions utilized for the HHS 2020 procurements. This list is subject to change over the course of the procurement process.

TERM	DEFINITON
Ad Hoc Reporting	Reports that are put together creatively by users in real-time, rather than pre-designed according to a template.
Adjudicated	A claim or encounter that has had a final disposition, whether paid or denied.
Agency	An organization, company, or bureau that provides some services for others.
Aggregate (Reporting)	Numerical or non-numerical information that is collected from multiple sources and/or on multiple measures, variables, or individuals and compiled into data summaries or summary reports. In a data warehouse, the use of aggregate data dramatically reduces the time to query large sets of data.
Android	A mobile operating system developed by Google, based on the Linux kernel and designed primarily for touchscreen mobile devices such as smartphones and tablets.
Appeal	A request by a Member or Provider for review by the state of an action or decision.
Application Deployment Package	"Application Deployment Package" shall mean the centralized delivery of business-critical applications including the source code (for custom software), documentation, executable code and deployment tools required to successfully install application software fixes including additions, modifications, or deletions produced by the Contractor.
ASPEN	New Mexico's Automated System Program and Eligibility Network.
Authorized Purchaser	An individual authorized by a Participating Entity to place orders against the current Contract resulting from the Procurement.
Award	The final execution of the Contract document.
Behavioral Health	The umbrella term for mental health including psychiatric illnesses and emotional disorders and substance abuse involving addictive and chemical dependency disorders. The term also refers to preventing and treating co-occurring mental health and substance abuse disorders. Programs include: **General Fund Substance Abuse** – For Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria. Services include Substance Abuse Residential, Outpatient Services and Methamphetamine Treatment. **General Fund Mental Health** – For Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial

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	criteria. Services include Mental Health Inpatient & Outpatient Services and Supported Employment. **Community MH Block Grant** – For Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria. Services include Mental Health Outpatient Services. **SAPT Block Grant** – For Non-Medicaid eligible adults (age 18+) who meet certain clinical and financial criteria; and targeted community services. Services include Substance Abuse Residential & Outpatient Services. **Screening, Brief Intervention and Referral to Treatment (SBIRT)** – For Individuals 18 years of age and over receiving services from designated health care venues. Services include BH screening and, as needed, brief intervention and/or referral to treatment. **Suicide Prevention Grant** – Follows Federal regulations. **Partnerships for Success** – For Underage drinking prevention for persons aged 12-20; and prescription misuse and abuse prevention among persons aged 12-25. Services include Strategic Prevention Framework Model to prevent underage drinking and prescription misuse and abuse. Also includes SEOW funds specifically for epidemiological outcomes workgroup activities. **Housing Supports, Health and Recovery for Homeless Individuals (HHRHI**) – Follows Federal regulations. **Medicaid PASSR** – For Individuals eligible for admission to nursing homes. Services include conducting PASRR (Preadmission Screening and Resident Review) Evaluations for 43 individuals. **Medicaid Behavioral Health** – For Individuals requiring BH crisis intervention. Services include BH Crisis Intervention Hotline. **Synar Smoking Prevention** – For individuals under age 18. Services include training to tobacco retailers and evaluation. **SPF-RX (Strategic Planning Framework on Prescription Drugs)** –Prevention programs for targeted individuals 18 years of age and older. Services include Prevention Services that target prescription drug misuse, using the Strategic Prevention Framework Model. **PDO (Prescription Drug Overdose Prevention)** - Prevention programs for targeted individuals 18 years of age and older. Services include Prevention services to help reduce the number of opioid related overdose deaths and adverse events. **Projects for Assistance in Transition from Homelessness (PATH)** – For Homeless and near-homeless individuals suffering from mental illness. Services include outreach,

