

Executive Summary

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Montana's nickname, "The Treasure State," comes from its state motto: *Oro y Plata*, Spanish for gold and silver. This motto speaks to the fortunes the mountains of Montana have yielded since the mid-1800s, with gold and silver long recognized as the highest in precious metal standards. Your Provider Services Module RFP, which seeks to improve access to healthcare and treatment outcomes for Montanans, echoes that motto as further evidence of the commitment of State leaders to provide the highest standards in healthcare for your most vulnerable citizens.

The Montana Department of Public Health and Human Services (DPHHS) is committed to this provider effort, which will transform the way you deliver healthcare services to Montanans. Your success with the Montana Program for Automating and Transforming Healthcare (MPATH) will serve as the foundation for other participating states who will follow your lead to utilize your contracting vehicle.

Montana conjures up images of iconic national parks, prairie terrain, and majestic mountain ranges. It is only fitting that the Big Sky state, with its sprawling topography, rich river valleys, and scenic wonder would be positioned as a leader in the National Association of State Procurement Officials' (NASPO's) Value Point multi-state procurement initiative. There is no doubt that this initiative will transform and revolutionize the way MMIS components are procured and implemented.

The MPATH solution must provide options that satisfy DPHHS' requirements, while providing the flexibility to meet the requirements of the other NASPO participating states. To accomplish this vision, you will choose a proven information technology (IT) leader who can join you on this path to build a new and better provider services model that is valued by your users.

DXC's Understanding of DPHHS' Goals and Future State

The IT vendor you choose will be instrumental in meeting your objectives to establish a provider services module that other states can emulate. You recognize that the technology you possess today impedes your ability to perform data maintenance and enhancements, compounded by the data integrity issues of the remaining legacy components.

DPHHS sees the future MPATH environment as one that will evolve over time, as existing legacy solutions are replaced with more modern, flexible solutions. You expect specific transformation capabilities within a successful, business-driven provider services technical solution that better meets your current and future needs. This includes the use of industry-



leading data analytics tools, centralized data access, and the flexibility to adapt and evolve to support new regulations, policies, and innovations. All of this must come from an IT expert who is proven, low-risk, and impactful, with cost efficiency and effectiveness based on a foundation of quality services.

DXC is that partner.

Who Is DXC?

DXC Technology was created through the merger of CSC and HPE Enterprise Services. While this is a merger of two companies into a new company called DXC, DPHHS can rely on the same leaders and great team that successfully supports 21 state Medicaid programs. Together, we have brought positive results across the Medicaid and healthcare markets, where we have been known over the years as EDS, HP, HPE – and now DXC. We are now the world's leading independent, end-to-end next-generation IT services company, built on a rich heritage of innovation and industry-leading services, while evolving with a fresh perspective that keeps pace with the ever-changing world of technology.

DXC has been involved with government healthcare since the beginning. We were the first information services company to organize by industry, concentrating first on healthcare. We listen carefully to our clients, while leveraging what we have learned over the years, along with a fresh perspective. We do not remain stagnant, but instead are always innovating. DXC is now uniquely positioned to lead digital transformations that will create greater value for clients, partners, and shareholders. We deliver best-of-breed solutions to meet each client's specific needs and technology preferences. We have met the challenges of innovation many times before and have a clear and confident vision for DPHHS to help you navigate the future.

MMIS Expertise DXC Brings to the DPHHS Transformation

We respect the emphasis that DPHHS places on Provider Management and the path to your transformation goals. Your success will, in turn, be the cornerstone and direction that other states follow. We carefully analyzed your RFP and feel confident that our strengths as an MMIS IT leader will bring the most value to you and each Montanan you serve. We have leveraged our years of Medicaid experience and evolved ahead of the changing Medicaid landscape to adapt to a modular approach.

We began supporting government healthcare programs long before our competitors. Since the inception of Medicaid and Medicare, DXC has supported both programs with advanced claims processing systems and information management services, as the following timeline depicts.

