

# **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

<b>Date</b>	<b>Version # &amp; Reason for Revision</b>	<b>Requester</b>	<b>Editor/Author</b>
05/1/2016	1.0– Initial document creation	R. Toal	Sherri Poindexter
05/12/2016	1.1– Formatting consistency across documents	n/a	Sherri Poindexter
9/19/2016	1.2 – Added new terminology and definitions from the RFP and requirements	R. Toal	Catherine Corey
09/22/2016	1.3 – Added new terminology and definitions related to the HHS 2020 Enterprise	R. Toal	Sherri Poindexter
11/15/2016	1.4 – Added new terminology and definitions – “Agency, Biometric Identifiers, Cost Avoidance, Encryption, Data Governance, Graphical User Interface, Medicare, Member, Pay and Chase, Reimbursement, State, User, Stakeholders”	R. Toal	Jimit Shah
11/22/2016	1.5 – Added new terminology and definitions – “Authorized Purchaser, Award, Business hours, Close of Business, Determination, Evaluation Committee Report, Price Agreement, Go Live”	R. Toal	Jimit Shah
01/19/2017	1.6 – Added “Solution”	R. Toal	Sherri Poindexter
02/01/2017	1.7 – Added “Framework”	R. Toal	Jennifer Galvez
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# Terms and Definitions

The chart below represents the known data, as of April 5, 2017, 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	DEFINITION
Ad Hoc Reporting	Reports that are put together creatively by users in real-time, rather than pre-designed according to a template.
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.
Adjudicated	A claim or encounter that has had a final disposition, whether paid or denied.
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.
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.
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 Hours	State of New Mexico's business hours are 8:00 AM through 5:00 PM Mountain Time (MT) except State holidays.
Claim	A bill for services submitted by a Provider to the State, or depending

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	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.
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.
Covered Services	Services which are reimbursable under a State program which is part of the HHS 2020 Enterprise.
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.
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 indicators to enable instantaneous and informed decisions to be made at a glance.
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.
Deployment Methodology	The process of setting up a new computer or system to the point where it is ready for productive work in a live environment.
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

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	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.
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 full spectrum of NM HHS systems and agencies.
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.
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.
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.
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.
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".

<b>TERM</b>	<b>DEFINITION</b>
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.
Hierarchical (Database)	A hierarchical database is a design that uses a one-to-many relationship for data elements. Hierarchical database models use a tree structure that links a number of disparate elements to one "owner," or "parent," primary record.
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.
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.
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.
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.
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

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	programs. Members may be referred to as Beneficiary, Participant, or Recipient.
Metadata	Data [information] that provides information about other data.
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.
Non-Contract Provider	An individual or group provider <u>not</u> 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.
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.
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.
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.
Participant	A person or entity that is or has been eligible and enrolled in NM programs. Also may be referred to as Beneficiary, 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.
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

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	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.
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
Procurement	The act of acquiring, buying goods, services or works from an external source, often via a tendering or bid process.
Protocols	A system of rules that explain the correct conduct and procedures to be followed in formal situations.
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.
Recipient	A person or entity that is or has been eligible and enrolled in NM programs. Also may be referred to as Beneficiary 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.
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.
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.
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.
Systems Migration Repository	Provides a robust, secure, environment for migrating data from source and legacy systems. It will consume copies of entire databases, files,



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	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.
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.
OptiVirtualized	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.
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.
W9	IRS Request for Taxpayer Identification Number and Certification form
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.