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	approved client services and services to transition client to mainstream mental health programs **State Targeted Response (STF) to the Opioid Crisis Grant** – For Individuals with opioid use disorder, including those using prescription opioids as well as illicit drugs. Services include Substance abuse prevention, treatment and recovery activities for opioid use disorder. **CYFD General Fund** – For CYFD and non-CYFD involved/referred youth (to age 21); those at risk of CYFD involvement. Services include Mandatory, Priority and Non-Priority services, allocations will be provided by a separate L.O.D. **CYFD CMHS Block Grant** – For CYFD and non-CYFD involved/referred youth (to age 21); those at risk of CYFD involvement. Services include Evidence-Based Programs and Training. **CYFD STR to the Opioid Crisis Grant** – For CYFD and non-CYFD involved/referred youth (to age 21); those at risk of CYFD involvement. Services include Substance abuse prevention activities for opioid use disorder. . **ALTSD General Fund** – For All New Mexicans to include caregivers, elders, adults with disabilities, and providers. Services include Comprehensive services offered by National, State and Local community social service providers.
Benchmarking	Testing a product or service against a reference point to quantify how much better or worse it is compared to other products.
Beneficiary	A person or entity that is or has been eligible and enrolled in State programs served by the vendor selected as a result of this procurement. Members may also be referred to as Client, Beneficiary, Participant, or Recipient.
Biometric Identifiers	Biometric verification is any means by which a person can be identified by evaluating one or more distinguishing biological traits. Unique identifiers include fingerprints, hand geometry, earlobe geometry, retina and iris patterns, voice waves, DNA, and signatures.
Burst	Burst refers to a period when user data is sent at irregular intervals, usually due to a high-bandwidth transmission over a short time.
Business Days	The State of New Mexico is open for business (e.g., Monday through Friday except for State Personnel Board approved State and Federal holidays [e.g., New Year's Day, Martin Luther King Jr. Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, President's Day, Christmas Day]).
Business Hours	State of New Mexico's business hours are 7:30 AM through 5:30 PM Mountain Time (MT) except State holidays.
Calendar Days	A calendar day includes the time from midnight to midnight. "Sunday or any day of the week specifically mentioned means a calendar day."

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Claim	A bill for services submitted by a Provider to the State, or depending on the claim type, a line item of service on a bill, or all services for one Member within a bill.
Client	A person or entity that is or has been eligible and enrolled in State programs served by the vendor selected as a result of this procurement. Also, may be referred to as Beneficiary, Member, Participant, or Recipient.
Close of Business	State of New Mexico's close of business is 5:00 PM Mountain Time.
CMS	The Federal Center for Medicare and Medicaid Services, an agency of the US Department of Health and Human Services.
COBA	CMS developed a model national contract, called the Coordination of Benefits Agreement (COBA), which standardizes the way that eligibility and Medicare claims payment information within a claims crossover context is exchanged. COBAs permit other insurers and benefit programs (also known as trading partners) to send eligibility information to CMS and receive Medicare claims data for processing supplemental insurance benefits from CMS' national crossover contractor, the Benefits Coordination & Recovery Center (BCRC). The BCRC houses COBA trading partner's eligibility information for crossover purposes only in those instances where the information successfully matches with the in-file CMS entitlement information. COBA trading partners are apprised of situations where their eligibility information matches CMS eligibility data as well as when their submitted information does not result in a match. https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/COBA-Trading-Partners/Coordination-of-Benefits-Agreements/Coordination-of-Benefits-Agreement-page.html
Contract	Any agreement for the procurement of items of services, construction, or tangible personal property.
Contract Provider	An individual or group provider contracted to furnish services to NM recipients under any State Agency which is part of the HHS 2020 Enterprise.
Contractor	The Contractor for the MMISR Solution RFP who has been contracted as a result of a procurement.
Cost Allocation Reports	Cost reports which are supported by an allocation methodology that includes a narrative description of the procedures that the state agency will use in identifying and measuring costs.
Cost Avoidance	Medicaid is the payer of last resort. Claims must be billed to other responsible third-party payers (including Medicare) when the Medicaid recipient has other health insurance coverage.
Covered Services	Services which are reimbursable under a State program which is part of the HHS 2020 Enterprise.
Dashboard	An easy to read, often single page, real-time user interface, showing a graphical presentation of the current status (snapshot) and historical trends of an organization's or computer appliance's key performance