CSC and HPE Enterprise Services brought innovation to clients for 60+ years

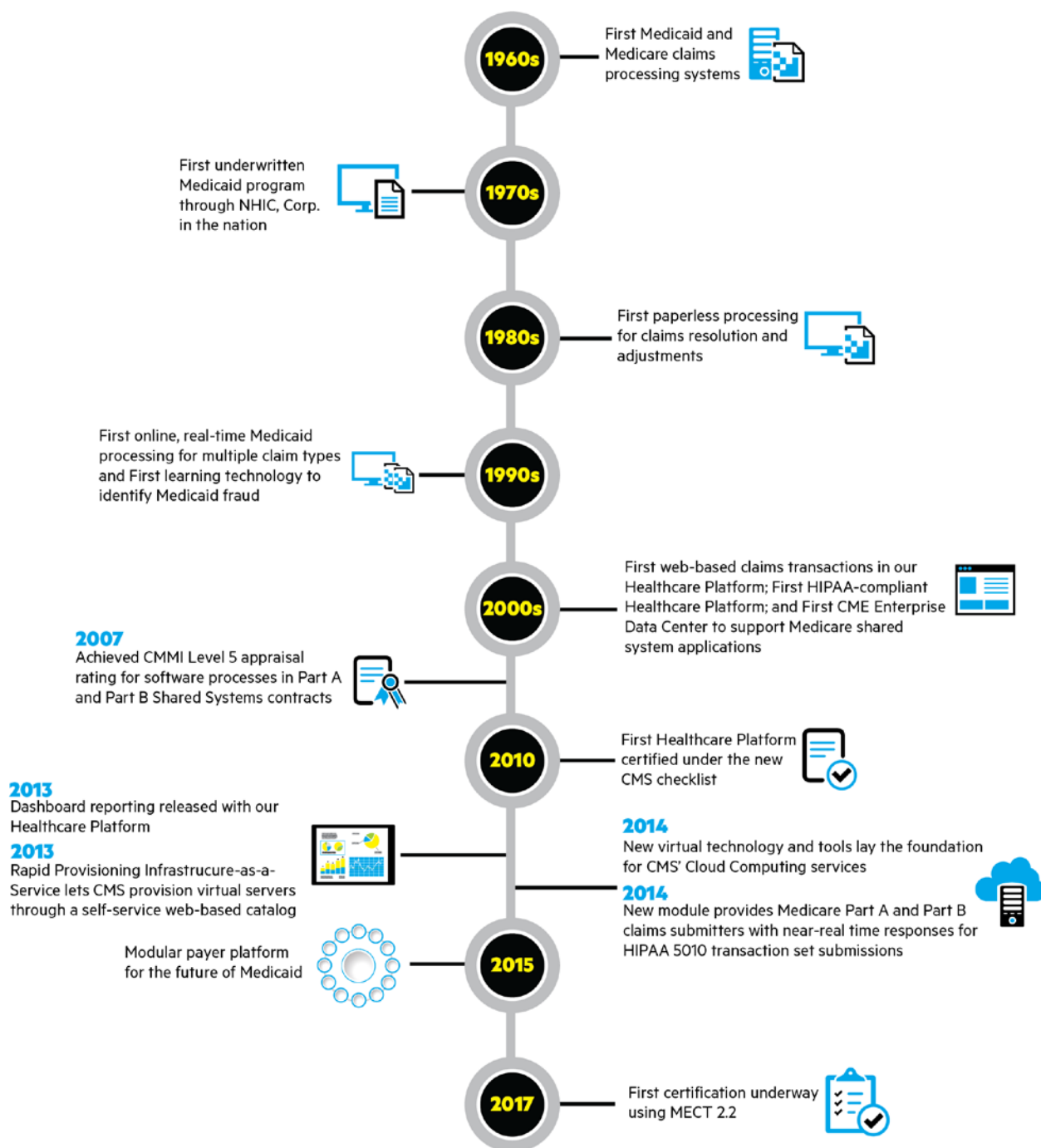
Together, we serve nearly 6,000 private and public sector enterprises across 70 countries

Our clients benefit from our technology independence, global talent, expertise and extensive partner network

We are uniquely positioned to lead digital transformations, creating greater value for our people, clients and partners

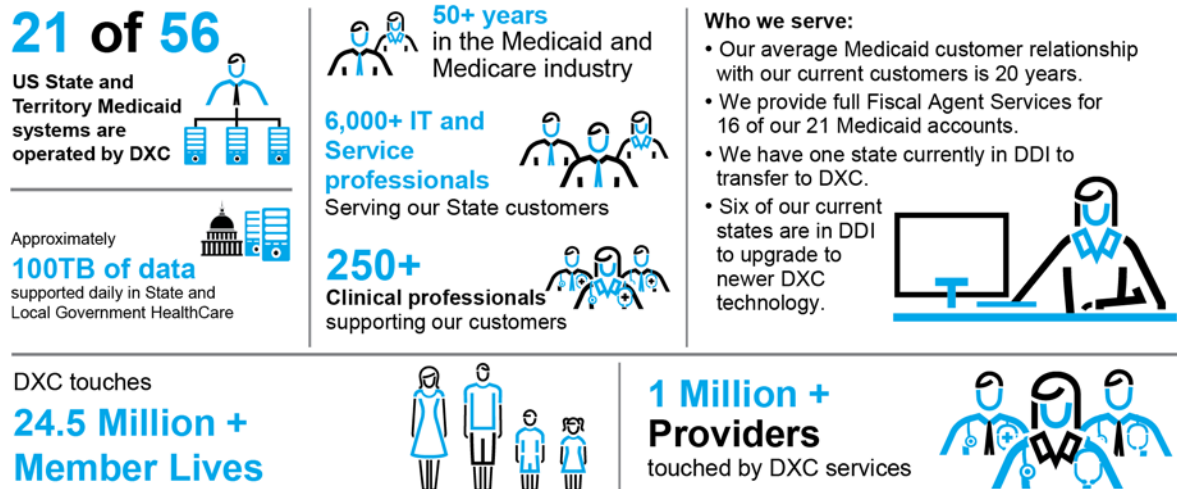


DXC's MMIS Timeline



DXC has extensive state Medicaid program experience in areas such as managing administrative costs, controlling IT spending, and effectively addressing compliance issues, as shown in the following graphic.

DXC's Medicaid Experience and Nationwide Presence



We have worked closely with our state Medicaid customers across 21 states to help them achieve on-time compliance with federal initiatives. We are proud of our nationwide presence with many long-standing clients. The following graphic details our long-standing MMIS presence.



DXC MMIS Presence

Alabama | since 1979

Providers	72,169
Members	1,283,521
Claims	33,240,437
Managed Care Population	827,509
Managed Care Capitations	\$54,275,411
Encounters	64,946



Arkansas | since 1985

Providers	35,781
Members	1,132,517
Claims	70,767,255
Managed Care Population	568,286
Managed Care Capitations	\$42,336,474
Encounters	950,275



California | since 2016

Providers	15,828
Members	12,800,000
Claims	62,500,000

Note: Dental MMIS only/2016 totals are as subcontractor. DXC takeover in process.



Colorado | awarded 2014

Providers	43,000
Members	685,000

Note: Began operations March 2017, no claims processed in 2016.



Connecticut | since 1981

Providers	47,369
Members	734,000
Claims	49,703,532
Managed Care Population	NA
Managed Care Capitations	NA
Encounters	NA



Delaware | since 1989

Providers	8,500
Members	226,584
Claims	2,151,941
Managed Care Population	201,823
Managed Care Capitations	\$1,892,730,437
Encounters	8,055,632



Florida | *since 2006

Providers	174,133
Members	4,195,105
Claims	58,877,661
Managed Care Population	3,775,944
Managed Care Capitations	\$15,838,505,379
Encounters	124,871,130



Georgia | *since 2008

Providers	131,354
Members	1,913,939
Claims	69,945,649
Managed Care Population	1,706,417
Managed Care Capitations	\$4,244,100,331
Encounters	29,304,817



Indiana | since 1991

Providers	58,941
Member	1,004,112
Claims	20,912,162
Managed Care Population	695,901
Managed Care Capitations	\$2,504,122,519
Encounters	31,941,961



Kansas | *since 2002

Providers	26,903
Members	521,767
Claims	2,715,746
Managed Care Population	491,043
Managed Care Capitations	\$3,046,338,539
Encounters	25,112,787



Kentucky | *since 2005

Providers	45,060
Members	1,410,185
Claims	12,044,864
Managed Care Population	1,269,595
Managed Care Capitations	\$23,615,624
Encounters	62,270,915



Massachusetts | since 2005

Providers	117,363
Members	5,854,554
Claims	52,847,764
Managed Care Population	1,327,353
Managed Care Capitations	\$6,899,051,147
Encounters	NA



Nevada | since 2011

Providers	28,080
Members	652,768
Claims	32,356,930
Managed Care Population	441,150
Managed Care Capitations	\$1,285,500,471
Encounters	11,783,137



Ohio | since 2007

Providers	109,677
Members	3,582,874
Claims	61,867,238
Managed Care Population	2,534,532
Managed Care Capitations	\$13,691,050,063
Encounters	108,845,719



Oklahoma | since 2000

Providers	45,903
Members	1,052,826
Claims	49,269,428
Managed Care Population	NA
Managed Care Capitations	NA
Encounters	NA



Oregon | since 2006

Providers	88,265
Members	999,269
Claims	11,217,794
Managed Care Population	878,560
Managed Care Capitations	\$4,957,174,930
Encounters	27,423,973