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	indicators to enable instantaneous and informed decisions to be made at a glance.
Data Center	A large group of networked computer servers typically used by organizations for the remote storage, processing, or distribution of large amounts of data.
Data Conversion	The practice of extracting, cleansing, mapping and transforming data from an existing data system to a different data system.
Data Governance	A control mechanism that ensures that the data entry by an operations team member or by an automated process meets precisely standards, such as a Business rule, a data definition and data integrity constraints in the data model.
Data Mining	The extraction of useful, often previously unknown information from large databases or data sets.
Data Modeling	A process used to define and analyze data requirements needed to support the business processes within the scope of corresponding information systems in organizations.
Data on Demand	On-demand real-time analytics is a type of data provision where users can get a single real-time view of data by initiating a user event, such as requesting a given report at a certain time.
Data Reports	Reports on key elements or processes relating to the operations of a contracted organization's performance.
Days	Calendar days including weekends and public holidays.
Department	One of the principal divisions of the NM State government, headed by a secretary who is a member of the NM governor's cabinet.
Deployment Methodology	The process of setting up a new computer or system to the point where it ready for productive work in a live environment.
Desirable	Within any HHS2020 RFP the terms "may", "can", "should", "preferably", or "prefers" to identify a discretionary item or factor.
Determination	The written documentation of a decision of a State of New Mexico procurement officer, including findings of fact required to support a decision. A determination becomes part of the procurement file to which it pertains.
Dimensions (Metadata)	Set of equivalent units of measure, where equivalence between two units of measure is determined by the existence of a quantity preserving one-to-one correspondence between values measured in one unit of measure and values measured in the other unit of measure, independent of context, and where characterizing operations are the same.
Enterprise Content Management	Enterprise Content Management is a set of defined processes, strategies, and tools that allow a business to effectively obtain, organize, store and deliver critical information to its employees, business, stakeholders and customers.
Electronic Data Management	Document imaging, scanning and management.
Electronic Visit	The term 'electronic visit verification, means as defined in NMAC

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Verification (EVV)	8.308.12.7.I, a telephone and computer based system that electronically verifies the occurrence of HSD selected services visits and documents the precise time the service begins and ends.
Electronic Visit Verification System	The term 'electronic visit verification system' means, with respect to personal care services or home health care services, a system under which visits conducted as part of such services are electronically verified with respect to – (i) the type of service performed; (ii) the individual receiving the service; (iii) the date of the service; (iv) the location of service delivery; (v) the individual providing the service; and (vi) the time the service begins and ends. Electronic Visit Verification (EVV) 21st Century Cures Act: https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html EVV as defined in NMAC 8.308.12.7.I, a telephone and computer-based system that electronically verifies the occurrence of HSD selected services visits and documents that precise time the service begins and ends.
Encounter	A record of any Managed Care claim adjudicated by a MCO for a Member.
Encounter Data	Detailed data on claims and encounters for services provided by a provider or MCO. The level of detail about each service reported is defined by the Agency.
Encryption	Encryption is an effective way to achieve data security. To read an encrypted file, one must have access to a secret key or password that enables decryption. Encrypted data is referred to as cipher text.
Enrollment	The process by which a member becomes enrolled in a State program which is part of the HHS 2020 Enterprise.
Enrollment Data	Reports and information on members enrolled in a New Mexico program which is part of the HHS 2020 Enterprise.
Enterprise	The entire HHS Enterprise, serving all HSD divisions and other NM HHS organizations such as the Department of Health (DOH); the Children, Youth and Families Department (CYFD); the Aging and Long-Term Services Department (ALTSD) and more.
Enterprise Architecture	Enterprise architecture (EA) is a comprehensive operational framework that explores all of an organization's functional areas while defining how technology benefits and serves the organization's overall mission.
Evaluation Committee	A body appointed to evaluate Offerors' proposals.