Pennsylvania | since 1992

Providers	93,000
Members	2,800,000
Claims	41,121,523
Managed Care Population	2,200,000
Managed Care Capitations	\$16,719,363,733
Encounters	106,109,941



Rhode Island | since 1992

Providers	11,600
Members	306,657
Claims	4,435,502
Managed Care Population	279,861
Managed Care Capitations	\$2,056,671,493
Encounters	11,573,998



Tennessee | *since 1995

Providers	64,617
Members	1,544,301
Claims	15,577,136
Managed Care Population	1,544,301
Managed Care Capitations	\$5,927,006,964
Encounters	56,606,824



Vermont | since 1981

Providers	14,720
Members	217,422
Claims	12,442,197
Managed Care Population	NA
Managed Care Capitations	NA
Encounters	NA



Wisconsin | since 1977

Providers	78,111
Members	1,431,659
Claims	42,221,754
Managed Care Population	116,637
Managed Care Capitations	\$3,041,732,048
Encounters	11,322,115



*Several states—Florida, Georgia, Kansas, Kentucky, and Tennessee—have come back to HPE after being with other vendors.

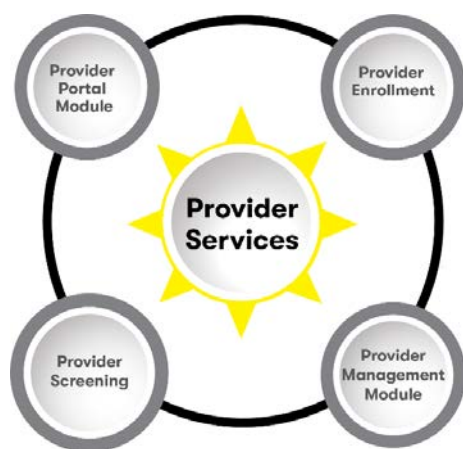


We continue to be a trusted name in the state Medicaid industry because of the customers we support across each module. In fact, five states returned to DXC after selecting another vendor, and three states—Kentucky, Tennessee, and Georgia—returned to us after awarding an MMIS contract to another vendor.

So, by collaborating with DXC as your IT transformational partner, you will recognize:

- A **trusted and established** MMIS/provider services expert; we bring a fresh perspective to Montana, with a proven track record
- An **innovator** who offers innovative, flexible, business-driven solutions that bridge from the old way of doing things to a transformed, business-driven solution tailored to you and your business
- A **customer-focused** mindset where we never lose sight of DPHHS' needs and that of your fellow Montanans; we place you at the center of everything we do and provide transparency to the State, Providers, and Montanans, with the ultimate goal of improved access to healthcare and treatment outcomes
- The beginning of a **solid relationship** that will grow and deepen over time, as we have done with a large array of clients, with DXC account teams that have helped state governments increase information accuracy, reduce operational costs, and apply innovative new technology; we will work hard to nurture this relationship as we grow together in the componentized MMIS environment.

The Right Solution for DPHHS



We are proposing our Provider Services set of modules for the Montana/NASPO RFP, which includes the Provider Services suite of tools from our Healthcare Payer Platform (HPP). Our solution will deliver on the Department's goals while leveraging our vast experience and innovation expertise. DXC has developed this SaaS/COTS-based, MITA and CMS Conditions and Standards-aligned Healthcare Services solution designed for both fee-for-service and managed-care models.

This solution also combines modern technology, efficient design, accuracy, and scalability. We leverage our expertise to increase efficiency and accuracy in Provider processing, making it simple for Montana providers to participate in the Medicaid program.

These modules offer Provider Management business functionality to process provider enrollments and screening, identify providers in health plan networks, and set up varied provider contract reimbursement methods.

The Provider Services segment of our HPP solution contains four distinct modules:

- Provider Enrollment
- Provider Screening
- Provider Management
- Provider Portal



We will deliver our Provider Services modules in a Software-as-a-Service (SaaS) model, with the components residing in the Microsoft Azure cloud with select multi-tenanted SaaS elements. This approach embraces the CMS and healthcare industry direction for reuse of products through SaaS delivery.

Our solution is designed with flexibility in mind, architected and implemented on current technology that supports multiple platforms. This allows us to address and incorporate technological change over time. Because our solution uses COTS products delivered as a SaaS solution, continuous improvement and functional growth are built into both the planning and release phases.

Anticipated Risks and Their Mitigation

DXC's solid foundation provides clear standards, automated processes, and measured controls to manage activities, tasks, deliverables, work plans, budgets, staffing, issues, risks, and milestones for individual projects in an enterprise context. DXC uses a standard, repeatable management process and a sophisticated tracking and reporting tool to consistently identify risks across the project lifecycle. This risk management methodology is a closed-loop process where we document, evaluate, handle, and report risks through closure.

This integrated approach reduces project risk by avoiding deviations from DPHHS-approved requirements and reinforcing agreed-on project standards and disciplines. Our methodologies and processes promote a common language, effective communication, efficient linkages, asset reuse, and information sharing.

This approach also helps the enterprise identify, plan for, and take action on project risks. In projects of this size and complexity, risks and issues will arise. However, our focus on early proactive identification of risks and issues and continuous management oversight helps to minimize the overall effect on the project. We emphasize the need to collaborate with the project teams and DPHHS to quickly identify, assign, analyze (qualify and quantify), and mitigate risks.

The following table summarizes the risk area, specific risk within that area, and how DXC mitigates that risk.

Risk Area	Risk	Mitigation
Staffing challenges	Drain on DPHHS personnel; missed milestones, insufficient subject-matter expertise	Training available to new staff members; and support from experienced key DXC leadership team
DDI timeline overlap	Aggressive timeline for Provider module implementation overlap with additional module implementations	DPHHS and DXC will create a master DDI schedule and work closely with all vendors
Vendors who miss implementation milestones	If Provider module requires information from other vendors, missed milestones could cause delays in Provider module	DPHHS and DXC will create master DDI schedule and work with all vendors to make certain they meet their milestones
Federal reporting requirements	On-time reporting (number per month/quarter) secures federal financial participation (FFP)	Streamlined processes are already in place to quickly perform manual processes for populating balancing sheet based on CMS' constraints; capability for electronic documentation delivery currently available, pending CMS agreement



Risk Area	Risk	Mitigation
Recurring maintenance and modification activities	Staying current with federal and State initiatives	DXC's iterative approach involves reviews and revisions to integrate program and system knowledge applied throughout the system
Scope management	Missed milestones	Use of clear communication, documentation, and change management processes, as well as involvement by executive stakeholders

Our Proven Delivery Team Stands Ready to Support DPHHS

As many of our Medicaid clients have experienced, our solution is only as good as the people who deliver and support it. For DXC's Provider Management Suite, we have a core team of highly experienced and motivated DXC team members—the kind of people you will enjoy working with daily. Project Manager Brian Haw, who is based in Helena, will lead the team. He possesses a thorough understanding of DPHHS and the Montana Medicaid program. For DPHHS, DXC will provide the depth and breadth of both local and leveraged resources worldwide, along with the trust and integrity for which DXC is known by our customers and throughout the marketplace.

We paid special attention to your requirements, schedule, and overall vision and chose a team that will confidently and successfully deliver the Provider Module, while considering your enterprise procurement plan. Therefore, we have carefully selected the following proposed key staff from within our healthcare practice:

- **Brian Haw, Project Manager**—Most of Brian's nearly 17 years of systems management, project management, and leadership experience was gained from working with DPHSS and the Montana Medicaid program.
- **Carol Pangborn, Contracts Manager**—Carol brings more than 20 years of experience on Medicaid contracts in leadership positions.
- **Gay Todd, Testing Lead**—Gay has a total of 11 years of experience in testing/lead management.
- **George Bjorkman, Integration Lead and Technical Manager**—George's credentials include 30 years of Medicaid experience spanning 10 states, in addition to 27 years of experience leading technical teams and 22 years as a technical delivery manager and implementation manager.
- **Kelly Nabozny, Certification Lead**—Kelly has more than 12 years of application development and leadership experience, which includes 2.5 years of CMS certification experience.
- **Beth Henry, Business Operations Manager**—Beth's healthcare credentials include 11 years in healthcare IT management and state business operations management.

DPHHS can be assured that each of these DXC staff members brings the unique qualifications and expertise that our customers have come to expect from DXC.



Benefits of the DPHHS/DXC Collaboration

DXC understands evolving state and federal requirements, and we bring proven solutions to help states meet them. DXC designs, develops, implements, and maintains reliable, stable systems that are flexible and scalable to meet evolving CMS requirements. We base our successful implementations and enhancements on the deep experience of our staff gained from multiple project implementations.

We continue to innovate and implement across the MMIS modular spectrum, with leading edge, web-based capabilities to support decision support systems (DSS), clinical rules engines, usage management, claims processing, eligibility verifications, claim status inquiries, prior approval (PA) requests, and fraud detection and prevention. Our understanding of this modular structure enables us to interact effectively within the construct of a multi-vendor, multi-modular approach.