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Evaluation Committee Report	The report by the State of New Mexico's Procurement Manager and the Evaluation Committee for contract award. It will contain written determination resulting from the procurement.
Exadata	A combined compute and storage system optimized for running Oracle Database software.
Expandability	The ability of a computer system to accommodate additions to its capacity or capabilities.
Fair Hearing	The administrative decision-making process that requires aggrieved individuals be given the opportunity to confront the evidence against them and have their evidence considered by an impartial finder of fact in a meaningful time and manner.
FFS	Fee-for-service a payment model where services are paid for separately.
Finalist	An Offeror who meets all mandatory specifications of this RFP and whose score on evaluation factors is sufficiently high to merit further consideration by the Evaluation Committee.
Flexibility	The ability of a system to cost effectively varies its output within a certain range and timeframe.
Framework	The fundamental structure to support the development of the HHS 2020 Solution. The Framework acts as the architectural support for the modules and to build applications, ESB, Web services, service layers, commonly shared Core Services, etc.
Fraud	An intentional deception or misrepresentation by a person, provider or an entity with the knowledge that the deception may result in some unauthorized benefit to himself or some other person. It includes any act that constitutes Fraud under applicable federal or state law.
Fuzzy Logic	A form of many-valued logic in which the truth values of variables may be any real number between 0 and 1, considered to be "fuzzy".
Geocoding	The process of converting an address into spatial data and associating the exact geographical coordinates for that address.
Go-Live	The date the system has been thoroughly tested, implemented, and is available for use in production. The go-live date is tracked in the Project Work Plan.
Graphical User Interface	A type of user interface that allows users to interact with electronic devices through graphical icons and visual indicators.
Grievance	A formal and legal expression of dissatisfaction about any matter or aspect of the State's or a contractor's operations, actions and decisions.
HHS	Health and Human Services and includes all State agencies delivering HHS-related services: Department of Health (DOH), HSD, Aging and Long- Term Services Department (ALTSD), and the Children, Youth, and Families Department (CYFD).
Hierarchical (Database)	A hierarchical database is a design that uses a one-to-many relationship for data elements. Hierarchical database models use a tree

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	structure that links a number of disparate elements to one "owner," or "parent," primary record.
Home Health Care Services	The term 'home health care services' means services described in section 1905(a)(7) provided under a state plan under this title (or under a waiver of the plan). Electronic Visit Verification (EVV) 21st Century Cures Act: https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html
Hourly Rate	The proposed fully loaded maximum hourly rates that include travel, per diem, fringe benefits and any overhead costs for Contractor personnel and if appropriate, subcontractor personnel.
Information Technology (IT)	Information Technology (IT) is the use of any computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data.
Incident Monitoring	The process of notifying a user or administrator of an abnormal event, process or action identified on a computing device, system or environment. It is part of the security incident and event management (SIEM) process that alerts and logs all security incidents discovered within an IT environment.
Infrastructure	The composite hardware, software, network resources and services required for the existence, operation and management of an enterprise IT environment.
Internet Protocol (IP)	Internet Protocol (IP) is the principal set (or communications protocol) of digital message formats and rules for exchanging messages between computers across a single network or a series of interconnected networks, using the Internet Protocol (often referred to as TCP/IP). Messages are exchanged as Datagrams, also known as data packets or just packets.
Interoperability	The ability of a computer system to run application programs from different vendors, and to interact with other computers across local or wide-area networks regardless of their physical architecture and operating systems.
iOS	A mobile operating system created and developed by Apple Inc. exclusively for its hardware, e.g. iPhone, iPad, and iPod Touch.
Independent Verification & Validation (IV&V)	"**IV&V**" means Independent Validation and Verification as defined in Federal regulations and by the New Mexico Department of Information Technology (DoIT). (or) Verification and Validation are Independent procedures that are used together for checking a product, service or system meets requirements and specifications and that it fulfills its intended purpose.
Learning Management	A software application for the administration, documentation,

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System (LMS)	tracking, reporting and delivery of educational courses, training programs, or learning and development programs.
Leverage	The ability to influence a system, or an environment, in a way that multiplies the outcome of one's efforts without a corresponding increase in the consumption of resource.
Liquidated damages	Liquidated damages are damages whose amount the parties designate during the formation of a contract for the injured party to collect as compensation upon a specific breach (e.g., late performance).
Long-Term Care	A variety of covered services that help people with health or personal needs and activities of daily living over an extended period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.
Mandatory	the terms "must", "shall", "will" and "required" identify a required item or factor. Failure to meet a mandatory item or factor will result in rejection of an Offeror's proposal.
Master Data Management (MDM)	Master Data Management (MDM) is a method used to define and manage the critical data of an organization to provide, with data integration, a single point of reference.
Medicaid MCO Enrollment	The process by which a Medicaid recipient becomes a member of a managed care plan in the New Mexico Centennial Care.
Medicaid MCO Enrollment Data	Reports and information on Medicaid eligible individuals who are MCO members.
Medicare	The Federal health insurance program for people who are 65 or older, certain individuals with disabilities, and people with End Stage Renal Disease.
Member	A person or entity that is or has been eligible and enrolled in NM programs. Members may be referred to as Beneficiary, Participant, or Recipient.
Metadata	Data [information] that provides information about other data.
Minor Technical Irregularities	Anything in a proposal that does not affect the price, quality, quantity or any other mandatory requirement.
MITA	The Medicaid Information Technology Architecture (MITA) initiative sponsored by the Center for Medicare and Medicaid Services (CMS) and governed by the MITA Governance Board is intended to foster integrated business and information technology (IT) transformation across the Medicaid enterprise to improve the administration of the Medicaid program. The MITA Initiative is a national framework to support improved systems development and health care management for the Medicaid enterprise. MITA has a number of goals, including development of seamless and integrated systems that communicate effectively through interoperability and common standards and processes.

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	Further information may be found in the Informational Bulletin issued on "Medicaid Information Technology Architecture (MITA) Guidance" in the Federal Policy Guidance section of Medicaid.gov.
Mi Via	A FFS program for Medicaid clients who are eligible for the Developmental Disabilities (DD) or Medically Fragile (MF) waiver programs that allows these clients to self-direct their care by identifying and arranging for services and supports to facilitate their independence.
MMIS	The term MMIS means the New Mexico Medicaid Management Information System that helps manage the State's Medicaid program and Medicaid business functions.
Monolithic	A software system is called "monolithic" if it has a systems architecture in which functionally distinguishable aspects (for example, data input and output, data processing, error handling, and the user interface) are all interwoven, rather than containing architecturally separate components.
Multidimensional	A database that has been optimized for data warehousing and OLAP (online analytical processing). A multi-dimensional database is structured by a combination of data from various sources that work amongst databases simultaneously and that offer networks, hierarchies, arrays, and other data formatting methods.
Network	A computer network can be described as a system of interconnected devices that can communicate using some common standard (called protocol). These devices communicate to exchange resources (e.g. files and printers) and services.
Non-Contract Provider	An individual or group provider not contracted to furnish services to NM recipients under any Program which is part of the HHS 2020 Enterprise.
Not Otherwise Eligible	Refers to individuals who are not eligible for services under any State program which is part of the HHS 2020 Enterprise.
Not Otherwise Medicaid Eligible	Refers to individuals not eligible for Medicaid services under the New Mexico Medicaid State Plan.
Off shore	Means outside of the United States.
Offeror	Any person, corporation, or partnership that chooses to submit a proposal.
Omnicaid	The name of New Mexico's current Medicaid Management Information System (MMIS), which maintains provider and client eligibility information, processes and adjudicates claims, and issues Ras and payments. It is administered by Conduent Healthcare, LLC.
Operational reporting	Reporting on operational details that reflect current activity. Operational reporting is intended to support the day-to-day activities of an organization and this project.
Opti Virtualized	The act of creating a virtual (rather than actual) version of something, including virtual computer hardware platforms, operating systems, storage devices, and computer network resources.

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Otherwise Eligible Members	Refers to individuals who are eligible for services under a State program which is part of the HHS 2020 Enterprise but are not yet enrolled.
Otherwise Medicaid Eligible	Refers to individuals who are eligible for Medicaid services under the New Mexico Medicaid State Plan but are not yet enrolled.
PACE	Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long-term services and supports to Medicaid and Medicare enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home, in the community or at the PACE center, rather than in a nursing home. Clinical care that is approved by the healthcare team is provided primarily by PACE doctors and medical staff. It can also be provided through contracted specialists and other providers who can meet the individual's needs. https://www.hsd.state.nm.us/LookingForInformation/pace.aspx
Participant	A person or entity that is or has been eligible and enrolled in NM programs. Also, may be referred to as Beneficiary, Client, Individual, Member, or Recipient.
Pay and Chase	A situation where Medicaid pays a claim knowing that a third party is probably responsible for the payment, and then tries to recover the payment. Also referred to as post- payment.
Personal Care Services	The term 'personal care services' means personal care services provided under a state plan under this title (or under a waiver of the plan), including services provided under section 1905(a) (24), 1915(c), 1915(j), or 1915(k) or under a waiver under section 1115. Electronic Visit Verification (EVV) 21st Century Cures Act: https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html
Platform as a Service (PaaS)	Platform as a Service (PaaS) is a category of cloud computing services that provides a platform allowing customers to develop, run and manage applications without the complexity of building and maintaining the infrastructure typically associated with developing and launching an app.
Price Agreement	A definite or indefinite quantity contract that requires the contractor to furnish items of tangible personal property, services or construction to a state agency or a local public body that issues a purchase order, if the purchase order is within the quantity limitations of the contract, if any.
Procurement	The act of acquiring, buying goods, services or works from an external source, often via a tendering or bid process.
Procurement Manager	Any person or designee authorized by a State agency or local public body to enter into or administer contracts and to make written determinations with respect thereto.
Procuring Agency	Means the New Mexico Human Services Department