We are continually improving our solutions, processes, and tools to provide DPHHS with confirmation that a proven vendor is supporting your Provider Management program. By selecting DXC to join you on this transformational journey, DPHHS will realize the following benefits:

- A **comprehensive Provider Services Solution** that clearly aligns to MITA 3.0 and CMS' Conditions and Standards
- A **collaborative vendor** who can work seamlessly for the good of DPHHS, other vendors, the residents of Montana and the states that follow your lead
- **Agile and scalable** technical environment that is easily configurable and cloud-ready for the future
- A **seasoned account team** that will work with you as we adapt to this new, modular way of providing Provider Services
- **Improved provider experience**, with more efficient workflows and enrollment processes
- **MMIS-experienced ally** who is invested in your success, who will make this transformational journey with you, each day
- **High level of maturity** in the business, information, and technical architecture, as required, by the MITA Condition of the CMS Conditions and Standards

DXC's Commitment to DPHHS

DPHHS is committed to providing the highest standards in healthcare for its valued citizens. By transforming select systems and business processes, you will not only enhance and align capabilities with technological advances for your citizens, you also will pave the way for other states to leverage the NASPO contracting vehicle.

As DPHHS will find, we share similar values and synergies. We understand you are the stewards to protect the health, safety, and self-sufficiency of all Montanans. We also take our role seriously, as the trusted IT advisor for our clients. It is our job to make certain that even though technology and the healthcare environment constantly change and evolve, clients can count on us to remain flexible and forward-thinking. That is also our promise to you.

Transforming Wisconsin

Just as DXC has done for many of its state clients, our recently awarded contract with Wisconsin has us preparing them for modularity – on a careful and deliberate path. We are now collaborating with them on their journey toward a modular transformation.



DXC understands your vision. Although the DPHHS/DXC collaboration will be a new relationship, it will be one that grows and deepens over time, as many of our long-standing state clients can attest. We are honored to respond to this RFP and are committed to help DPHHS deliver the precious metal standard of Provider Services Modules in service to Montanans.

Glossary

The following is a glossary of the terms used within the DXC response to DPHHS.

Account security officer (ASO)—Accountable for all security-related compliance and delivery issues

Advanced Function Presentation (AFP)—Presentation architecture and family of associated printer software and hardware that provides for document and information presentation independent of specific applications and devices.

American Recovery and Reinvestment Act (ARRA)—Temporary relief programs for those most affected by the recession by investing in infrastructure, education, health, and renewable energy

Americans with Disabilities Act (ADA)—Civil rights law that prohibits discrimination against individuals with disabilities

Analysis, Design, Development, Implementation, and Evaluation (ADDIE)—A process-driven, dynamic, and flexible methodology for building effective training.

Application Lifecycle Management (ALM)—Product lifecycle management (governance, development, and maintenance) of computer programs

Application programming Interface (API)—a set of subroutine definitions, protocols, and tools for building application software and necessary to exchange data with stakeholders, including data hubs

Attachment Control Number (ACN)—Identification number of attachment related to the claim

Business Application Service (BAS)—Helps customers by developing software and websites and providing applications maintenance

Business Process Management (BPM)—Operations management that focuses on improving corporate performance by managing and optimizing a company's business processes

CERT05—Development of Microsoft Azure and web services

Change Control Board (CCB)—Makes certain of the acceptance of the project (deliverable) by the client. A typical **change control board** consists of the development manager, the test lead and a product manager. In few of the cases the client representation is also done in **CCB** to ensure the acceptance of the deliverable.

CMS Standards and Conditions (SCs)—Standards and conditions that must be met by the states in order for Medicaid technology investments (including traditional claims processing systems, as well as eligibility systems) to be eligible for the enhanced match funding

CMS Information Security Program Plan of Action and Milestones (POA&M)—Remedial action plan (the process of accepting or resolving a risk) which helps the agency to identify and assess information system security and privacy weaknesses, set priorities, and monitor progress toward mitigating the weaknesses



Committee on Operating Rules for Information Exchange (CAQH-CORE)—An industry-wide stakeholder collaboration committed to the development and adoption of national operating rules for administrative transactions

Computer Telephone Integration (CTI)—Computerized services of call centers, such as those that direct a customer's phone call to the right department of a business being called

Conceptual data model (CDM)—Identifies the data elements required for an end-to-end business process execution

Customer service representative (CSR)—Person who interfaces with customers to handle complaints, process orders, and provide information about an organization's products and services.