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Project	"Project", when capitalized, refers to the MMIS Replacement effort, and it incorporates the HHS 2020 Framework and modules as defined in RFPs. It also includes all the work required to make the Enterprise system a reality for HSD and its partners. When "project" is used in a lower case manner, it refers to a discrete process undertaken to solve a well-defined goal or objective with clearly defined start and end times, defined tasks and a budget that is separate from the overall Project budget. A project terminates when its defined scope or goal is achieved and acceptance by the project's sponsor occurs. The Project will terminate when the Framework is fully implemented, has been certified by CMS, and meets all the conditions and requirements established by the State.
Protocols	A system of rules that explain the correct conduct and procedures to be followed in formal situations.
Provider	An individual, institution, facility, agency, physician, health care practitioner, non-medical individual or agency, or other entity that is licensed or otherwise authorized to provide any of the Covered Services in the State to HHS 2020 Enterprise Agencies. Providers include individuals and vendors providing services to
Recipient	A person or entity that is or has been eligible and enrolled in NM programs. Also, may be referred to as Beneficiary, Client, Individual, Member, or Participant.
Reimbursement	The amount a provider is paid by insurance or government program, for services rendered. By virtue of accepting the payer's payment the Provider accepts the payer's reimbursement schedule.
Representative	A person who has the legal right to make decisions regarding a Member's protected information. It may include surrogate decision makers, parents of un-emancipated minors, guardians and treatment guardians, and agents designated pursuant to a power of attorney.
Request for Proposal (RFP)	All documents, including those attached or incorporated by reference, used for soliciting proposals.
Responsible Offeror	An Offeror who submits a responsive proposal and that has furnished, when required, information and data to prove that its financial resources, production or service facilities, personnel, service reputation and experience are adequate to make satisfactory delivery of the services or items of tangible personal property described in the proposal.
Responsive Offer	An offer that conforms in all material respects to the requirements set forth in the RFP. Material respects of an RFP include, but are not limited to price, quality, quantity or delivery requirements.
Scalable	The capability of a system, network, or process to handle a growing amount of work, or its potential to be enlarged in order to accommodate that growth.
SCS	CMS' Seven Conditions and Standards https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-

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	Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf.
Self-Directed Community Benefit (SDCB)	A managed care program for Medicaid clients who are eligible for the Centennial Care Community Benefit program; it is administered by the Centennial Care MCOs and allows these clients to self-direct their care by identifying and arranging for services and supports to facilitate their independence.
Self-Directed Home and Community Based Services (SDHCBS)	An umbrella term that includes Mi Via and the Self-Directed Community Benefit. SDHCBS programs are intended to provide a community-based alternative to institutional care and facilitate greater client choice, direction and control over the services and supports they receive.
Service-Level Agreements (SLAs)	An agreement that defines the level of service expected from the service provider.
Single Sign-on (SSO)	Single Sign-on (SSO) is an authentication process that allows a user to access multiple applications with one set of login credentials.
Software as a Service (SaaS)	Software as a Service is a software licensing and delivery model in which model in which software is licensed on a subscription basis and is centrally hosted.
Solution	The combination of design, software, services, tools, systems processes, knowledge, experience, expertise and other assets that the State, the MMIS and the respective modular contractors use or provide to meet the business needs of the Project.
Staff	Any individual who is a full-time, part-time, or independently contracted employee with an Offeror's company.
Stakeholders	The state Departments, Divisions and Bureaus that are integral to the Enterprise by virtue of having an interest in or a business need being met by the HHS 2020 Enterprise MMISR project for the health and human service programs they manage. At a minimum, this includes the state departments of Human Services, Aging and Long Term Services, Children, Youth and Families and Information Technology.
State	New Mexico State staff with decision making authority for the HHS 2020 Enterprise project.
State Agency	Any department, commission, council, board, committee, institution, legislative body, agency, government corporation, educational institution or official of the executive, legislative or judicial branch of the government of this state. "State agency" includes the Purchasing Division of the General Services Department and the State Purchasing Agent but does not include local public bodies.
Statement of Work (SOW)	A statement of work (SOW) is a formal document that defines the entire scope of the work involved for a vendor and clarifies deliverables, costs, and timeline.
State Purchasing Agent	The Director of the Purchasing Division of the New Mexico General Services Department.
SYNAR	In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental

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	Health Administration Reorganization Act (PL 102-321), which includes an amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment, named for its sponsor, Congressman Mike Synar of Oklahoma, requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. States must comply with the Synar Amendment in order to receive their full Substance Abuse Prevention and Treatment Block Grant (SABG) awards. BHSD administers this program within NM. In January 1996, SAMHSA issued the Synar regulation to provide guidance to the states. The regulation requires that states: • Enact laws prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 18 • Enforce these laws • Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors • Negotiate interim targets and a date to achieve a noncompliance rate of no more than 20% (SAMHSA requires that each state reduce its retailer violation rate to 20% or less by FY 2003) • Submit an annual report detailing activities to enforce the law
Systems Migration Repository	Provides a robust, secure, environment for migrating data from source and legacy systems. It will consume copies of entire databases, files, and other types of extracted data, put the data into repositories, measure and improves data quality, and make available in an approved format (schema) to systems inside the HHS 2020 enterprise. The SMR is only meant to facilitate system migration, data conversion, and other one-time purposes.
Testing	Testing is the process of evaluating a system or its component(s) with the intent to find whether it satisfies the specified requirements or not. In simple words, testing is executing a system in order to identify gaps, errors, or missing requirements in contrary to the actual requirements.
Tier 0	Tier 0 (or self-help) that can allow users to access and resolve information on their own rather than have to contact a local Helpdesk or Service Desk for resolution.
Tier 1	Tier I (or Level 1, abbreviated as T1 or L1) is the initial support level responsible for basic customer issues. It is synonymous with first-line support, level 1 support, front-end support, support line 1, and various other headings denoting basic level technical support functions.
Tier 2	Tier II (or Level 2, abbreviated as T2 or L2) is a more in-depth technical support level than Tier 1 and therefore costs more as the technicians are more experienced and knowledgeable on a particular product or service.
Tier 3	Tier III (or Level 3, abbreviated as T3 or L3) is the highest level of

TERM	DEFINITON
	support in a three-tiered technical support model responsible for handling the most difficult or advanced problems.
User	A person who uses the HHS Enterprise system, which includes Members, Clients, Recipients, Beneficiaries, Participants, Providers, HHS Enterprise staff.
Utilization Reports	Reports on the services covered by the Agency, which may include reports on access, diagnosis, location of service or other such parameters as the Agency may define.
W9	IRS Request for Taxpayer Identification Number and Certification form
Warm Transfer	In this type of transfer, the call center operator dials a number and talks to the person who has picked up the call before transferring the caller over to them. This could be a 3-way conference before the call center operator drops-off.
Web Enabled	A product or service that can be used through, or in conjunction with, the World Wide Web. A Web-enabled product may be accessed through a Web browser or be able to connect to other Web-based applications in order to synchronize data.
Windows Phone	A smartphone operating system from Microsoft.
340B Drug Pricing Program	A federal government program created in 1992. To participate in the 340B Program, eligible organizations/covered entities must register and be enrolled with the 340B program and comply with all 340B Program requirements. Once enrolled, covered entities are assigned a 340B identification number that vendors verify before allowing an organization to purchase 340B discounted drugs.
1115(a)Waiver	The State of New Mexico's Medicaid demonstration project authorized by CMS pursuant to Section 1115(a) of the Social Security Act to implement the managed care program called Centennial Care, which began in January of 2014.