Deliverable Expectations Document (DED)—Describes the purpose, content, applicable MECT minimum required content, and industry standards that are satisfied for each deliverable

Designated Record Set (DRS)—Allows record be included in responses to inquiries and report requests

Detailed Implementation Plan (DIP)—Comprehensive framework for planning and implementing a new system

DXC Customer Experience as a Service (CXaaS)—A cloud based contact center communications core-offered, consumption-based model

DXC Healthcare Solution Framework (HSF)—Tracks key legislation and issues, at the federal level, that may affect the State and its Medicaid program

DXC Records Management 8.0 (RM8)—Manages business documents and records throughout their lifecycle.

DXC requirements Tracking Repository and Collaboration Exchange (rTRACE)—Provides enterprise visibility across programs, projects, and operational activities, enabling collaborative management of programs from concept to completion

Electronic Remittance Advice (ERA)—An electronic data interchange (EDI) version of a medical insurance payment explanation

Enterprise content management (ECM)—A set of defined processes that allow a corporation, agency or organization to obtain, organize, store and deliver information crucial to its operation in the most effective manner possible

Enterprise Content Management (ECM) system—Formalized means of organizing and storing an organization's documents, and other content related to an organization's processes

Enterprise Data Warehouse (EDW)—A system used for reporting and data analysis

Enterprise Document Management System—A system that organizes and stores documents, and other content, that relate to the organization's processes

Enterprise Enabling Delivery and Global Excellence (EDGE)—A comprehensive process framework for testing software applications and systems, promotes productivity, quality, and efficiency in our testing practices, providing a better deliverable and reduced risk.

Extract, Transform and Load (ETL)—Process used to collect data from various sources, transform the data depending on business rules/needs and load the data into a destination database



Federal Risk and Authorization Management Program (FedRAMP)—A government-wide program that provides a standardized approach to security assessment, authorization, and continuous monitoring for cloud products and services.

Federal Transformed Medicaid Statistical Information System (T-MSIS)—Used by the Centers for Medicare and Medicaid Services (CMS) to gather key eligibility, enrollment, program, utilization and expenditure data for the Medicaid and Children's Health Insurance Program (CHIP)

Functional Area Status Reports (FASR)—Provides source and target table row counts and load counts along with reporting informational and error messages encountered

Graphical user interface (GUI)—A type of user interface that allows users to interact with electronic devices through graphical icons and visual indicators such as secondary notation, instead of text-based user interfaces, typed command labels or text navigation

Health Administration Manual (HAM)—Department policies and updates written by various organizations within the US Department of Health & Human Services Health and Human Services (HHS)

Health Information Technology for Economic and Clinical Health (HITECH) Act—Legislation created in 2009 to stimulate the adoption of **electronic health records (EHR)** and supporting technology

Health Information Technology for Economic and Clinical Health Act (HITECH)—Promotes and expands the adoption of health information technology

Healthcare Payer Platform (HPP)—Provides planning, budgeting, forecasting, and reporting capabilities for healthcare providers using current healthcare terminology and business rules, and integrates with applications to enable sharing of cost information on analytical reports.

Image File Format (TIFF)—A computer file format for storing raster graphics images, popular among graphic artists, the publishing industry, and photographers

Internet Protocol (IP)—The principal **communications protocol** in the **Internet protocol suite** for relaying datagrams across network boundaries

K2 blackpearl—A large, powerful application platform built on Microsoft technologies

K2 BPM (Business Process Management) tools—Low-code business process applications that help companies innovate and improve manual processes

Medicaid Enterprise Certification Toolkit (MECT)—Assists states as they plan, develop, test, and implement their Medicaid Management Information Systems (MMIS).

Medicaid Enterprise Systems (MES)

Medicaid Information Technology Architecture (MITA)—A national framework to support improved systems development and health care management for the Medicaid enterprise

Medicaid Management Information System (MMIS)

National Institute of Standards and Technology Publications—Collection of standards, guidelines, recommendations, and research on the security and privacy of information and information systems.

National Medicaid EHI Healthcare (NMEH) Work Groups—Supports reduction of administrative burden and complexity in the healthcare payment system and recognizes the



value that adopting operating rules will have in enhancing the existing standards for information exchange

Office of National Coordinator for Health Information Technology (ONC-HIT)—Staff division of the Office of the Secretary, within the U.S. Department of Health and Human Services coordinates nationwide efforts to implement and use advanced health information technology and the electronic exchange of health information.

Operational Data Store (ODS)—A database designed to integrate **data** from multiple sources for additional operations on the **data**, and unlike a master **data store**, the **data** is not passed back to **operational** systems data elements

Operational Readiness (OR)—Signifies that a system and its functions are able to work as organized or designed.

Operational Readiness Review Checklists (ORR)—Examines the actual solution characteristics and the procedures of the product's operation to confirm that the hardware, software, resources, procedures, and user documentation accurately reflect the deployed state of the system.

Operational readiness test (ORT)—Demonstrates the competency, skill level, and proficiency of a solution to show that the solution and business processes can perform proficiently

Payments Information Act (PIA)—Requires agencies to annually review their programs and activities to identify those susceptible to significant improper payments, as well as to conduct payment recapture audit programs

Portable Document Format (PDF)—A file format used to present documents in a manner independent of application software, hardware, and operating systems.

Printer Control Language (PCL)—Language developed by HP that enables applications to **control** laser printers and later for inkjet printers

Project Management Body of Knowledge (PMBOK® Guide)—A set of standard terminology and guidelines for project management

Project Management Institute (PMI)—A US nonprofit professional organization for project management

Protected health information (ePHI)—Any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity (or a business associate of a covered entity), and can be linked to a specific individual

Recovery point objective (RPO)—The age of files that must be recovered from backup storage for normal operations to resume if a computer, system, or network goes down as a result of a hardware, program, or communications failure

Recovery time objective (RTO)—Is the **targeted duration of time** and a service level within which a business process must be restored after a disaster (or disruption) to avoid the negative consequences associated with a break in business continuity

Response to Operational Problems (RtOP)—An automated method to address a client service outage

Returns to providers (RTPs)—A series of edits in the Fiscal Intermediary Standard System (FISS), to make certain that information submitted is complete and correct; if the claim has incomplete, incorrect or missing information, it will be sent to a return to provider (RTP) file to correct.



Role-based access controls (RBAC)—A method of regulating **access** to computer or network resources **based** on the **roles** of individual users within an enterprise.

Service Level Agreements (SLAs)—A part of a **service** contract where a **service** is formally defined

Service Organization Control (SOC)—Controls at a service organization that for user entities and their auditors to plan a financial statement audit and evaluate internal control over financial reporting

Simple Object Access Protocol (SOAP)—A protocol specification for exchanging structured information in the implementation of web services in computer networks.

Social Security Number (SSN)—A nine-digit **number** issued to U.S. citizens, permanent residents, and temporary (working) residents

Software Engineering Institute (SEI)—Helps advance **software engineering** principles and practices and serves as a national resource in **software engineering** and computer security

SQL Server Reporting Services (SSRS) solution—Makes visible business and operational data through ad hoc reporting of provider management information

State Administrative Manual (SAM)—An official publication of the Department of Administration and is issued under authority of the Governor and the Board of Examiners.

State Medicaid Manual (SMM)—Provides reference, informational and procedural material needed by the States to administer the Medicaid program

State Universities Retirement System (SURS)—Administers retirement, disability, death, and survivor benefits to eligible SURS participants and annuitants

Statement on Standards for Attestation Engagements (SSAE)—Reporting standard for all service auditors' reports

System Design Documents (SDD)—Describes the system at the architecture level, including subsystems and their services, hardware mapping, data management, access control, global software control structure, and boundary conditions

Systems Development Life Cycle (SDLC)—A process for planning, creating, testing, and deploying an information **system**

Technical recovery plan (TRP)—Addresses who, what, where, when, why, and how to recover something—whether it be an IT system, data network, or other process

Third Party Liability (TPL)—Insurance policy purchased for protection against the actions of another (a third) party

TIN—An identification number used by the Internal Revenue Service (IRS) in the administration of tax laws

Unemployment Insurance (UI)—Program pays benefits to workers who have lost their job and meet the program's eligibility requirements

United States Postal Service (USPS)—An independent agency of the United States federal government responsible for providing postal service in the United States.

Voice response system (VRS)—A computer interface that responds to voice commands, instead of responding to inputs from a mouse or a keystroke



Voluntary Product Accessibility Template (VPAT)—Shows how vendor products conform to the Section 508 Accessibility Standards from the U.S. Access Board

Web Content Accessibility Guidelines (WCAG)—Part of a series of **web accessibility guidelines** published by the **Web Accessibility** Initiative (WAI) of the World Wide **Web** Consortium (W3C), the main international standards organization for the Internet

Workgroup for Electronic Data Interchange (WEDI)—A not-for-profit user group in the United States for users of **Electronic Data Interchange** (EDI) in public and private healthcare

